

Professional Identity and the Irish Social Care Worker

**A dissertation submitted in partial fulfilment
of the requirements for the degree of**

Doctor of Social Science

by

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June 2012

ABSTRACT

Title: Professional Identity and the Irish Social Care Worker

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Social care work in Ireland was designated as a regulated profession in 2005, a change in status that led to an increase in the number of unqualified staff registering for degree level professional education.

The formation and expression of professional identity among final year in-service social care degree students in the disability sector was explored through a hermeneutic phenomenological approach focused on lived experience, utilising semi-structured interviews and thematic analysis. The study found evidence of an emerging professional identity, which could be described from the perspective of changes in respondents' values, behaviour and self-concept.

Respondents' values were highly consistent with new professionalism, its emphasis on the service user-service provider relationship and issues of trust, empowerment and quality of service; and they operationalised these values through the deliberate promotion of service user independence, autonomy and self-determination. A change in respondents' self-concept was evidenced in an enhanced sense of competence and an increase in the confidence they brought to their daily work and interactions with colleagues and other professionals. They also demonstrated very high levels of employee engagement and revealed a need for emotion management skills in their everyday work, and it is suggested that these aspects of the role need to be addressed by educators and employers.

The research identifies a range of influences on the development of social care workers' professional identity, including: pre-career life experiences; workplace influences including role models and other professionals; personal motivation for enhanced status and the influence of the programme of professional education. Each of the influencing factors can be positively utilised by educators in assisting students to develop a robust values oriented professional identity.

Acknowledgements

"I can no other answer make but thanks, and thanks; and ever thanks"

(Shakespeare, *Twelfth Night*, Act III, Scene 3)

This research would not have been possible without the help, generosity and support of a number of people.

Thank you to the final year degree students of the *Bachelor of Arts in Applied Social Studies (Disability)* 2010 who volunteered to participate at a very demanding time during their own studies and so made this study possible.

Thank you to my supervisor Professor Al Rainnie for excellent direction and guidance and to all the staff of CLMS for assistance when needed.

The staff of the Open Training College will be forever in my debt for their support, kindness, encouragement and good cheer when the going was difficult. In particular, thank you to Ray Lynch, Alacoque McAuley-Savage and Aine Melinn for practical and moral support.

Sincere appreciation to my employer St. Michael's House and my manager David Kenefick for the support and flexibility that was of great assistance for the duration of my Doctoral studies.

Thank you to all my family: my parents (Noelle and Seamus) for instilling an appreciation of the value of education and continuous encouragement; my brother, aunt and uncle for always asking how it was going; and my sisters, niece and nephews for keeping things real!

A final thank you – to my friends, for being with me all the way.

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CHAPTER 1:

THE EMERGENCE OF A NEW PROFESSION IN

IRELAND: SOCIAL CARE WORK

Introduction

A new professional, the social care worker, has been established in Ireland and statutory registration and regulation of this new professional, many of whom work in services for people with a disability, is an impending reality. In addition, services for people with a disability are preparing for statutory inspections and a proposed policy shift to individualised service, funded through direct funding schemes. While these changes are now embedded in policy and legislation and the representative associations working in the areas have accepted the resulting implications, the views and understanding of those social care workers affected significantly by the changes are largely unexplored.

In recent years, a significant number of students (both school leavers and in-service) have and continue to register for the required programme(s) for professional status. However, thus far no research in Ireland has sought to ascertain how these students and/or graduates conceptualise their professional identity in the context of the recent policy and legislative changes, the challenges arising or indeed what ‘type’ of identity might best assist organisations in moving toward a new paradigm in how services are designed and delivered. My research investigated the construct of professional identity with in-service students in services for people with disability in Ireland by accessing and reviewing their experiences. In doing so I explored how in-service students in the final stages of their degree conceptualise and action a professional identity in their day-to-day work. My research methodology, hermeneutic phenomenology, sought to access the lived experiences of respondents, thereby investigating the experiential development of professional identity from the perspective of the individual.

I commence this chapter by outlining the personal background and interest that led to my choosing to undertake research in the area of professional identity among social care workers in Irish disability services. This is followed by an exploration of what is meant when we speak of ‘social care’ in Ireland and the difficulties that currently exist in finding a precise definition. The subsequent two sections in turn outline the policy and legislative background and context for social care and for disability. This is followed by an overview of the research question and the rationale for the study. The final section is reflexive, detailing my experience of the research process as iterative and outlining how this process uncovered important but unanticipated aspects of professional work for social care workers.

1.1 Personal Interest and Profile

During my early years working in services for people with intellectual disability, I was struck a particular dichotomy: the people who spent least time with service users (clinical staff and management) most often had professional qualifications and those who spent the most time (frontline staff) had few or none. It appeared that some work with service users was significant enough to require professional input, while the bulk of their care and development was left mainly in the hands of largely unqualified staff. As I come from an education background, where qualifications were a pre-requisite for securing employment, I found this a perplexing situation. I found it even more perplexing as I began to learn more about the demands of working as a frontline staff member; the work was rewarding but demanding and exacting, encompassing a wide diversity of roles and requiring a sophisticated range of skills and knowledge. I found

on any given day that I was a carer, an educator, a trainer, a facilitator, a counsellor and often a family liaison worker. While my educational background stood me in good stead, often I felt ill-prepared and lacking in skill and knowledge. I had a qualification; many of my colleagues did not. I wondered how they as workers coped with the demands of the job, and if and how programmes of education might assist them in their day-to-day work. I also wondered if professional qualifications could impact on the quality of service delivered to service users. From this an interest in frontline staff development, and professional education as a mechanism for the improvement in the quality of service delivered to people with disability, was born.

I worked as a frontline staff member for a period of four years. It was an exciting time to work in services for people with disability as new models of service provision were emerging from the human rights approaches and philosophies that had been gathering momentum during the 1970s and 1980s. Using a human rights perspective, disability activists began to challenge the predominant medical model¹ and an alternative social model² came into existence. The organisation I worked for was one of the first in Ireland to begin to work with the new social model. This gave me a perspective on the delivery of services that has endured to the current day and has influenced a great deal of my work and contribution to services and the wider sector of social care. After moving to a management role for a period of two years, I was then fortunate to secure the opportunity to move into adult education and work on the development of

¹ The medical model of disability locates the ‘problem’ of impairment in the individual and tends to believe that ‘curing’ or at least ‘managing’ illness or disability mostly or completely revolves around identifying the illness or disability from an in-depth clinical perspective and addressing it from that standpoint. In this model medical opinion and intervention to ‘treat’ the disability are undertaken.

² The social model is an alternative model of disability that recognises that while people might have an impairment they become disabled by a society and structures that exclude them. It locates the disability not in the person experiencing impairment but in society’s response.

accredited programmes of education for care staff and frontline managers in services for people with disability in an innovative institution called the Open Training College.³

Similar to my initial entry into services in 1990, an appointment as College Director in 1999 came at a time of great change for social care work⁴ within which disability is located. While the first formal programme of training for social care (in residential childcare) was established as far back as 1970, a number of universities and other third level institutions began to offer programmes during the 1990s and early 2000s. At that time, the debate and discourse on the professionalisation of the social care worker role was vigorous and wide-ranging, driven by a number of high-profile cases relating to child abuse and child protection. Similar cases were also emerging in services for people with intellectual disability. Ultimately, the debate on the professionalisation of the social care worker role culminated in social care work being designated a regulated profession by its inclusion in the *Health and Social Care Professionals Act, 2005*.

As the formal accredited education agenda was evolving in social care work, disability services were also engaging in the up-skilling of staff through both in-service training and by supporting staff to take what accredited programmes of training were available at the time, for example, childcare diplomas. In this way, disability services were conscious of and engaging with a ‘professionalisation’ agenda long before the onset of

³ The Open Training College was established in 1992 and is an independent third level institution accredited by the Higher Education and Training Awards Council (HETAC) in Ireland. The College is a sister organisation of the largest service provider to people with intellectual disability in the greater Dublin region. The College offers programmes of education exclusively to adult learners working in the disability, human service and non-profit sectors. www.opentrainingcollege.com

⁴ This work role was previously called ‘childcare worker’ in Ireland.

degree programmes and statutory regulation and a great deal of the recognition of the need for staff training grew in response to the changes in how disability was conceptualised, i.e. the move from the medical to the social model. At the time, many disability organisations were developing excellent in-house training departments and many were engaged in research.

As Director of the Open Training College, I led the re-development of a Certificate Programme (in Applied Social Studies) into a three-year National Diploma in Applied Social Studies (Disability). The success of this initiative was evidenced in the diploma being included in the *Health and Social Care Professionals Act, 2005* (Schedule 3) as a named qualification recognised for professional status as a social care worker in services for people with a disability. In 2003, a new Irish National Framework of Qualifications came into existence.⁵ The award of National Diploma was recast as an Ordinary Degree and our programme was re-titled *Bachelor of Arts in Applied Social Studies (Disability)*, which sits at Level 7⁶ on the qualifications framework. I became significantly involved with the Irish Association of Social Care Educators (IASCE) and contributed a chapter on *Social Care and Disability* to the first Irish textbook for social care students entitled *Applied Social Care: an Introduction for Students in Ireland* (Perry and Lalor 2009 (Eds)). I also sat on new programme approval panels and programmatic review panels in the area of social care, on behalf of the Higher Education and Training Awards Council (HETAC), and was recently appointed to their Academic Committee. My interest in social care work in services for people with

⁵ Ireland operates a ten-level framework of qualifications. Level 5 is a Certificate comparable to UK NVQ Level 3; Level 6 is a Higher Certificate comparable to UK NVQ Level 4; Level 7 is Ordinary Bachelor Degree (Source: www.nqai.ie)

⁶ Level 7 is the required level of qualification for registration as a social care worker under the *Health and Social Care Professionals Act, 2005*.

disability has never waned. It is from this background and interest that this research emerged.

1.2 What is Social Care?

Defining 'social care' is challenging because despite its common usage, the term 'care' itself is a contested term (Leeson 2010). The ambiguity arises because the term can refer to 'caring for' or 'caring about.' Ungerson (2005) suggests that 'caring about' someone is a deep nourishing form of care, whereas 'caring for' is more distinct and remote. Care can also be interpreted as having a moral orientation; a values-based way of working with people that underpins every action (Sevenhuijsen 2000). This level of ambiguity is continued when defining social care as a profession. Share and Lalor (2009) note that in Ireland it is difficult to define social care for a number of reasons, including that for a number of years it suited governments and agencies not to have a specific definition for reasons related to salary scales and career structures.

A further complication arises if we seek commonality in definition by comparing with other countries. In Ireland, the role of social *work* and social *care* are separate professions but in the United Kingdom 'social care' is an umbrella term incorporating social work and social caring activities and can include professional and non-professional work (Cameron 2009, Higham 2006). In Europe, 'social pedagogues' are involved in 'social educational work': a mixture of youth work, residential work with a variety of target groups and occupational therapy with broadly an educational as

opposed to caring orientation and in Canada, social care is called ‘child and youth care’ (Charles and Garfat 2009).

All of the above indicates that an understanding and precise definition of social care for Ireland is in development. This leaves considerable scope for research to explore and contribute to an emerging understanding and definition of this dynamic area. Currently, the following description used by the Health and Social Care Professionals Council (CORU) and which informed the drafting of the 2005 legislation, is widely used:

“Social Care is a profession where people work in partnership with those who experience marginalisation or disadvantage or who have special needs. Social Care Practitioners may work, for example with children and adolescents in residential care; people with learning or physical disabilities; people who are homeless; people with alcohol/drug dependency; families in community; older people; recent immigrants to Ireland and others.”

(Health and Social Care Professionals Council, 2011)

This same description is used by the Irish Association of Social Care Educators (IASCE) but IASCE defines social care as ‘a profession committed to the planning and delivery of quality care and other support services for individuals and groups with identified needs’ (IASCE 2011).

1.3 The Origins of a New Profession in Ireland: Social Care Work

Social care has a long history in Ireland and recognition for it as a profession had long been sought by practitioners, managers and educators in the social care field (Share and Lalor 2009). It has been argued that social care was born out of ‘serious deficiencies in the running of children’s centres [...] and the recognition of the need for

professionally trained staff' (Kennedy and Gallagher 1997: 2). In Ireland, the provision of care to children and other vulnerable citizens was for many years left in the hands of charitable and/or religious organisations and state oversight was fragmented and inconsistent (Fanning and Rush 2006). However, during the 1970s, 1980s and 1990s several cases of child neglect and abuse drew attention to the area and several reports were commissioned including the *Kennedy Report* (1970) which called for the closure of the industrial schools for children and the *Task Force Report on Child Services* (1980), which made a range of far-reaching recommendations for children at risk. Such reports contributed to shaping social care as we know it today (see Share and Lalor 2009 for an overview).

Between 1997 and 2005 a number of government reports were instigated and published. Three of these reports in particular, the *Report of the Expert Group on Various Health Professions* (2000), the *Report of the Joint Committee on Social Care Professionals* (2002) and *Statutory Registration for Health and Social Care Professionals – Proposals on the Way Forward* (2000) laid the groundwork for the enactment of the *Health and Social Care Professionals Act* in 2005, which put in place the structures for the statutory regulation of ten professions, including social care work. The overseeing body, the Health and Social Care Professionals Council (CORU), was established in 2007 and the first Registration Board (Social Work) was established in March 2011. It is envisaged that the Registration Board for Social Care Workers will be established by 2014.

It can be argued that one of the outcomes of the *Health and Social Care Professionals Act, 2005* was a sudden shift in status and expectation from ‘worker’ to ‘professional’ for social care staff. The shift in status and expectation had particular implications for people who were working in services *without* qualifications. These staff members were described in the policy documents and legislation as ‘unqualified’ staff, itself a problematic term, since it appeared to diminish the often extensive experience such employees had developed over their years of service. Under the legislation, all current and future social care workers will be required to register to practice as a professional social care worker.

Following on from these developments, a clear trend was identified with the numbers of unqualified workers registering for social care degrees increasing, suggesting that the workers involved were taking the matter seriously. Nationally, there has been an eight-fold increase in total numbers of students (school leavers and in-service learners) registering for social care programmes (from approximately 500 in 2002 to 4,198 students in 2009). Of these, 1,332 are categorised as part-time or work-based (Lalor 2009). In relation to the Open Training College, we had an annual average increase of 22% in the intake of in-service social care degree students between 2005 and 2009.

1.4 Policy and Legislation in Services for People with a Disability in Ireland

In addition to the policy changes in the social care area, policy and legislation in relation to disability has also changed significantly. These changes have had implications for organisations, for how services are structured and delivered and for staff, including care staff, working in them. As discussed above, driven by a human

rights perspective, a fundamental shift in how people with disability were treated by society began during the 1980s and 1990s. This led to the social model of disability, which calls for the full inclusion of people with disability in all aspects of daily life and for the design of services that facilitate this outcome.

In 1996, a landmark document entitled *A Strategy for Equality: The Report of the Commission on the Status of People with a Disability* was published. It laid the foundations for a wide range of disability orientated policy and legislation between 1998 and 2007. The most significant are arguably the *Employment Equality Act, 1998*, the *Equal Status Act, 2000*, the *National Disability Strategy (2004)*, the *Disability Act, 2005*, and the *Citizens Information Act, 2007*. In 2006, the Government's overall policy in relation to people with disability was published as part of the strategy document *Toward 2016: Ten Year Framework Social Partnership Agreement 2006-2015*. It stated that 'people with disability should be supported to lead full and independent lives, to participate in work and society and to maximise their potential' (p. 67).

In 2009, the Health Information and Quality Authority (HIQA), the statutory body charged with overseeing quality and standards in Irish health services, published the *National Quality Standards: Residential Services for People with Disabilities*. These standards address seven main areas which reflect the elements of a person-centred service⁷: quality of life, quality of staffing, protection, personal development and good health, rights recognition, the physical environment and good governance and

⁷ Person-centred planning is a process-oriented approach to empowering people with disability. It focuses on the people and their needs by putting them in charge of defining the direction for their lives. This ultimately leads to greater inclusion as valued members of both community and society. (Source: National Disability Authority 2010).

management. Currently, organisations are planning and preparing for the implementation of these standards. However, research has indicated that services are not prepared for the implementation of the standards and recommends that staff training and education is one mechanism for addressing this (Keating 2010).

Similar to the personalisation⁸ process in the UK, Ireland is also seeking to be more proactive about the delivery of person-centred services, including addressing the funding structures for disability service provision. *A Summary of Key Proposals from The Review of Disability Policy* (2010) is critical of current service provision, stating that many people with disability and their families consulted were ‘dissatisfied with the amount of choice they have over the service received from service providers’ (p.

2). The document sets out a proposed new policy vision:

“To realise a society where people with disabilities are supported to participate fully in economic and social life and have access to a range of quality supports and services to enhance their quality of life and well-being.”
(Disability Policy Review 2010: 4)

Two goals, underpinned by specific principles and values are proposed for achieving this vision. (1) ‘*Full inclusion and self-determination for people with disabilities*’ is underpinned by the principles and values of citizenship, control, informed choice, self-determination, responsibility, inclusion, and participation. (2) ‘*The creation of a cost-effective, responsive and accountable system which will support the full inclusion and self-determination of people with disabilities*’ is underpinned by the principles and

⁸ Personalisation is a social care approach described by the UK Department of Health as meaning that every person who receives support, whether provided by statutory services or funded by themselves, will have choice and control over the shape of that support in all care settings. (Source: www.dh.gov.uk/socialcarereform/personalisation 28/4/2011).

values of equity, person-centredness, quality, effectiveness, efficiency, sufficiency, accountability and transparency. The review also identifies a range of implications for the implementation of the policy, including a move to individualised budgets.

An aspect of the *Disability Review* that causes concern relates to a reference to professionals in somewhat ambiguous terms. It states:

“The current provision of disability services is not just located in and funded by health, but is strongly influenced by a ‘professionalised’ model of provision. This model has professionalised need, such that needs are assessed from the point of view of what health and social care professionals can offer and what disability services can offer.”

(Summary of Key Proposals: Disability Policy Review 2010: 3)

The above statement leads to the perception that the involvement of professionals in the delivery of services shapes the delivery of services, which are not in the interests of service users and their families. So, a mixed message emerges. The Department of Health commenced a professionalisation and regulation process for health and social care workers in 2000 and enacted it into legislation in 2005, a process that was eagerly entered into by social care workers, the organisations that employed them and educators. Now with this new policy statement on disability services, that same Department of Health is, if not undermining the process of social care professionalisation in service for people with a disability, then at least creating ambiguity and confusion. This situation falls far short of an integrated and coherent model that is consistent with a whole government approach.

From the perspective of social care workers, two significant implications arise from the *Disability Review* and its comment on professionalised services. The first is a risk that the very positive outcomes that arise from having professional social care input in

services will be lost with a return to filling care roles with unqualified staff. It would seem more advantageous and balanced to review the structures of services and reframe the input of social care workers in a manner congruent with person-centred approaches. The second risk relates to the undermining of social care workers and the creation of a perception that as professionals they will influence or deliver services that are contrary to service users' wishes or best interests.

1.5 The Research Question

The background outlined above describes a confusing and unstable situation for social care workers in Irish disability services. First, statutory regulation (requiring a qualification) becomes a legislative obligation. Second, the introduction of national standards, for which staff are poorly prepared are imminent. Third, while social care is still getting to grips with the legislative demands of the *Health and Social Care Professionals Act, 2005*, disability policy is introduced that – on the face of it at least – can be interpreted as questioning the value of professionalisation. Of particular significance is the fact that throughout all the developments described above, dating as far back as 2000, little if any input, opinion or contribution has been sought from social care workers on the changes that have been wrought by the various government departments concerned.

This doctoral research investigates if and how in-service social care students at the point of graduation, conceptualise and operationalise a professional identity against the backdrop of significant policy change, and how prepared these students are for the new policy drive toward person-centred services with individualised funding mechanisms.

In this, the research will ‘give voice’ to workers significantly affected by the new policy and legislative initiatives, assisting them to contribute to an emerging, dynamic and positive understanding of what it means to be a social care professional in Irish disability services.

In this study, professional identity as a construct is interpreted to encompass values, behaviour and concept of self (Briggs 2007, Evans 2008, du Toit 1995). It is also accepted that many factors including context and social interaction influences the process by which the worker becomes ‘a professional’, a process that Adams *et al* (2006) and Weidman *et al* (2001) define as ‘professional socialisation.’ The participants in this study are in-service students who have continued to work while studying for their qualification. In this situation, two dominant social systems are at work – the work context in which the student engages on a day-to-day basis and the education context in which student engages with academic/teaching staff and fellow students. A hermeneutic phenomenological exploration of respondents’ subjective experiences is employed as this study seeks insight and understanding at the level of the individual.

This research is the first systematic study of social care workers undergoing an in-service programme of education to achieve status for registration as social care professionals, undertaken since the introduction of the *Health and Social Care Professionals Act, 2005* in Ireland. It is also the first study in Ireland to examine the matter of professional identity and professional socialisation of social care workers. The research links directly to the introduction of new policy and legislation and thus examines the impact of new social policy on the ground. This research therefore makes

an original contribution to the body of knowledge relating to social care within the Irish context and contributes to the growing body of knowledge on professional identity and related areas internationally.

The research has relevance to a range of stakeholders: (1) Social care workers themselves, particularly unqualified workers considering undertaking a programme of study required for professionalisation. (2) Organisations and service providers who employ both qualified and unqualified employees and who are seeking to improve their quality of service and the meeting of standards. (3) Educators offering the programmes of education necessary for registration. (4) National bodies such as Social Care Ireland (SCI), the Irish Association of Social Care Workers (IASCW), the Irish Association of Social Care Educators (IASCE), the National Federation of Voluntary Bodies (NFVB) and the Disability Federation of Ireland (DFI). (5) The Government departments currently charged with reviewing and implementing policy and legislation in both the social care and disability sectors.

1.6 The Iterative Nature of Qualitative Research

When I first wrote the proposal for this research, the *Health and Social Care Professionals Act, 2005* was imminent and there was a great deal of expectation, talk and energy about the long-anticipated arrival of statutory registration for social care workers. As I had originally conceived of this research, the regulatory process was prominent. I had anticipated that by the time I would be interviewing my respondents they, or at least some of their colleagues, would have had experience of dealing with

registration and that the process would be well advanced. When I was drafting my first proposal in 2005, it would have seemed impossible to me that by the time I would be submitting my research, the establishment of the registration board for social care would still be outstanding. Ultimately, the delay in the establishment of the registration board did not impact negatively on the research. In effect, what happened was a re-adjustment and refocusing on what the reality of what the situation was, rather than what I wished it to be. In this, I learned the first lesson about qualitative research: there are no absolutes and there are no assumptions or suppositions that are immune to revision as context and circumstance dictate.

A further lesson was to follow. This related to the unpredictable and iterative nature of qualitative research. This arose both in the policy context in which I was working and in the findings from the interviews. In terms of policy, I have already outlined that the delay in the implementation of the registration structures was unexpected. In addition, while I was aware that national standards for disability services were in development, the policy review of disability services arising from a new government ‘value-for-money’ agenda was unanticipated. The fact that this review related to disability services, because it made direct reference to professionalised services in what could be interpreted as a negative way and because it directly addressed the person-centred model of service delivery, meant that it was very relevant to my research. When the *Review of Disability Policy* was published in December 2010, I had already completed the bulk of my analysis and had submitted the first draft of my findings to my supervisor. The *Review of Disability Policy* (2010) caused me to revisit my findings and explore them in the light of the new policy approach. Again, the impact was

enriching and added depth – to the rationale for the research, to the interpretation of the findings and to the conclusions and recommendations arising.

The second iteration also arose in relation to the interpretation of findings, but from a different perspective. In essence, what occurred was that quite early in the analysis of the transcripts I became aware that an unanticipated area was a very obvious and significant aspect of how the respondents were speaking about their work role and professional identity. This related to instances in the day-to-day work where emotion and the relationship with service users was a dominant aspect. It appeared that respondents were very aware of such interactions and were struggling to find the personal resources to manage them with compassion and humanity. Discussion with my supervisor led back to the literature and to the area of emotional labour (emotion work and management). A final iteration also related to an unanticipated finding but came later in the process, around the time I was drafting the initial conclusions. I became aware of a subtle but significant theme, which I was describing as ‘commitment.’ This prompted another review of the literature and led to the area of employee engagement. It appeared that the professionalisation process was increasing respondents’ engagement with their daily work and their connection with service users. Dealing with the iterations was challenging at the time but it all came together coherently. I was assisted by returning to the literature on the research process and assured of my approach by among others Smith *et al* (2009) who advise:

“In reality analysis is an iterative process of fluid description and engagement with the transcripts. It involves flexible thinking, processes of reduction, expansion, revision, creativity and innovation. Analysis is open to change and only fixed through the act of writing up. This dynamism is at the heart of good qualitative research.”

(Smith *et al* 2009: 81)

1.7 Structure of the Dissertation

This chapter has outlined the personal interest that led to my choosing to undertake this particular research study. It also provided the relevant policy and legislative background pertinent to the study, articulated the research question and outlined aspects of the research process that had particular significance for this study. The remainder of this thesis is structured as follows:

Chapters 2 and 3 review the literature relating to a range of themes relevant to the research question. Chapter 2 surveys the sociological emergence of the professions, addresses the matter of definition and reviews the most common approaches to the study of the professions. What emerges is a complex picture and evidence that no clear typology exists for the study of this multifaceted and diverse area. Chapter 3 surveys the literature on professional identity and its formation through a process of socialisation. The first section of this chapter reviews definitions of professional identity and identifies consensus to a three-part conceptualisation of professional identity as encompassing values, behaviour and concept of self. The second part of the chapter discusses the process of professional socialisation, which is suggested to have four stages: the anticipatory stage, the formal education stage, the informal stage and the personal stage. Within each stage a range of factors are argued to influence the development of professional identity. The final two sections of this chapter discuss the literature relating to employee engagement (meaningfulness in work) and emotional labour.

Chapter 4 presents the ontological and epistemological considerations that led to the selection of hermeneutic phenomenology as the research approach of choice in this study. Key to the selection of hermeneutic phenomenology was a desire and decision to approach the research questions from the perspective of the individual exploring his/her experience of the phenomena under investigation with the aim of ‘giving voice.’ Semi-structured interviews were selected as a data collection tool congruent with these research objectives and the process of participant selection and data gathering is described in some detail. The chapter concludes by considering the research from a critically reflexive position, including a review of ethical considerations, credibility and the limitations of the work.

Chapter 5 details the findings arising from the study identified through thematic analysis supported by reference to selected quotations drawn from the transcripts. The empirical work undertaken involved the interviewing of 19 in-service social care students at the point of completing their programme of professional education, representing a total interview time of 17 hours and 38 minutes. This exploration of the social care worker role and its associated professional identity from the perspective of individuals affected by new policy in Ireland and the specific findings detailed in Chapter 5 represents my contribution to knowledge in the area of social care both in Ireland and internationally.

Chapter 6 details the conclusions and recommendations arising from my research. In the first instance, it outlines the conclusions that can be drawn from the findings presented in Chapter 5. The conclusions include the presentation of a process model that represents the trajectory of the respondents in this study in relation to the

development of their professional identity. This chapter also considers the implications and recommendations arising from the research. The breadth of the issues covered in the study generate a number of implications for concepts and models, for improvements in social care practice, for future social care work practice in Ireland, for policy and point the way to a comprehensive range of areas for further research. I conclude this chapter and the research by reflecting on my own experience of the research process.

CHAPTER 2:

APPROACHES TO THE STUDY OF THE PROFESSIONS

Introduction

The concept of specialist professional is traceable from the Middle Ages with evidence of types of professionals in law, medicine and the church emerging as early as the ninth century (Crook 2008). The foundations of the classical professions as we know them today (medicine, law and theology) are attributed to a select group of French and Italian universities, with the influence of the medieval English universities of Oxford and Cambridge becoming evident in the twelfth century (Aldrich 1996). The following centuries saw the emergence of professions (particularly in the classical areas) across most European countries. While the concept of 'profession' is itself disputed in the sociological literature, and the existence of criteria that can distinguish professions from other occupations has been strongly contested (Aldridge and Evetts 2003, Evans 2008, Flexner 1915/2001, Hoyle 2001), a diverse body of literature has evolved that seeks to deconstruct and define what is meant when we speak of a 'profession' and a 'professional,' and the associated terms 'professionalism' and 'professionalisation' (Adams *et al* 2006, Aldridge and Evetts 2003, Eraut 1994, Evetts 1999, Freidson 1994, Tobias 2003, Witz 1992, Wright-Mills 1970).

This review reflects the diversity that exists within the literature, a diversity that is accompanied by the absence of a clear typology and a lack of consensus with regard to the meaning of the terms profession and professional. Despite the lack of consensus there is some agreement that over time a profession will demonstrate the following: (i) education and training comprising of an intellectual component and incorporating a theoretical and practical component resulting in expertise; (ii) an organisation of members and a process of regulation/licensing; (iii) an ethical dimension often

expressed as a 'code' (of practice); (iv) the provision of an important service to the public/society; (v) professional autonomy (Eraut 1994, Freidson 1990, Lindsey 2002, Williams and Lalor 2001). This review commences with an overview of the emergence of the concepts of profession and professional, and then presents four common approaches to the subject of profession, these are: trait, process, power/market models of profession, and 'new professionalism'. This last concept, new professionalism, a more recent conceptualisation of profession, is of particular interest to this study because it is concerned with the quality of the professional-client relationship and external accountability and regulation.

2.1 Concepts of Profession

The earliest attempt to comprehensively define, classify and describe occupation as profession is attributed to Carr-Saunders and Wilson (1933). They concluded that distinguishing marks of a professional include specialist training, intellectual techniques, and a commitment to serving the common good – characteristics which remain relevant to the social care profession, although with regard to social care practice the emphasis on intellectual techniques might be better stated as behavioural techniques due to the intensely social nature of the work. In addition, the notion of professions as serving the common good first attributed to Emile Durkheim (1858-1917) has particular significance for social care due to the centrality of this issue in the choice of care as profession (Banks and Bailey 2012, Craik *et al* 2001, Miers *et al* 2007, Mooney *et al* 2007).

In contrast to Durkheim's focus on service to the common good, Max Weber (1864-1920) described professions as a form of social closure driven by capitalism and stated 'when we hear from all sides the demand for an introduction of regular curricula and special examinations, the reason is of course, not a sudden "thirst for education" but the desire to restrict supply of these positions and their monopolization' (Max Weber cited in Tobias 2003: 448). Although Weber's (1920/78) perspective has relevance to professions controlled internally by the profession, in the case of social care in Ireland, the creation of the profession and its regulation and control has been imposed by government, for reasons as outlined in Chapter 1.

Offering a position from which to reconcile the contrasting interpretations of 'service for the common good' and 'social closure,' Parsons (1954) makes an interesting and relevant point in suggesting that professional training should culminate in the balance of self and community interest which is vital for the maintenance of social cohesion, which he describes as the maintenance and service of society and community. With this approach, Parsons (1954) offers a way to balance motivation for self advancement but with consideration for the needs of community, a perspective that has later proponents in Freidson (2001) and Aldridge and Evetts (2003) who suggest that and that professions offer a trade-off where professionals can enjoy high status and earnings but are bound by ethical principles and accountability in the interests of society.

The literature identifies four approaches that broadly describe the diversity of concepts and understandings within the field. Trait models attempt to define the attributes of a profession, process models describe the mechanisms by which an occupation achieves

professional status, power/market models offer understanding and insight into the influences that lead to professionalisation and new professionalism seeks an expanded understanding of what professions are and what professionalism means in practice, especially as it relates to the professional-service user relationship. The linear format in which they are presented below is not indicative of their chronological development which was more of a parallel rather than a consecutive process, nor of their level of acceptance which exists along a continuum where contemporary ‘purists’ call for absolute models and precise definitions (e.g. Mintzberg 2004, Sciulli 2005, Torstendahl, 2005), while others advocate for a more pragmatic approach (Evetts 2008, Evans 2006a).

2.2 Trait Models of Profession

The trait (or attribute) model of profession seeks to describe the attributes or characteristics that distinguish a profession as something different from an occupation (Tobias 2003). Trait models are purist: they operate from precise definition and differentiate between professions and occupations by virtue of strict criteria – if the criteria are not met the occupation is not a profession. This distinction is interesting in itself, given that social care in Ireland has become a registered profession as a result of legislation and until recently was considered an occupation, albeit in a progressive state of development while exhibiting characteristics long identified as part of the professional construct. For example, Flexner (1915) [republished 2001], an early proponent of the trait model, suggested six characteristics: intellect/thinking; individual responsibility; science and learning; knowledge put to practical use; educationally communicable technique; self-organisation and altruistic motivation.

Other writers proposed similar or additional traits: a field of expert knowledge; a system of examination; license from external authority and an ethics or service ideal (Greenwood 1957, Goldstein 1984). Millerson (1964) on reviewing a wide range of studies identified 23 criteria that had been suggested as traits of a profession. However, despite this diversity some criteria were common to most lists and he suggested six essential criteria: skills use based on theoretical knowledge; education and training in these skills; competence ensured by a system of examination; a code of conduct; performance of a service in the interest of the public good and professional organisation. More recently, Freidson (1990) suggested that a profession requires two significant components. First, it is more than an ordinary commitment to an occupation (a vocation), and second, it is productive labour by which one makes a living using specialised skills. Eraut (1994) also identified both of these elements as features of a professional but also added a third – autonomy, where the practitioner is empowered to make autonomous choices but also carries responsibility for those choices.

With the exception of a professional organisation which is in a developmental phase, it can be argued that all of the above characteristics can be seen in social care work in Ireland; and Lindsey's (2002) description of trait type criteria for residential social care work supports this view. Her criteria are: learning (expert skills and knowledge); attitudes (relating to vocations or service for the 'better good'); responsibility and autonomy (accountability and judgement) and a public image (highly regarded and trusted).

2.3 Process Models of Profession

The process approach to the interpretation of the professions is much less elitist than the trait approach in that it recognises the possibility that new professions can emerge from occupations that are willing to engage in regulation, are self-motivated and willing to engage in improving work quality (Tobias 2003). Process models evolved in response to the rigidity of the attributes model and sought a more holistic approach, acknowledging that many occupations demonstrate some attributes of a profession, if not yet meeting precise criteria. Rather than an either/or positioning, process models advocated a continuum of professionalisation (Currow and McGonigle 2006), and the development of social care as a profession in Ireland would sit comfortably within this view.

While a number of process models have been proposed, it is Wilensky's (1964) 'natural way' model that is most often encountered in the literature. First, a work role is identified as a full-time occupation. Second, programs of education or training evolve to train people for the occupation. Third, a professional association is formed to help define the emerging profession. During this stage, licensing and specific qualifications are established to help differentiate this profession from others and codes of ethics are developed and adopted by members. The final stage involves legislation and support of the state.

There is ample evidence that the development of social care in Ireland has broadly followed Wilensky's (1964) natural way, and that process models provide a valid perspective, although a pressing need for regulation resulted in the final legislative

stage being implemented prior to the full development of the professional association-based code of ethics and licensing regime. This occurrence illustrates the point that process models of development may not be rigidly sequential and that unforeseen circumstances can impact on the process, a position supported by Morgan (1998) who says that it is not possible to predict all the future events or interventions that might influence the development of future professions and by Larson (1977) who points out that as no universal form for the organisation of the professions can be determined, there can be no universal way in which professions develop.

Another view from the process perspective is that of Etzioni (1969), who proposed that the evolution of occupations was creating what could be described as semi-professions, i.e. professions that demonstrated some but not all of the important professional characteristics. Etzioni's (1969) concept is ambiguous and open to challenge (Evans 2008), not least because the concept of the 'semi-profession' was never fully defined and he failed to clarify when and if such semi-professions would or could achieve status as a full profession. Notwithstanding Evans (2008) point that Etzioni's (1969) model offers little that is concrete to assist our understanding of development of professions, it could be argued that the early development of the social care profession in Ireland has included a stage where it validly held the status of semi-profession, in that many of the characteristics of a profession were present.

2.4 Power/Market Models of Profession

The power/market model of profession rejects the functionalism of both the trait and process approaches, and instead focuses on rationalisation and bureaucracy to describe

and explain how professions emerge (Tobias 2003). In other words, the power approach to the professions focuses on *why* professions exist rather than describing them (attributes approach) or seeking understanding into how they evolve (process approach). The fundamental question is why do occupants of certain work roles seek to establish themselves in professions? The power/market model provides two perspectives on this question.

In the first instance professions are seen as seeking the right to perform certain types of work, to occupy hierarchical positions and gain the power and control that follows (Johnson 1972, Larson 1977). In the pursuit of these goals they often experience conflict with other groups over client, resource and licensing boundaries (Abbott 1995, Weiss-Gal and Welbourne 2008). The second explanation is closure or restriction of markets where professionalisation is interpreted as the attempt to translate specialist skills, knowledge and education into economic reward (Freidson 1983, Larson 1977, Saks 1995). This interpretation has its roots in the work of Weber (1920/1978) who examined the increasing role played by rationalisation and bureaucracy in the advance and appeal of capitalism (Morgan 1998). In this context, professionalisation is viewed as a mechanism of market control both in supply and therefore in terms of reward for input. Larson (1977) titled this approach to professionalisation the 'professional project' and described it as the way in which distinct groups sought monopoly in the market for the provision of services and were upwardly mobile, both individually and collectively.

With regard to social care work in Ireland, the professionalisation agenda was originally driven by educationalists for client protection and quality standards reasons,

and there is no evidence that social care workers have sought to close the market or have sought status or power through professionalisation. The development has been more in agreement with Freidson (2001) who suggests that rather than control for control sake, professionalism is a desirable way to provide complex, discretionary services to the public (often where an element of risk is present). Therefore, professions might need to close markets in order to endorse and guarantee quality in terms of education, training, experience and licensing of practitioners. Once control has been established, the profession can then focus on service and performance related aspects of the role (Evetts 2006a).

That being said, as the recognition of social care as a registered profession inevitably alters the professional boundaries and status relationship between the social care worker and other professional colleagues (e.g. psychologist, nurse, social worker), the potential for the conflict mentioned by Abbott (1995) and Weiss-Gal and Welbourne (2008) should not be overlooked.

2.5 New Professionalism

An alternative perspective on the concept of profession ‘new professionalism’ is emerging in the literature (Evans 2008, Hoyle 2001, Svensson 2006); this perspective has two interpretations.

The first interpretation, broadly termed ‘marketisation,’ requires professionals who have traditionally operated to standards determined by their profession to perform to externally imposed standards (Svensson 2006), and to work in contexts where the

demand for transparency, value for money, and service quality involves the use of market tools such as competitive tendering, service evaluation, and outcome measurement (Noordegraaf 2007). Examples of this include medicine and law which are increasingly subject to external mechanisms of accountability and control, and where standards may be influenced by actors who are not members of these professions, e.g. politicians, hospital managers, stakeholder representatives. While these developments are frequently attributed to the need for efficiencies, accountability and openness to public scrutiny, they also constitute a response to the failure of self-regulation (Svensson 2006).

Fournier (2000) argues that professionals confronted with this market approach experience their autonomy being diluted, as internal performance standards are replaced or augmented by external scrutiny and a consumer orientation toward value for money; this shift of power leads Evans (2008) to state that 'autonomy has given way to accountability and has prompted some analysts to argue that de-professionalisation rather than altered professionalism has been the outcome of marketisation' (p. 21).

The second interpretation considers new professionalism as an opportunity for enhancing the concept of profession, facilitating the removal of artificial work boundaries and allowing for the emergence of new professions and new understandings of what professional and professionalism mean (Evetts 2003, 2006a). In Evetts's (2006a) view, new professionalism is an outcome of the re-evaluation by researchers in the late 1990s of the significance of professionalism in terms of what it contributes to clients, practitioners and social systems, and she argues that it is a return

to an interpretation of professionalism as ‘normative value’ (p. 136) or service to the common good, an interpretation evidenced in the work of the early writers (such as Carr-Saunders and Wilson 1933, Marshall 1950, Parsons 1951) mentioned previously.

Hoyle (2001), while describing new professionalism as ‘a somewhat amorphous idea which varies in its provenance and content’ (p. 29), suggests that it represents a return to the exploration of professionalism as quality of service to clients stating that ‘the concept of new professionalism has one shared common assumption: improvement in quality of service rather than enhancement of status’ (Hoyle 2001: 29), a move that implicitly shifts emphasis away from the idea of a profession and its associated status and toward professionalism and its associated focus on skills and service. While Evans (2008) suggests that the focus of study of the professions has now shifted away from a desire to define the exact constituents of a profession and to matters central to the professional-client relationship: trust, values and power; with this shift, professionalism is moving centre stage and is now viewed as more important than a definitive understanding of what a professional is and who and what professions are (Evans 2008). Further, it is argued that professionalism should not be a hypothetical concept; it should be a real entity. As Evans (2008) states:

“to be real professionalism has to be something that people - professionals - actually do, not just something that government or any other agency *wants* them to do (.....) unless it is enacted; until this occurs it remains merely an idea.”

(Evans 2008: 27/30).

Considered in the context of the social care profession, the concept of new professionalism has much to offer, not least because of its corresponding emphasis on the professional-client relationship and issues such as trust, values and power.

For, while the professional-client relationship is central to new professionalism, it is also considered as fundamental to professional effectiveness in care settings (Paternelj-Taylor and Yonge 2003), and its exploration in caring (helping) professions has a long history where its relevance is perhaps best summed up by Carl Rogers (1961) who said ‘if I can provide a certain type of relationship, the other will discover within himself the capacity to use that relationship for growth and then change and personal development will occur’ (p. ix). This insight has as much relevance to social care in services for people with as disability as it has to other caring professions, as it is through relationship that the key work with service users is accomplished (Eraut 1994, Lyons 2009, Smith 2003) – where the relationship is considered to be ‘a giving of the self’ (Maier 1990) which requires self-awareness and skill and qualities of trustworthiness, empathy, warmth and genuineness (Rogers 1961).

In addition, in discussing what is called ‘social education’ in Spain (similar to social care in Ireland) Saez and Sanchez (2006) state that a feature of the profession is that its main capacity to solve problems resides in *relationship* and that the key instrument of service is not technical knowledge but relationship. While in relation to disability, Sowerby (2010) argues that a significant tool in the implementation of the personalisation agenda for people with intellectual disability is the ability of the care worker to form meaningful and productive relationships. The context in which the relationship develops is also significant, and Smith (2003) argues that in developing a professional identity for social care work, an identity focussed on the ‘life space’ of the service user is required, as it is the life space that the daily life occurrences and experiences offer the medium through which the most powerful work with service users occurs.

With regard to the issue of trust, while trust has always been a core aspect of professionalism, and the individual relationship is recognised as the foundation of trust (di Luzio 2006, Kuhlmann 2006), new and emerging professions such as social care work are challenged to ensure the protection and maintenance of the trust relationship, as professionalism requires that professionals are ‘worthy of trust, put clients first, maintain confidentiality and not use knowledge for fraudulent purposes’ (Evetts 2003: 134). In relation to developing the trusting relationship, Saez and Sanchez (2006) argue that the more continuous the relationship between the professional and the client the more trust will arise, as ‘trust is developed at an individual level’ (p.603). Evetts (1999) states that the influences giving rise to new professionalism require a re-examination of trust, the need for discretion, for excellent judgement and skill, and competence in risk analysis - in current day practitioner-client relationships; a position supported by Freidson (1994) who calls for the reassessment of performance, competency and quality in the best interests of clients.

Another area where the concerns of new professionalism are of significant relevance to social care work in the disability area is the power relationship that exists between the professional and the service user, particularly as the service user may not only be among the most vulnerable and dependent of citizens, but may also have been deprived of opportunities to exercise power and decision making throughout their lives. And, although legislation and policy is progressively emphasising the rights of people as citizens and requiring that professionals work in partnership with clients taking account of their wishes and decisions (as illustrated in Chapter 1), traditional power imbalances based on the specialist knowledge or greater competencies of the professional can be difficult to remedy without deliberate efforts to empower the

service user, although the concept of empowerment is becoming increasingly common in the literature on the professions.

Of particular interest in this regard is the work of Lindquist *et al* (2006: 272), which has commonalities with both new professionalism and social care work. They identified empowerment as one way of conceptualising the professional role in their study of student physiotherapists, and determined that people seeking to work in an empowering way (empowerers) will work collaboratively in a team approach, are client centred and work with objectives as determined by the service user. To achieve this, professionals working from an empowerment construct believe it is important to get to know the person and take a holistic view and in this way they are highly person centred. In relation to social care work, social care practitioners are particularly well positioned to work to promote empowerment and advocacy and ultimately the rights of people with disability, a position supported by Mulkeen (2009) who states that ‘social care practitioners committed to supporting people will seek accountability for how decisions are made, how resources are deployed, how difference is accommodated and how relations of love and care are supported’ (p. 285).

Conclusion

This chapter presented the first section of the review of the literature relevant to this research, detailing the common approaches to the study of the professions and reflecting the diversity and lack of consensus with regard to terminology and precise definition. With a focus on how professional identity is conceptualised and ‘actioned’

in daily work, this research is more concerned with a pragmatic and dynamic construct of professional identity than it is with precise definition. Four approaches to the study of the professions were presented: trait, process, power/market and new professionalism. While all approaches have relevance to the research question and were discussed with reference to their relevance to social care work in Ireland, new professionalism is of particular interest, as is the concept of profession as 'service for the common good.' New professionalism is of interest because of its focus on the heart of the professional/service user relationship and associated matters of trust, values and power. As a concept it also allows for debate on the emergence of new professions, enhances understanding of the concept of professionalism in work and refocuses attention on service quality.

The review of the four approaches lays the groundwork and provides important background in relation to the principle areas of interest to this research – professional identity and its formation, the literature for which is now surveyed in Chapter 3.

CHAPTER 3:

PROFESSIONAL IDENTITY

AND

PROFESSIONAL SOCIALISATION

Introduction

Chapter 2 established a foundation for different understandings of the concept of profession, the literature review now addresses the main focus of the research: professional identity and professional socialisation. A broad survey of the literature describes how the development of professional identity is generally understood as a process of socialisation that affects individual values, behaviours and self-concept and this three part conceptualisation is useful for considering professional identity as it applies to social care. A four stage model based on McGregor (2011) and Weidman *et al* (2001) provides a mechanism for discussing the elements of professional socialisation. Each of the four stages, (anticipatory, formal, informal and personal) encompass core elements: knowledge acquisition, personal investment and involvement. The model provides a mechanism for discussing the key influences that impact on the initial and ongoing development of professional identity over the professional lifespan.

Employee engagement, a concept from the field of human resource management, is included due to its concern with passion, meaning, commitment and satisfaction in work roles, areas closely related to concepts of professionalism and professional identity; emotional labour is surveyed because of its direct relevance to the need to manage feelings, a consequence of the close professional-client relationship that arises in social care work in intellectual disability. The inclusion of these latter topics (employee engagement and emotional labour) reflects the iterative nature of the qualitative research process. The research interviews identified important concepts with regard to respondents' descriptions of their professionalism and professional

identity that are particularly relevant to social care work in services for people with a disability in Ireland, and this required a return to an exploration of the literature which led to the topics in question.

3.1 The Formation of Professional Identity – Professional Socialisation

Schein (1978) describes professional identity as a stable and enduring constellation of attributes, values, motives and experiences used by people to define themselves in their work role; Adams *et al* (2006) describe professional identity as ‘the attitudes, values, knowledge, beliefs and skills that are shared with others within a professional group and relate to the professional role being undertaken by the individual, and thus is a matter of the subjective self-conceptualisation associated with the work role adopted’ (p. 56); and Perna and Hudgins (1996) while offering a similar description add additional components stating that ‘acquiring a professional identity involves learning not only the knowledge and skills required to perform a particular job task, but also the attitudes, values, norms, language and perspectives necessary to interpret experience, interact with others, prioritise activities and determine appropriate behaviour’ (p. 3). Briggs (2007) also describes professional identity in terms of values but says they must be ‘consciously professed and reflected on over the professional lifespan’ (p. 477).

Schön (1983) proposes that the development of personal and professional values as they relate to client care is an essential component of professional socialisation, the process by which people acquire the values, attitudes and beliefs of their profession, develop commitment to that profession, and form a professional identity (Weidman *et al* 2001, Vollmer and Mills 1966). It is a process that is not time bound, according to

Busher (2005) who maintains that professional identity is also a function of individual histories, personalities and work-related experiences, and that people construct such identities through interactions with others through time.

Moore (1970) describes professional socialisation in terms of the acquisition of knowledge, skills and professional identity; Howkins and Ewans (1999) suggest that it also includes professional values and norms; du Toit (1995) points out that professional socialisation involves the recognition of assumed identity by both the outside world and by the individual themselves. Cohen (1981) offers a definition that broadly encompasses all of these characteristics stating 'professional socialisation is the complex process by which a person acquires the knowledge, skills and occupational identity that are characteristic of members of that profession: it involves the internalisation of the values and norms of the group into the person's own behaviour and self-conception' (p.14).

According to du Toit (1995) as professional identity emerges it leads to a change in the individual's concept of self, and this consequence together with the changes in values and behaviour implicit in the above definitions provides a useful three-part approach for exploring professional identity in social care work. This perspective is congruent with Shinyashiki *et al* (2006) study of student nurses where they identified changes in values, behaviour and self-concept as three particular themes that emerged from their consideration of definitions of professional socialisation.

Weidman *et al* (2001) reviewed models of professional socialisation and developed a model that placed the formal programme of education (i.e. the socialisation component

that educators can most influence) at its core. Other domains in their model are: the prospective students, their background and disposition; professional communities including other practitioners and professional associations; personal communities including family, friends and employers; and novice professional practitioners.

The Weidman *et al* (2001) model describes a four-stage process of professional socialisation, the four stages being: the anticipatory stage, the formal stage, the informal stage and the personal stage; the ultimate outcome of the process is ‘the professional who has been transformed with respect to self-image, attitudes, values and thinking processes’ (Page 2005: 106). And, drawing on Stein (1992) and Thornton and Nardi (1975) they include three core elements the lead to both commitment and identification with the professional role, what Kleine *et al* (2006) describe as ‘identity cultivation,’ the three elements are: knowledge acquisition, investment and involvement.

While the four-stage model and the three core elements are presented and discussed individually by Weidman *et al* (2001), this presentation is not representative of a linear model or process; the elements are ‘interrelated’ (p.19) and the stages of the model are best considered as ‘interactive’ with the formal and informal components working collectively to shape the socialisation process (Page 2005: 106). As Weidman *et al* (2001) state ‘socialisation is conceived as reflecting the interaction between and among the various constituent elements rather than being strictly linear [reflecting that] socialisation is a developmental process’ (p.17).

The first element 'knowledge acquisition' is concerned with the acquisition of cognitive and affective knowledge, and an understanding of the problems and ideologies that are characteristic of the profession (McGregor 2011). Knowledge is initially general and becomes more specialised, integrated and complex as learning progresses. Individuals develop theoretical insights and value orientations and gain insight into their capacity to participate in a professional culture as they learn its 'language, heritage and etiquette' (Weidman *et al* 2001: 29).

The second element 'investment' refers to the personal commitment that the individual makes, and can include finance, time, energy, the risk taken by *not* choosing other professions, and the risk of failure and resulting impact on status and esteem (Weidman *et al* 2001, Stein 1992).

The third element is 'involvement,' i.e. 'participation in some aspect of the professional role or in preparation for it' (Weidman *et al* 2001: 18) where involvement in the role and thinking about the personal meaning of participation in that role brings about professional role identification (Oleson and Whittaker 1968). As Weidman *et al* (2001) note, students beginning at entry level and continuing throughout the socialisation process 'cloak themselves in a professional identity which usually forces a modification of their personal identity such that the two are intertwined and compatible' (p. 16).

McGregor (2011), in her discussion of home economics as profession, presents a view that could equally be applied to social care work when she says 'home economics is more than an academic discipline, it is also a mission oriented profession, one that

creates knowledge for the sake of using it in practice rather than just having more knowledge' (p. 562); and, as her use of Weidman *et al* (2001) three core elements and four-stage process offers a useful framework for aspects of this study, it is employed below.

3.1.1 The Anticipatory Stage of Professional Socialisation

Page (2005) describes the anticipatory stage as the stage where the prospective student holds lay notions about the profession, where personal background and life experience influences ideas of what a profession entails; where personal motivation is seen as an important consideration and reasons for choosing a profession can include personal interests and abilities, financial reward, status and prestige, and where the mission of the profession and a personal desire to make a contribution can be significant motivators.

During this stage, according to Weidman *et al* (2001), the three core elements (knowledge acquisition, investment and involvement) are in early development. The individual may have informal knowledge about the professional role gained through the media, family members or social contacts, although some may be inaccurate resulting in an idealised or incorrect view. Investment in the profession is through the individual seeking information regarding entry to the profession, rejecting alternatives, and applying to a prescribed course. Involvement commences as the individual begins to think about the meaning of being a professional and relates this to their self-concept: at this stage, identification with the role relates to 'stereotypical' ideas about the profession (Weidman *et al* 2001: 24).

With regard to social care work and the anticipatory stage, while relevant literature particularly that related to choice of care as profession is dominated by nursing, the caring element common to both professions provides a rationale for its inclusion. Mooney *et al* (2007) found that students chose nursing due to ‘an inherent desire to care and to be involved with helping others’ (p. 388); Banks and Bailey (2010) agreed describing the motivation to nurse as a desire to nurture others who are in need, and Eley *et al* (2008) found that reasons for entering nursing included caring for people and perceiving nursing as a vocation.

Miers *et al* (2007), in a comparative study of nurses and other non-medical health professionals, identified the desire to work with people arising from an altruistic orientation as the most frequently given reason for wishing to join a non-medical health profession. In addition, Craik *et al* (2001) identified a desire to help people with disability as an influencing factor in choosing occupational therapy as a career, while a desire to care for people influenced physiotherapy applicants (Park *et al* 2003). A similar finding in relation to social workers in the UK is provided by Furness (2007) who reported that the first reason for applying to study social work was to ‘help others and contribute to improving others’ quality of life’ (p. 247). These findings are also consistent with international literature on motivation to nurse which point to a desire for human contact, a wish to help and care for others, and the feeling of a sense of contribution as motivators (Rognstad and Polit 2002).

In the Banks and Bailey (2010) study respondents also said that they felt driven from early childhood to enter a caring profession; Eley *et al* (2008) identified having a family history of working in the health sector as a factor, and Banks and Bailey (2010)

and Mooney *et al* (2007) reported that the desire to ‘care’ emerged from personal life history which included caring for someone, being cared for themselves, knowledge of nursing through a family member, and/or through exposure to work experience that gave an insight into what was considered a ‘rewarding job’ (p. 389). Miers *et al* (2007) identified experience of having occupied a caring role in either a work or personal capacity as a factor that lead to an increase in the recruitment of older students with life experience into the health professions, and Nesler *et al* (2001) found that health sector related experience prior to beginning a formal programme of education was a particular factor that enhanced the process of professional socialisation.

3.1.2 The Formal Stage of Professional Socialisation

All professions require a formal period of professional socialisation according to Hoyle and John (1995), and this is usually achieved through study for a higher education degree during which, according to Weidman *et al* (2001) and McGregor (2011) students develop technical competencies (knowledge, concepts, content and theories) and internalise the values, philosophy, mission and cultural identity of the profession.

The significance of formal programmes of education to professional socialisation is supported by Howkins and Ewans (1999) who identified specific factors that influence the outcomes of formal education on professional socialisation; the type and form of educational provision; the beliefs and values promoted on the course and the opportunity to reflect on practice. du Toit (1995), found that students had been socialised into the nursing profession through their demonstration of a commitment to

‘value items’ including viewing the patient as first, seeing nursing as a calling, and regarding themselves as being in service to the community, and also their understanding of the importance of ‘personality items’ such as thoroughness, responsibility, emotional maturity, self-discipline and good judgement. Berkman (1996) found that skills developed during the formal programme, particularly the ability to problem-solve and conceptualise interventions, were key factors in the socialisation of students to effective social work practice, and Reid *et al* (2008) established that students were inclined to take their entire pedagogic experience as an example of ‘professional work’ and that this impacted on the development of their professional identity.

In the formal stage Weidman *et al* (2001) three core elements become more evident. With regard to knowledge acquisition, the individual is now a student receiving formal instruction as their primary source of information, and is developing competence in the required knowledge and skills of the profession. Knowledge acquisition is also supported through research activities and preparation for formal assessments. Due to the consistent on-going engagement with the educational programme, personal investment increases significantly and professional commitment is manifested (McGregor 2011). Sponsorship (mentorship) from relevant others may also increase investment as it can promote a feeling of obligation (Weidman *et al* 2001), and personal investment can also be encouraged when employers support students through finance, time off and other supports (as in the case of the students in this study). In this formal stage, involvement develops as interactions with others allow for comparisons of skills and competencies, through reflection on personal performance and through

‘rites of passage’ such as achieving examinations and professional registration (Weidman *et al* 2001: 24).

The literature also reveals that the socialisation that occurs during formal programmes of education provides an opportunity to embed in students the centrality of service user needs to the delivery of services. This is supported by Richardson *et al* (2002), who argue that part of the challenge for educators is to work with students toward an understanding of the profession that is congruent with current day needs of service users; needs that include person (patient) centeredness and advocacy. Achieving this requires educators to be well informed, open to new ideas and prepared to invest in imparting knowledge in a manner that supports empowerment. As Richardson *et al* (2002) conclude ‘if educators are not purposeful in their approach then students could enter and leave a programme unchanged in their view of what it means to be a professional, what comprises their professional identity and how this relates to client need’ (p. 625).

3.1.3 The Informal Stage of Professional Socialisation

Knowledge acquisition during this stage is primarily as a result of engagement with peers and colleagues, and it is through these interactions that an understanding of implicit role expectations develops. Undertaking aspects of the role with or without supervision increases identification with and investment in the role (Lindquist *et al* 2006); personal investment increases as the individual continues to commit time and energy toward deepening understanding of the professional role by engaging with people and experiences, and involvement grows as increased exposure to role

incumbents leads to ‘implicit learning of role dimensions,’ while greater participation in role activities increases the individuals personal ‘perception of competence’ (Weidman *et al* 2001: 23).

Adams *et al* (2006) argue that experience in the work context is a significant contributor to professional socialisation; Reid *et al* (2008) concluded the most valuable learning occurred during work placements (working with service users under supervision) and Lindquist *et al* (2006) determined that the interface of endpoint of education with working life is a pivotal point in professional socialisation. It is also argued that successful professional socialisation is related to students developing an accurate understanding of what it means to be a professional in practice and therefore reflecting on and moving beyond ‘idealised versions’ (Adams *et al* 2006). In this regard role models are considered important; such role models may exist in workplaces as other professionals of the same or similar discipline and provide real insights into the professional role as it operates in practice (Cohen 1981).

Learning that occurs concurrently with the formal educational programme, for example through unstructured or casual peer and tutor interaction and learning that occurs outside of the education programme is often referred to as informal, contextual or situated learning (Cohen 1981, Howkins and Ewans 1999, Houle 1981, Reid *et al* 2008, Wenger 1998). The concept of situated learning is attributed to Lave and Wenger (1991), and active social participation is viewed as the learning medium (Hughes *et al* 2007) during which individuals are considered to continuously assimilate, combine and modify knowledge through everyday interactions with others (Wenger *et al* 2002). Kupferberg (2004) takes issue with Lave and Wenger’s (1991)

theory and its underpinning belief that learning arises from motivated work-based social participation. Kupferberg (2004) considers this view to be too narrow and argues that motivation to learn for professional occupations is complex, depends on a range of extrinsic as well as intrinsic factors, and that professional identity starts to form long before an individual enters their chosen profession.

Situated learning is now most frequently conceptualised as ‘communities of practice’ (Hughes *et al* 2007) and, as an approach to learning that encompasses elements of identity, situation and active participation (Andrew *et al* 2009, Lawthom 2011) it has relevance to informal professional socialisation. With respect to definition and relevance, this study draws on Wenger (1998) when he describes a community of practice as:

“How workers organise themselves with colleagues and customers to get the job done. In doing so they develop or preserve a sense of themselves they can live with, have some fun, and fulfil the requirements of their employers and clients. No matter what the official job description may be they create a practice to do what needs to be done.”

(Wenger 1998: 6)

Wenger *et al* (2002) offer a more concise version, describing communities of practice as ‘groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in the area by interacting on an ongoing basis’ (p. 4). Hughes (2007) suggests that following Wenger’s (1998) definition we can consider communities not by ‘the organisation chart’ but by how people ‘work around’ the role, how they collaborate and how they ‘live their lives’ at work (p. 36).

Communities of practice can play a significant role in professional socialisation because, according to Wenger (1998), individuals are motivated to participate in them

to develop a sense of professional identity and belonging, and they facilitate a change in self-concept, according to Lawthom (2011) who states that 'learning is more than a set of competencies or accolades, it is around growth and change of the self' (p.155). Booth *et al* (2007) found that they facilitate the transmission of tacit knowledge thus assisting the development and understanding of professional behaviours, and Lai *et al* (2006) argue that they encourage the sharing of experience to contextualise professional and practice development.

Communities of practice have been advocated for the sharing and optimising of knowledge in organisations (Wenger *et al* 2002), for leveraging strategic advantage (Saint-Onge and Wallace 2003), for lifelong learning (Zukas and Malcolm 2002) and for organisational learning (Brown and Duguid 1991). It has also been suggested that communities of practice can complement formal training programmes by allowing members to share tacit, personal and practice knowledge (Andrew *et al* 2009). Watson (2007) examined an online application of the concept to in-service social care education and found that students used the online community to share experiences and opinions, discuss professional issues, and critically analyse their practice, and that they shared learning from the community with work colleagues.

This connection between professional socialisation and the work environment is of particular interest in the context of this study due to the recent designation of social care as a degree standard profession in Ireland, and the fact that the participants in this study share a profile of being experienced but unqualified staff who had just completed their years of study for a higher degree and professional registration during which time they continued to work in a social care capacity. Interestingly, Nesler *et al* (2001)

found that students in a distance learning programme demonstrated even more professional socialisation than campus-based students and attributed this to working while studying or having health related experience before starting a formal programme.

While no specific literature was identified in the field of healthcare relevant to this type of in-service professional education, the parallel process of work and professional education appears to share elements of apprenticeship, a process that was at the heart of Lave and Wenger's (1991) concept of situated learning where the 'newcomer' embarks on a journey through participation to become a full member of the community and in so doing becomes a 'knowledgeable practitioner' (p. 29).

Although apprenticeship models have been traditionally associated with non-professional areas of vocational occupation, primarily trades, it is interesting to note that Fuller and Unwin's (1998, 2003) key criticism of Lave and Wenger's (1991) theory was its failure to acknowledge a role for formal education in the newcomers learning process; a deficit addressed by Ryan and Unwin (2001) who propose a definition of apprenticeship that has wider application, and which includes an approach relevant to this study and its participants: 'a structured programme of vocational preparation sponsored by an employer, juxtaposing part-time education with on-the-job training and work experience leading to a recognised qualification at craft or higher level' (p.100).

In presenting their argument for a broader conceptualisation of the apprenticeship model that has more 'contemporary appeal,' Fuller and Unwin (2003: 409) draw on the

work of Engestrom (1994) who points out that while people learn in all social situations through interaction, learning and knowledge is also advanced through structured teaching and learning, a concept called *expansive learning* (Engestrom 1994, Fuller and Unwin 1998, 2003), a theoretical perspective grounded in activity theory (Vygotsky 1978) that views learning as not just the acquisition of knowledge but also as the learner developing the ability to critically analyse, problem-solve and be creative and innovative. Evidence of expansive learning can be drawn from the learner's ability to apply theory in 'real' situations but also in the ability to question existing practices and produce novel solutions to problems (Fuller and Unwin 1998: 164), what Fuller and Unwin (2003) call 'deep' learning (p.423).

3.1.4 The Personal Stage of Professional Socialisation

In the personal stage, formal acquisition of knowledge is for the present complete and knowledge acquisition continues informally; the graduate can competently perform many dimensions of the role, particularly knowledge components, has achieved validation through formal examination (Weidman *et al* 2001) and can be described as an evolving professional (Tsang 2009) – 'evolving' because the process of socialisation is ongoing throughout professional working life (Page 2005). By this time the individual has, by and large, internalised the professional role, broadly accepted the values of the profession and set higher expectations for themselves (McGregor 2011). Personal investment is high and the graduate seeks concrete expression of their investment by securing employment as a qualified professional and there is a growing personal expectation to live up to professional standards. Involvement is evident in an

increasing sense of solidarity with other role incumbents and there will be ongoing sharing of experience and professional engagement (Weidman *et al* 2001).

Page (2005) describes the ongoing socialisation that occurs after formal education as consisting of two more socialisation processes, one through employment and the second through registration and becoming a full member of the profession. In employment, situated learning retains its significance and the influences described earlier in the informal stage continue to have relevance. But other factors also apply, for example, the attraction of belonging to a professional group, body or association (within or outside the employing organisation), and registration and its maintenance through lifelong learning including continuous professional development.

The ongoing development and enhancement of professional identity is linked in the literature to theories of group behaviour, for example, social identity theory (Hogg and Terry 2000, Hogg and Williams 2000, Tajfel 1972, Tajfel 1978, Tajfel and Turner 1979) and self categorisation theory (Hogg and Reid 2006, Hogg and Williams 2000, Turner *et al* 1987), jointly called the social identity perspective (Hornsey 2008). This perspective argues that the desire to bolster self-esteem underpins the desire to join groups, including professional groups (Hogg and Terry 2000, Hogg and Williams 2000). The theory assumes people will be most attracted to groups that offer the most (perceived) status and esteem (Hogg and Williams 2000). Similarly, Pratt (1998) notes that identification with groups, including professional groups, serves to meet individual needs such as self-enhancement and a sense of purpose and Callan *et al* (2007) suggest it offers safety and stability during times of organisational change and uncertainty. Identification with the group (profession) is a complex psychological

process composed of elements including vision, language, values, rituals, norms and so on; these elements help people to categorise social phenomena and ‘make sense’ of their place within it (Jenkins 1996). The social identity perspective is also argued to involve social comparison, where group members seek to enhance esteem of self through comparison with others (Hamilton *et al* 2008), and Hargreaves (1981) describes a process in which individuals contribute to an enhanced group and self-image by comparing and contrasting themselves with others, a process he calls ‘contrastive rhetoric.’

Davies (1993) links both professional identity formation and its ongoing enhancement to the ‘logic of pairing’; the construction of identity in this manner is evident in many work contexts, for example, doctors and patients, therapists and clients, professionals and service users. The positive positioning of self occurs in contrast to others who are positioned as deficient in some regard and by this positioning the paired ‘other’ helps to give meaning to the dominant ‘self.’ Establishing identity using this process of *othering* (Davies 1993) creates a boundary that amplifies rather than diminishes difference; separation rather than connection is highlighted. There is a ‘them’ and ‘us’ message in an identity construed in such a way and the ‘other’ is a devalued constituent. Davies (2003) expresses a concern that the act of constructing one’s identity can devalue that of another. In relation to care services, she calls for the construction of a new professional identity, one which challenges the devaluing of ‘others’ and which includes the following characteristics: a strongly connected individual, reflective application of knowledge, team working, welcoming and valuing the contribution of others and acknowledging the unique experience and expertise of all (p. 204).

Ongoing professional socialisation is also assisted by a commitment to learning for the duration of professional life. As Weidman *et al* (2001) state 'assumption of a full-fledged professional identity also reflects a commitment to a continuous socialisation process over life course' (p. 33). This continuing socialisation is achieved through lifelong learning, a concept that includes lifelong education (formal structured learning in educational institutions) (Maslin-Prothero 1997), continuous professional development (CPD) which is also required for maintaining registration (Bahn 2006) and ongoing informal learning (Houle 1981, Lindquist *et al* 2006, Wenger 1998).

Burnard and Chapman (1990) view the lifelong learner as a person who appreciates the changing nature of knowledge and doesn't hoard 'dead' knowledge. Knapper and Cropley (1991) describe lifelong learning as a deliberate conscious activity that includes some of the following characteristics: intentional learning, having definite specific goals, and the learner's intention to retain and use this learning in practice. Maslin-Prothero (1997) adds to this, describing a comprehensive list of attributes of lifelong learners: innovative and reflective in practice; responsive to changing demand; resourceful in methods of learning; able to act as change agents; able to share good practice and knowledge; challenging and creative in practice; self reliant and responsible and also accountable for their work. The skills for lifelong learning are laid down during the formal programme of education but professionals need to utilise these skills and continually review them to ensure their ongoing relevance (Bahn 2006). With regard to care, McGowan (1995) proposes that the skills of lifelong learning include the ability to identify a need, access and retrieve information, assess its quality in relation to a specific issue and use the information appropriately.

The necessity and benefit of lifelong learning is well established in the literature: Evetts (1999) links it to the need to supplement formal education, especially in high skill areas; Houle (1981) sees its value not only for the individual practitioner but also in meeting the needs of society stating ‘the needs of society require that every professionalising occupation become better than it is’ (p.30) and Bahn (2006) argues its importance for the quality client care. Openness to engaging in lifelong learning also supports people through change, a pertinent point given the changes currently being experienced by social care workers in Irish disability services (as outlined in Chapter 1). Bahn (2006) argues that the process of education to the point of registration once in a lifetime does not prepare care workers for life and as a response to change new learning is required to maintain effective and safe practice. Houle (1981) observed that even a review of a few examples of professions suggest that ‘a constantly changing sense of mission has come to be a widespread, perhaps universal characteristic of professions’ (p. 38). If this is accepted, then the implications for the lifelong education of professionals are significant requiring an on-going review of role and continually developing new knowledge, skills and competencies with the aim of continually delivering excellence in practice. The advantage of lifelong education is well summed up by Lindquist *et al* (2006) who state:

“Practitioners who develop strong professional identities which embrace a commitment to lifelong learning and willingness for appropriate adjustment throughout their professional life will be better prepared for the professional role and change in the work context.”

(Lindquist *et al* 2006: 274)

3.2 Professional Commitment and Meaningfulness – Employee Engagement

Exploration of the factors that influence personal commitment and motivation has a long history in the literature and many constructs have emerged, including intrinsic motivation (Maslow 1971, McGregor 1960); job satisfaction (Brayfield and Roth 1951); organisational commitment (Macey *et al* 2009); expectancy theory (Vroom 1964), and employee engagement (Kahn 1990).

In the context of this study, it is the concept of employee engagement that is of particular interest. Its focus on the expression of self in the work role (Kahn 1990) has much in common with Schein's (1978) description of professional identity as 'attributes, beliefs, values, motives and experiences used by people to define themselves in a professional role' (p.452). And its concern with meaningfulness and commitment (Morrison *et al* 2007) is in agreement with Chalofsky and Krishna's (2009) recognition that commitment and purpose are key aspects of professionalism, and Leiter and Maslach's (1998) linking of engagement to professional effectiveness. Leiter and Maslach (1998) state that engagement is 'an energetic experience of involvement with personally fulfilling activities that enhance a staff member's sense of professional efficacy' (p. 351); while Maslow (1971) suggests that individuals who perceive the workplace as meaningful and purposeful will maximise their professional capacity.

While acknowledging that differences exist regarding an agreed and precise definition of employee engagement (Macey and Schneider 2008), this review identified four components of engagement that have particular relevance to social care work and the

development of professional identity. These are: the positive outcomes of high employee engagement; a focus on self in the work role; connection to others; and meaningfulness in work.

As will be shown later, the impact of effective social care work on the quality of life experienced by service users and the critical relevance of deep commitment in the care worker-service user relationship are such that the positive outcomes that arise from employee engagement are of singular importance. Macey and Schneider (2008) describe them as consisting of energy, enthusiasm and focussed effort, while Schaufeli and Baker (2004: 74) say that ‘a positive, fulfilling, work-related state of mind that is characterised by vigour, dedication and absorption’ is the outcome of employee engagement. ‘Vigour’ is characterised by high levels of energy and a willingness to invest in one’s work; ‘dedication’ refers to the strength of involvement in role performance, including evidence of enthusiasm, pride, challenge and inspiration, and ‘absorption’ is evidenced by full concentration and being happily engrossed in work (Simpson 2009).

With regard to expression of self in the work role, as was established in Section 3.5 above, people are attracted to caring work for reasons that include: an inherent desire to care (Mooney *et al* 2007); to nurture others who are in need (Banks and Bailey 2010); to contribute to improving others quality of life (Furness 2007). Such motivations can be understood as representing a desire to invest oneself in the work context, which is consistent with Schaufeli and Salanova (2007), who suggest that engaged employees are energetically and effectively connected to their work and this occurs through investing one’s self in work activities. From a broader perspective,

Kahn (1990) saw the self and the role as a dynamic relationship where neither is static; the self continually influencing and changing the role and the role continually influencing and changing the self. This duality is important because it illustrates that during role performance a person drives personal energies into the role and just as significantly displays self (self-expression) in role performance.

The third component, connection to others, is of particular interest due to the central role that relationship plays in effective social care work (Peternelj-Taylor and Yonge 2003, Smith 2003, Sowerby 2010). In describing this component of employee engagement, Kahn (1990) suggests that expressing one's self in work involves connection to others and states that 'engagement is the simultaneous employment and expression of a person's "preferred self" in task behaviours that promote connections to work [and] to others' (Kahn 1990: 700), a perspective that is further developed by Gruman and Saks (2011) who describe the connection to others as 'ardent' and say that it is expressed in ways that demonstrate 'individuality [which includes the employees] thoughts, feelings and values' (p. 125). When engaged, an employee is understood to be 'physically involved, cognitively vigilant and emotionally connected' (Simpson 2009: 1018).

The final component of employee engagement mentioned above, meaningfulness in work, is described by (Kahn 1990) as the feeling that one is receiving a return on the investment of self given in role performance. Such return can come from many sources, including a feeling that the work is worthwhile and rewarding.

Meaning and purpose in work is also an underlying theme in the literature on professional identity and many concepts related to finding meaning in the professional role have been explored earlier including, ‘service for the common good’ (Durkheim 1858-1917), personal values (Briggs 2007), relationship (Hargreaves 1981) and positive self concept and identity (Cohen 1981, Schein 1978). In addition, while people choose to work in care settings for many reasons the pursuit of meaning and purpose are recurring themes (Banks and Bailey 2010, Miers *et al* 2007, Mooney *et al* 2007), and Morrison *et al* (2007) state that ‘the work of care should be inherently meaningful since it is about service to patients, families, service users and the community’ (Morrison *et al* 2007: 106).

Freeney and Tiernan (2009) stress the importance of meaningfulness in the work setting, and along with Gruman and Saks (2011) link it to personal values stating that ‘engaged employees find their work to be meaningful and in line with their values’ (p. 1559) – a perspective that is consistent with new professionalism (Evans 2008), and (Adams *et al* 2006) definition of the components of professional identity. Morrison *et al* (2007) take a broader view, suggesting that engaging in meaningful work contributes to a sense of purpose and meaning in life, and also argue that ‘linking meaningfulness to work life is critical if not essential to addressing employee engagement’ (p. 102). Similarly, Chalofsky and Krishna (2009: 194) describe meaning in work as having three levels of satisfaction: extrinsic, intrinsic and ‘something deeper,’ a level that is about the meaning of the work itself to the individual.

According to the literature, the benefits employee engagement includes improved employee retention, increased productivity and customer satisfaction (Richman 2006).

Engaged employees work harder, are more committed, and are more likely to go above and beyond the requirements and expectations of their work according to Lockwood (2007). Slatten and Mehmetoglu (2011) suggest that employee engagement is closely linked to innovative behaviour, and Gruman and Saks (2011) have established that focussing on employee engagement clearly improves performance. It is also suggested that strong organisational commitment (as evidenced in engagement) supports the development of flatter organisations, effective teams and the empowerment of workers (Dessler 1999).

Kahn (1990) identifies safety and availability, in addition to meaningfulness, as factors that influence the level of employee engagement. 'Safety' refers to a sense of being able to disclose and employ oneself without fear of negative consequences and 'availability' is having the physical, emotional and psychological resources needed for investing oneself in the work role (Simpson 2009). Harter *et al* (2002) identify access to basic equipment and materials as an antecedent necessary for engagement to occur but also contend that clarity of expectations and feeling that there are opportunities to develop and progress are also significant. Leiter and Maslach (1998) identify six areas of organisational activity that have the capacity to significantly affect engagement: workload; control over one's work; reward and recognition; a sense of community; being treated with fairness and working in line with personal values, and this is supported by Freeney and Tiernan (2009), who found that nurses identified these aspects of organisational life as important to their sense of engagement.

As found in the previous section on emotional labour, it is surprising that an area that offers the insights of employee engagement, and which would add greatly to our

understanding of personal commitment, motivation and behaviour in work roles has received such limited attention in health care settings. While a body of literature has evolved (Simpson 2009), its focus has almost exclusively been on its application within business, management and organisational psychology. The review of the literature for this study indicates that with the exception of nursing, the concept of employee engagement has not been applied to caring roles. This is supported by Simpson (2009) who in an extensive review of 100 articles identified only one that addressed an unspecified area of 'healthcare.'

A clear theoretical and practical understanding of engagement as it applies in social care would assist the identification and development of interventions targeted at enhanced role performance of workers, outcomes for service users and other core organisational outcomes for human service provision.

3.3 The Management of Feelings – Emotional Labour and Professional Care

The sociological concept of emotional labour (Bolton 2000, Bolton and Boyd 2003, Bolton 2005, Hochschild 1983) offers a perspective on personal emotion in the workplace that is of particular relevance to social care work and professional practice in the caring field; not least because effective implementation of the care role is dependent on the development of relationship (Eraut 1994; Lyons 2009; Peternelj-Taylor and Yonge 2003; Smith 2003; Sowerby 2010) and therefore involves emotional engagement, often at a deep and personal level. While the concept has its origins in the business world, its applicability to the public sector is receiving greater attention (Bolton and Boyd 2003, Bolton 2005, Mann 2005), one reason for this being the

recognition that emotional labour or as Bolton (2005) describes it ‘emotional investment’ (p. 159) is being increasingly acknowledged as an essential if undervalued element of the work done by public sector caring professions.

Hochschild (1983), who developed the original concept of emotional labour, focused on the exploitation of workers emotions for commercial gain (airline cabin crew) and described its key features and the consequences that followed from its practice. However, despite valuable insights, as will be seen below, Hochschild (1983) takes an overly pessimistic outlook, having failed to capture important dimensions of emotional labour, and has little to offer when considering professional caring roles compared to later conceptualisations – particularly the work of Bolton 2000, Bolton and Boyd 2003, and Bolton 2005 – who offer a more developed and nuanced approach to the topic.

Central to Hochschild’s (1983) view is the assertion that employees are compelled to manage their own and others’ feelings for the benefit of the organisation and according to the organisations ‘feeling rules’ which require either suppressing those deemed undesirable (e.g. anger) or inducing those that are expected or demanded (e.g. smiling). Although they may autonomously offer work as ‘gift’ Hochschild (1983) by engaging in varying amounts of emotion work at will; in other words they can choose what, when, how and with whom to give ‘a little extra’ in the work exchange. Hochschild (1983) makes a distinction between surface and deep acting (Grandey 2000). In surface acting the individual pretends to feel what they are required to feel, for example empathy instead of frustration; in deep acting the individual draws deeper and works on their feelings in order to induce the expected emotions rather than pretend or suppress natural emotions. Both surface and deep acting involve a degree of

deception between what the individual actually feels and what they are supposed to feel. For Hochschild (1983) surface acting results in ‘ultimate alienation from one’s self’ and deep acting ‘results in altering one’s self’ (p. 186). Either way she concludes ‘feeling or relationship comes to belong more to the organisation and less to the self’ (p.198).

In the context of social care work, where role effectiveness is predicated on the development of genuine relationships (Smith 2003, Eraut 1994, Lyons 2009), the conceptualisation of emotional labour provided by Hochschild’s (1983) presents a number of difficulties.

The practice of surface and deep ‘acting’ (Hochschild (1983) is in direct opposition to the unambiguous and empathetic relating and the deliberate expression of authentic emotion that characterises social care work; as is Hochschild’s disqualification of the idea that employees may exert control or agency in working with emotion in the workplace (Callaghan and Thompson 2002). Hochschild (1983) also pays little attention to the relevance of time and the influence that frequency, duration and intensity of contact have on relationship development and the emotional content of interactions – a key issue in effective social care work (Sowerby 2010), where workers engage with service users over extended periods during which time significant connection, respect and empathy develops. In this situation it is entirely reasonable to assume that the need for emotion management will arise for workers who engage with service users daily and support them through the successes and challenges of life – a view echoed by Grandey (2000) who observed that those who interact with customers or clients for extended periods and who experience emotional events in those

interactions are more likely to emotionally manage. In addition, rather than the self-alienation that follows from Hochschild's (1983) 'acting', the development of genuine relationship and the accompanying emotional connection that arises in much of social care work is likely to be a nurturing and enriching experience.

Bolton and Boyd (2003) acknowledge the importance of Hochschild's (1983) work while arguing that it is a simplistic perspective and that it is highly problematic to treat all emotion in organisations in the same way, i.e. demonstrated and managed solely for the benefit of the organisation. They say:

“ ... for Hochschild's cabin crew there is no distinction between emotion work as part of the capitalist labour process, emotion work due to professional norms of conduct or emotion work during normal social interaction in the workplace.”

(Bolton and Boyd 2003: 293).

As a development of Hochschild's (1983) work and in response to some of its limitations, Bolton (2005) proposed an alternative way of conceptualising workplace emotion that recognises that employees control emotion in a number of ways. Bolton (2005) places different kinds of emotion management in one of four categories, each category representing a type that operates according to feeling rules of which there are four classes: commercial, professional, organisational and social. The typology demonstrates that organisational actors can utilise one or more types of emotion management motivated and mediated by any of the associated feeling rules. The four types are:

(i) *Pecuniary emotion management* refers to emotion management for commercial gain. Occupations requiring pecuniary emotion management demand routine compliance with display rather than feeling rules, for example where interactions with

customers is brief and perfunctory politeness is all that is required, as might be required from a shop assistant.

(ii) Prescriptive emotion management is linked to organisational or professional rules of conduct. If the feeling rules are dictated by being a member of a professional body, motivation is then linked to ideas of social status, and a great deal of emotion management will be invested in living up to the professional standard.

(iii) Presentational emotion management is governed by general social feeling rules. This form of emotion management is derived from seeking to maintain social order and involves a moral commitment to maintaining rituals of behaviour, which offers social stability.

(iv) Philanthropic emotion management is where the worker offers something extra to customers or clients; an additional effort often described in the literature as ‘gift’ (Hochschild 1983). The giving and receiving of philanthropic emotion management helps maintain a sense of stability, a sense of self and generates feelings of reward and contribution. It has been suggested that philanthropic emotion management ‘represents everyday humanity in the workplace’ (Bolton 2005: 140).

Bolton’s (2005) typology provides a greater capacity for distinguishing between the surface and deep aspects of emotion management while recognising that emotion management can be performed for a wide variety of reasons including a desire to contribute, to be empathetic, to conform, and to maintain professional norms – and it establishes that the management of emotion is a multi-faceted process, a position

supported by Lewis (2005) who observes that the four-category typology highlights the complexity of managing emotion in the work setting, that it cannot be compressed into one category, and that individuals can move between and across categories depending on context.

With regard to this research, Bolton's (2005) conceptualisation of emotional labour can be seen as having commonalities with professionalism and professional identity. For example, as mentioned above, prescriptive emotion management is heavily influenced by professional rules of conduct and a desire to live up to professional norms, and the trait approach seeks to establish professional standards and norms that must be demonstrated in order to be called a professional. Also, as we have seen earlier, one of the earliest conceptualisations of profession 'service for the common good' has a great deal in common with the desire to contribute and be empathetic which is compatible with philanthropic emotional management or work as 'gift.'

Although commonalities exist, the review did not find research that explicitly examined emotional labour management as a discrete component of professionalism and/or professional identity in healthcare roles. Where emotional labour has been explored empirically in health care settings the focus has been predominately on the nursing role (Mann 2005), which is not surprising since as Bolton (2001) argues, nursing is 'one of the most enduringly popular conceptions of an occupation requiring extensive emotion work' (p. 85), and Mitchell and Smith (2003) in their review of learning disability nursing state that emotional labour has always been a part of 'the image of nursing' (p. 111).

As nursing is a profession that requires a great deal of emotion management in complex, demanding and often fraught circumstances it has much in common with social care work, and a number of issues and findings from the nursing research mirror the social care situation.

For example, the length and uncertainty of some medical interventions can result in nurses and patients developing relationships. Nurses may have to repress feelings about difficult treatments or terminal situations (i.e. emotionally manage in the interests of the patient), and if a patient is to feel cared for then these negative emotions must be managed, suppressed or controlled (McQueen 2004). In social care staff members also spend extended periods of time with service users resulting in the development of relationship, and service users must often be supported with medical conditions or difficult life situations requiring the social care workers to manage their emotional responses.

Nurses may also have a strong desire to provide authentic caring because they feel this is a desirable behaviour, because they derive satisfaction from doing so, or because it fits with their personal values. However, such a desire does not preclude the necessity of needing to emotionally labour, since there are occasions when they may be unable to offer appropriate emotions due to for example personal issues, demands from family life or even from work related reasons such as burnout (Mann 2005).

On occasion nurses may have negative responses to patients and experience emotions that range from mild irritation to more pronounced anger; and professional norms require that nurses hide such negative emotions due to their adverse impact on the

patient (Mann 2005). This situation has similarities with areas of social care work where service users engage in behaviour that is challenging. There may also be times when the expression of genuine emotion may not be helpful or appropriate, and which generate a need for emotional labour, for example when rational detachment is required, in order to fully and appropriately deliver on the work role (Henderson 2001). As McQueen (2004: 104) states 'if one is overcome with emotion, cognition and behaviour can be adversely affected.'

In Hochschild's (1979) original work, emotional labour is characterised as inherently negative and potentially harmful to workers. This is referred to as 'emotional dissonance' in the literature (Hochschild 1983, Mann 2005). Dissonance is a state of discomfort or tension arising from holding two inconsistent positions in relation to a situation. Other negative reactions include dissatisfaction and stress (Mann 2005); lack of work identity (Van Maanen and Kunda 1989); lack of openness with colleagues (Kahn 1990) and burnout (Maslach and Leiter 1997). These negative consequences are argued to arise from the inauthenticity felt by workers needing to present one emotional reaction while feeling another

Although a great deal of the literature is focussed on the negative impact of emotional labour, Wouters (1989) suggests that we also consider the alternative, arguing that Hochschild's (1979) prevents us from seeing the joyful, playful or fulfilling aspects of emotion in the workplace, a position supported by other writers. For example, Sass (1979) demonstrated that nursing home caretakers can and do enjoy their emotion work and Tolich (1993) identified what he called 'autonomous emotion management' whereby workers choose to use emotion to make relational connections or have fun

with customers. Shuler and Sypher (2000) established that 911 emergency dispatchers, while understanding and applying the emotional rules that the work required (emotional neutrality) also used emotion in three ways that positively assisted them with dealing with the demands of the work; as comic relief (finding fun in work), as a 'fix' (enjoying the excitement and unpredictability of the work) and as altruistic service about which they state 'the performance of emotional labour is also intrinsically connected with the best and most rewarding parts of the job' (p. 52). This approach demonstrates that emotion has a central role in making stressful work more manageable, enjoyable and importantly for this study, suggests that people can choose to engage in emotional work because it is linked to personal meaningfulness and fulfilment.

Given the significance of emotional labour to the nursing role, it is surprising to find that it is rare for it to be explicitly taught on nurse training programmes (Henderson 2001, Smith and Grey 2000), and the essential skills of emotional labour are most frequently learned informally in the workplace (Smith 1992); a situation that may also apply in the social care area, and which points to the need to bridge the gap that exists in our understanding of how social care workers learn and apply emotional labour strategies in response to the demands of the care role.

Another particular and pressing reason for addressing the research gap in social care also arises from the move toward public services driven by managerialist rationality (Svensson 2009), and the personal emotional conflict that results from this approach (Bolton 2005). Care professionals working in a managerialist climate are often under pressure to perform according to commercial feeling rules that clash with their

commitment to a public service ethos and their concept of the professional as serving the common good. Commercial feeling rules are also in direct conflict with the tenets of new professionalism and its commitment to the development of relationship, empowerment, respect and quality to service users. In short, under a managerialist agenda, professionals can find themselves working in an environment where commercial objectives replace customer service and quality as the main drivers of service delivery – a development that has the potential to create a shift in professional behaviour among some professionals from philanthropic emotion management to pecuniary emotion management and potentially altering their sense of professional identity.

It is also possible that other care professionals would embrace philanthropic emotion management in a more deliberate manner, offering additional effort and work as ‘gift’ and helping disguise the pressures and deficiencies generated by scarce resources. In organisations where resources are increasingly scarce or redirected, very often it is professional workers’ philanthropic emotion management that actually enables quality in service delivery (Bolton 2005). Another response might be the presentation of the ‘professional face’ where workers retreat to prescriptive emotion management as a mechanism for coping; what Sloan (2003) describes as ‘affective neutrality’ where professionals control any emotions that might be considered unprofessional, i.e. the emotion suppression is an ‘expression of professionalism’ (p. 4).

It follows therefore that in the current climate, where increasing financial stringency in human services is coupled with demands for improvements in service quality, an understanding of the complexity of emotion management and how that understanding

can be harnessed for the benefit of the professional, the service user, and the organisation – is of particular importance. As Bolton (2005) says:

“Only by recognising how caring professionals are able to move deftly from one form of emotion management to another can it be understood how valuable a contribution their emotion work really is.”

(Bolton 2005: 160).

Conclusion

This chapter reviewed the extant literature on professional identity and professional socialisation. As with the terms profession and professional precise definitions of professional identity and its formation (professional socialisation) are also elusive. However, significant components of professional identity are agreed in the literature as values, behaviour (skills and competence arising from knowledge) and concept of self. There is also consensus in the literature that the development of professional identity is socially and culturally mediated. With regard to this study, a model of professional socialisation based on McGregor (2011) and Weidman *et al* (2001) provided a four-stage approach for the examination of the literature pertaining to the socialisation process. And while the four stages of the model are presented in a linear manner, it is accepted that the elements are interrelated and interactive reflecting that professional socialisation is a developmental process.

The first stage of the model, the anticipatory stage, establishes that personal biography and life experiences influence how individuals understand and conceptualise professional identity and that motivation to work in care can include a number of factors including an altruistic orientation and a desire to ‘make a difference’. The second stage, formal education, is considered the core of professional socialisation and

it is during this phase that the knowledge, concepts, philosophy and competencies of the profession are learned. The professional programme also offers the opportunity to drive the internalisation of values by students and assists the development of a robust professional identity. The third stage, the informal stage, recognises the informal situated nature of learning, including that gained from working with peers and colleagues. The literature revealed that across a range of healthcare areas ‘situated’ learning in the workplace through ‘social interaction’ was key to the development and understanding of professional identity. In this, the workplace can be considered a community of practice where workers as a group create a practice to ‘get the job done’ (Wenger 1998).

The fourth component, the personal stage, recognises that following formal education the socialisation process continues through ongoing experiences in the workplace and by engagement with other professionals either informally or formally through a professional body. In this respect, social identity theory, which suggests that people are attracted to professional groups for reasons associated with status and esteem, is considered important, as is contrastive rhetoric whereby individuals develop their own identity through a process of ‘othering’ which can devalue the non-professional in the relationship. The literature also establishes that ongoing professional socialisation is aided by a commitment to lifelong learning during the professional lifespan. The literature also revealed that high levels of motivation and commitment generate a high level of employee engagement with the work role, which is reinforced by professional education. The particular demands of the social care role require a significant connection with service users and the building of relationship. The level of

interconnectedness generated leads to emotional involvement that requires emotion management. So having reviewed the literature relevant to how we conceptualise professions, professional identity, the professional socialisation process and the related areas of employee engagement and emotional labour, we now turn to the research method. Chapter 4 outlines the research design and methodology used to address the research question and the rationale for choices and decisions with reference to selected relevant literature in the area of research design and implementation.

CHAPTER 4:
RESEARCH DESIGN
AND
METHODOLOGY

Introduction

This chapter describes the research approach used in the study and provides an overview of the concepts, areas of knowledge, and important considerations that informed and guided my choice of approach. It commences with a consideration of research philosophy, outlines the reasons for using a qualitative approach, and provides a rationale for choosing hermeneutic phenomenology as the most appropriate methodology for the study. The process of developing the data sample is described, followed by relevant information on the research participants and the process of participant recruitment. This is followed by a description of the design and implementation of the data collection process that includes: data collection methodologies, utilisation of semi-structured interviews, interview scheduling, pilot interviews and the completion of participant interviews. A section on data analysis, thematic analysis and coding is followed by details of the use of technology, and data interpretation. The final sections in the chapter address ethical considerations, issues relating to the validity and reliability of the research, and the limitations of the study.

4.1 Research Philosophy

The process of decision making with regard to research approach, research design and research methodology is inextricably connected to beliefs about reality – ontological and epistemological positions (Bryman 2004, Sale *et al* 2002) – and ontological and epistemological questions direct the researcher to establish early in the research process what they value as evidence or knowledge of social phenomena (Mason 2002). One particular epistemological position ‘positivism’ advocates for the ‘application of the methods of the natural sciences to the study of social reality and beyond’ (Bryman

2004: 11), while asserting that that all phenomena in the natural or social sciences can be measured by scientific means underpinned by a number of assumptions about the world and nature of research. Such assumptions include the notion that reality exists ‘out there,’ divorced from our perception or experience of it; that the ‘knower’ is separate from the ‘known’; that time and context do not matter; that what holds true at one point in time holds true at another time; that the cause and effect relationship is non-existent, and that the research process can be objective and value free (Lincoln and Guba 1985).

Operating under these assumptions, positivist researchers typically (though not always) employ what is generally termed a ‘quantitative’ methodology and present ‘quantitative’ findings – a focus on breadth and measurement rather than depth and understanding that has led to the positivist approach being often referred to as a quantitative approach (Bryman 2004, Sale *et al* 2002, Sarantakos 1993).

An alternative paradigm emerged as a response to the perceived limitations of positivism (Bryman 2004, Lincoln and Guba 1985). Post-positivists take the view that research is heavily influenced by the values held and theories used by the researcher, and that the research process should document and interpret as fully as possible the whole of what was being studied from the perspectives of the research participants – a focus on seeking knowledge through depth of understanding rather than breadth and measurement that is often referred to as a qualitative approach. The qualitative approach contends that:

“Multiple-constructed realities abound, that time and context free generalisations are neither desirable nor possible, that research is value-bound, that it is impossible to differentiate fully causes and effects, that logic flows

from the specific to the general and that the knower and known cannot be separated.”

(Johnson and Onwuegbuzie 2004: 14)

Proponents of the qualitative approach reject the tenets of positivism and argue for the superiority of constructivism, idealism, relativism, humanism, and hermeneutics (Bryman 2004, Flick 2005, Lincoln and Guba 1985, Van Manen 1990) and with the many research approaches that fall within the post-positivist paradigm, it is here that phenomenology – ‘the study of phenomena as they present themselves in direct experience’ (O’Leary 2004: 122) – finds its home.

The origins of phenomenology are attributed to Edward Husserl (1859-1938) and Schutz (1962) who developed the approach to phenomenology, as it is generally understood today (Aspers 2009). The phenomenological argument is that reality is not objective and external but is socially constructed, and Bryman (2004) describes two of its defining features: the contention that the subject-matter of the natural sciences and the social sciences are fundamentally different and require different epistemologies for their study (the key difference being that social reality has meaning for human beings and that human action is meaningful), and that it follows that the function of inquiry is to access meaning and interpretation.

In phenomenology the research process is concerned with exploring phenomena that can be experienced in a number of qualitatively different ways (Marton 1981), and the researcher seeks to uncover and understand the meanings given by people to their experiences. Phenomena in research sit at the intersection of people and what in phenomenology are referred to as ‘objects’ (in this instance the construct of professional, professional identity and the professionalisation process), and the focus is

the experience of the relationship between the individual and the object, what Bryman (2004) describes as seeking access to the ‘common sense thinking of people and hence to interpret the social world from their point of view’ (p. 14).

Phenomenology challenges many other aspects of positivism. It argues that the process of research is not value-free and that values must be acknowledged as part of inquiry; that the world is not knowable without experience and interpretation; that trials and experiments involving people cannot be replicated because they don’t behave in the same way each time, and that phenomenology is ‘theory-building’ rather than ‘theory-testing’ (Bryman 2004, Lincoln and Guba 1985, O’Leary 2004).

The main criticism of phenomenological research (and qualitative research in general) is a lack of generalisability; that being said, research outcomes that can be generalised are not the objective. As Van Manen (1990) points out:

“Phenomenology does not offer us the possibility of effective theory with which we can explain or control the world, but rather it offers us the possibility of plausible insights that bring us in more direct contact with the world.”

(Van Manen 1990: 9)

A further development with regard to phenomenology was the separate body of thought attributed to Heidegger (1962/1927) and Gadamar (1960) (Smith *et al* 2009) which linked hermeneutics (the theory of interpretation) with phenomenology and which is called ‘hermeneutic phenomenology.’ Heidegger (1962) sought to provide a concrete definition of phenomenology, arguing that the word is comprised of two parts: the first from the Greek *phenomena* (meaning to show or appear) and the second *logos* (variously described as reason, discourse, judgement). He argued that

phenomenon was primarily perceptual while *logos* was analytical, therefore phenomenology was hermeneutic.

Schutz (1975) suggests that a combination of communication and observation facilitates understanding and that only in a hermeneutical process can understanding be reached, while Aspers (2009) says that interviewing and observation offer a route to more complete understanding. Moustakas (1994) emphasises the importance of focusing on lived experience in order to obtain comprehensive descriptions, and Dilthey (1976) argues that for description to be complete it is necessary to study history, as studies of experience are dependent on historical groundings, which implies that in some measure the research process requires an exploration of the life histories of participants.

With regard to the process of interpretation, Moustakas (1994) says that hermeneutic science ‘involves the art of reading a text so that intention and meaning behind appearances are fully understood’ (p. 9), that ‘interpretation unmask what is hidden behind the objective phenomena’ (p. 10), and that a ‘reflective interpretation is needed to achieve a fuller more meaningful understanding’ (p. 11). Van Manen (1990) describes the challenge for the hermeneutic phenomenologist in the following manner:

“To do hermeneutic phenomenology is to attempt the impossible: to construct a full interpretative description of some aspect of the life-world, and yet to remain aware that lived life is always more complex than any explication of meaning can reveal.”

(Van Manen 1990: 18)

4.2 Research Approach

I selected a phenomenological hermeneutic approach because it afforded the best opportunity to access the lived experience of participants through their own voices (Bernard and Ryan 2010, Bryman 2004, Moustakas 1994). Also, there is a consistency between the objectives of the study and Van Manen's (1990) description of hermeneutic phenomenology as 'the study of lived or existential meanings: it attempts to describe and interpret these meanings to a certain degree of depth and richness' (p. 11), and this satisfies Patton's (1990) stricture that methodological choice must be appropriate to the subject-matter.

Further support for the selection decision came from Schutz's (1975) distinction between first-order constructs (the participants) and second-order constructs (the researcher) in the phenomenological process, and Aspers's (2009) observation that by connecting the two constructs through interpretation the researcher links the 'common sense world of the person with the scientific world of theories' (p. 3). This approach is echoed by Giorgi's (1985) two descriptive levels, where at the first level the original data is comprised of naive descriptions obtained through dialogue, while at the second level the researcher ascribes structure to the experience based on reflective analysis and interpretation.

The research benefits of hermeneutic phenomenology are accompanied by an opportunity for the researcher to have a rich learning experience. Holroyd (2007) suggests that a hermeneutic approach offers the researcher a mechanism to begin to see how blind attachments to certain classifications limit how we come to know our world. The mechanism is developing awareness of what he calls *fore-conception* (Holroyd

2007) or as Smith *et al* (2009) call it *fore-structure*. The implication is that every encounter is grounded in something that exists in advance – a predetermined way of conceiving of that which we are interested in. For Heidegger (1962) and Gadamer (1960/1989) addressing the fore-structure involves working with a desire to overcome pre-existing habits of thought. Smith *et al* (2009) argue that when we approach the interpretative process, ‘the interpretation will be founded essentially upon the fore-structure’ (p. 25). The fore-structure is comprised of pre-existing experiences, assumptions and pre-conceptions. While it is a normal human response to encounter and interpret new stimulus or data in the light of previous experience, in research the fore-structure is in danger of presenting an obstacle. Smith *et al* (2009) suggest that ‘in interpretation, priority should be given to the new object, rather than to one’s preconceptions’ (p. 25). The researcher must demonstrate full awareness of this and seek to work positively with the fore-structure. The hermeneutical answer to this dilemma is often presented as *bracketing*.

After Husserl (1913/1982), Van Manen (1990) describes bracketing as the act of ‘suspending one’s various beliefs in order to study the essential structures of the world’ (p.177). Smith *et al* (2009) advocate for active bracketing where the identification of the fore-structure is integrated with reflexivity, the process whereby the researcher seeks to understand the impact of personal experience on data (Bednall 2006, Flick 2005). Patton (1990) described this as *epoche*, ‘an on-going analytic process’ (p. 408) which means the fore-structure is integrated into the full research method, rather than just a suspension of pre-conceptions during one phase, such as data collection. *Epoche* allows for ‘empathy and connection, not elimination, replacement or substitution of perceived researcher bias’ (Bednall 2006: 3).

4.3 Participant Identification and Recruitment

4.3.1 Participant Sample

The process of determining sample (participant group) size and identifying and recruiting a suitable sample for the study was informed by a review of relevant literature, and two factors suggested by Mason (2002) provided initial guidance. These were: consideration of research focus, and consideration of practical and resource-based issues. My decision regarding the size of the sample was also guided by Patton's (1990) contention that the sampling decision should be judged in relation to the research questions, as research validity in qualitative research has more to do with the information richness of the cases selected than the sample size. In addition, as discussed earlier, the ontological and epistemological positioning of this study was in participants experience as valid knowledge, and a broad expansive view was not what was required, but rather a focusing on specific issues and phenomena – a qualitative approach about depth, insight and understanding. From Mason's (2002) practical and resource perspective, the study was envisaged as small in scale with limited time and resources available for its completion, and sensible decisions had to be taken. Mason's (2002) point that the optimum sample size is 'large enough to make meaningful comparisons in relation to the research questions but not so large as to become so diffuse that a detailed and nuanced focus on something in particular becomes impossible' (p. 136) was instructive. Equally so was her description of strategic sampling, an approach that aimed to 'design a sample that encompassed a *relevant range* in relation to the wider universe but not represent it directly.' After much consideration, I decided on the approach of theoretical sampling, also called purposive

sampling (Glasser and Strauss 1967, O’Leary 2004, Strauss and Corbin 1998), as it was premised on:

“Selecting groups or categories to study on the basis of their relevance to your research questions, your theoretical position and analytical framework, your analytical practise and most importantly the argument or explanation you are developing.”

(Mason 2002: 124)

And, while acknowledging that data collection should continue until saturation is complete (Bryman 2004), I came to the view that a sample size of 22 was sufficient. With regard to Mason’s (2002) research focus, as the aim of the study was to explore the subject of professional identity among care workers undergoing a professional programme of education, the population from which the sample could be drawn was limited to employed care staff studying for the degree in social care in a third level institution. I considered students completing their final year of study as the most suitable cohort from which to draw a sample because they were about to become eligible for registration as professional social care workers on establishment of the register under the *Health and Social Care Professionals Act, 2005*, and I believed that they would offer the most insight into the research topic as they would have a well-developed understanding of key social care concepts and relevant policies and legislation. They would also have applied new knowledge and competencies in the workplace, and have demonstrated analytic and reflective skills in their studies. All of these factors suggested a likelihood that they would have a developing understanding of professionalism, together with an established or emerging professional identity and a capacity to conceptualise and describe them.

For pragmatic reasons of access, the sample was drawn from a cohort of 128 students attending the college where I work (ethical issues were formally dealt with and are

addressed later). A stratification of a planned sample of 22 was undertaken with the aim of ensuring representativeness in terms of gender and nationality; the planned sample included two males and three non-Irish nationals. Although it was originally envisaged that a full sample of 22 participants plus three to cover contingencies would be achieved, actual student volunteers amounted to 21, and this was further reduced by the withdrawal of two participants for pressing personal reasons very close to their interview dates. Despite the fact that it was not possible to secure replacements due to the conclusion of the academic year, this development was not detrimental to the study. Data analysis at that time indicated that saturation in terms of themes was close to being achieved, and the interviews that were completed were showing great depth and richness. A summary of the planned and actual sample is outlined in Table 1:

| Planned Sample: 22 participants | Actual Sample: 19 participants |
|---|--|
| <i>To include:</i> 20 females 2 males <i>of which</i> 19 Irish nationals 3 other nationals | <i>Included</i> 13 females 6 males <i>of which</i> 15 Irish nationals 4 other nationals |

Table 1: Planned and Actual Sample

The participants were employed in care/support roles in eight Irish organisations providing services to people with disability (including intellectual and physical disability, autistic spectrum disorders and mental health), and all of the organisations were funded from statutory sources and had a distinct mission, culture and autonomous management structure. They also represented a geographic spread covering a large part of the country. Three organisations were described as small (0-100 service users), three

were described as medium sized (100-500 service users) and two were large organisations (500+ service users).

The participants had a wide variety of life and work experience, and had worked in services for people with disability for between one and 27 years. Eighteen held qualifications at a lower level (Level 5 or 6) or had made a previous attempt at studying for a qualification. All were highly motivated to finish their degree and many expressed an interest in continuing with their education.

4.3.2 Participant Recruitment

The full cohort of 128 students in the final year of their degree (2009/2010 academic year) normally met in four groups of approximately 30 at specified times during the academic year. Arising from the ethical issue of the power relationship between myself as College Director and the students, a colleague, Peter⁹ (who had no direct contact with or role in relation to the selected cohort) presented briefing sessions to the four groups concerned. I briefed Peter fully and provided him with a ten-minute power-point presentation and copies of a detailed research protocol for distribution to each student. The protocol used a question and answer format to describe all aspects of the research, and is attached in Appendix I.

Peter met with the four groups of students over a three-week period where he delivered the briefing session, handed out the research protocol, and issued an open invitation to the students to participate in the study. The students were not asked at the briefing for

⁹ The name Peter is a pseudonym.

any indication of their willingness or otherwise to participate in the study. One week after the briefing session, Peter circulated a reminder email to the students that again included the details of the study, the research protocol, and the invitation to participate. Interested students responded by email or by phone to Peter, with their agreement their contact details were forwarded to me, and I then made contact with them by phone and/or email. After thanking them for volunteering, I answered any further questions that they had and made arrangements to obtain permission from their employing agencies and managers. I made contact with the relevant managers by email, letter and telephone. In two instances I was required to present the case to agency ethics committees. Permission to participate was granted in writing for all of the student volunteers. Interviews took place over a four-month period, which allowed for a scheduling that was comfortable and facilitated sufficient time for reflection and learning between interviews.

4.4 Data Collection

4.4.1 Data Collection Methodology

I made the decision about what data collection tool was most suited to my ontological and epistemological position with reference to O'Leary's (2004) prerequisites: the design must address the questions, the researcher must be willing to develop the skills and interests needed to undertake the plan, and the elements of the design must be 'doable':

“There are no easy answers. Methodological design is about informed decision-making that involves weighting up pros and cons and deciding what is best given your specific context.”

(O'Leary 2004: 87)

I considered a number of tools for qualitative data collection and decided that they failed to offer a satisfactory solution for my research. Structured interviews were rejected as being incompatible with the focus of lived experience (Bernard and Ryan 2010) and because they have close alignment with quantitative methodology (Bryman 2004). Focus groups were also considered, as well as a combination of focus groups and semi-structured interviews. However, while focus groups offer potential to the social world researcher they are not without limitation; three aspects of focus groups were considered problematic. In the first instance, focus groups can suffer from ‘group effects’ where some individuals dominate and others speak very little, and this possibility was incompatible with the ‘individual voice and experience’ that was being sought. Also, it has been established that people present different data in group situations than in individual exchanges (Bryman 2004), and that data from broadly focused questions from multiple speakers are difficult to compare across individuals (Bernard and Ryan 2010).

With regard to the prerequisite of ‘do-ability’ (O’Leary 2004: 22), the participant group was spread nationwide and only met for intense face-to-face input from academic staff periodically. Geographic locations, work and family commitments also militated against a focus group design. I rejected a mixed methods approach (combining focus groups and interviews) for the same reasons.

The in-depth interview was selected as the primary data collection tool because it offers an optimum method of gaining insight, depth and understanding (Legard *et al* 2007). It also facilitates access to ‘lived’ experience expressed in the respondents’ voice and language (Van Manen 1990), and it has been described as a form of

conversation, a conversation with purpose (Webb and Webb 1932). Such conversation creates ‘a fundamental process through which knowledge about the social world is constructed in normal human interaction’ (Legard *et al* 2007: 138). O’Leary (2004) however, offers caution in viewing interviews as simply a form of conversation, and argues that they are a specific form of communication that are much more complex than simply ‘asking a question and taking note of an answer’ (p. 162). What is required is significant consideration as to whether interviews are the correct data collection tool, and if so, rigorous planning, execution and follow-up are essential for their use.

Kvale and Brinkman (2009) describe twelve aspects of a semi-structured interview design that assist the phenomenological process. In consideration of these, a semi-structured interview design was selected as appropriate because these allow for a natural, free-flowing conversation focussed on the experiences, opinions and insights of the respondents (Bernard and Ryan 2010). Mason (2002) notes that the semi-structured interview has its own character comprising the interactional exchange of dialogue, a relatively informal style, a thematic, topic-centred, biographical approach. Additionally, in semi-structured interviews knowledge is situated and contextual. In such settings knowledge is at ‘the very least reconstructed rather than facts simply being reported’ (Mason 2002: 63). In this way, qualitative interviewing tends to be seen as involving the construction or reconstruction of knowledge more than its basic excavation – an idea that offered potential in enriching the data.

A semi-structured approach to interviews means that the questioning is neither fully fixed nor fully free (as in unstructured interviews) (O’Leary 2004). Instead it comprises of a series of questions that are in the general form of an interview schedule

but allow for a varying of the sequence of the questions. Additionally, semi-structured interviews facilitate the interviewer to probe responses seeking further and further depth and understanding.

Interviewing has been described as ‘lying somewhere between art and a craft, and is far more than simply a list of technical skills that can be drawn from the pages of a textbook’ (Abusidualghoul *et al* 2009). In qualitative interviewing, interviewers are themselves research instruments (Legard *et al* 2007, Kvale 1996). Other characteristics and skills, which assist the interviewing process, are a clear logical and inquiring mind, the ability to think quickly and fluidly, the ability to exercise good judgement, the ability to establish rapport and empathy, credibility and good organisational skills (Kvale 1996). However, by far the key requisite of good interviewing is the ability to listen (Bryman 2004, Legard *et al* 2007, Mason 2002). O’Leary (2004) advises listening more than talking. Kvale (1996) refers to this as achieving balance, i.e. being able to judge when to listen and when to intervene or prompt without interfering with the flow of the interview or the fluidity of the respondent.

4.4.2 Formulating and Piloting the Interview Schedule

Consideration of the literature review identified five themes as having particular relevance for the interview questions, they were: (i) *Description* – how is being ‘a professional’ or professional identity described? (ii) *Understanding* – what does being a professional mean/how is it conceptualised? (iii) *Motivation* – why are people attracted to being a professional? (iv) *External influences* – what factors have influenced people to embark on a professionalisation processes or why do they value

the idea of being a professional? (v) *Impact* – what difference does being a professional make to self or others? These themes are visually represented in Figure 1 below and were used to construct the interview schedule.

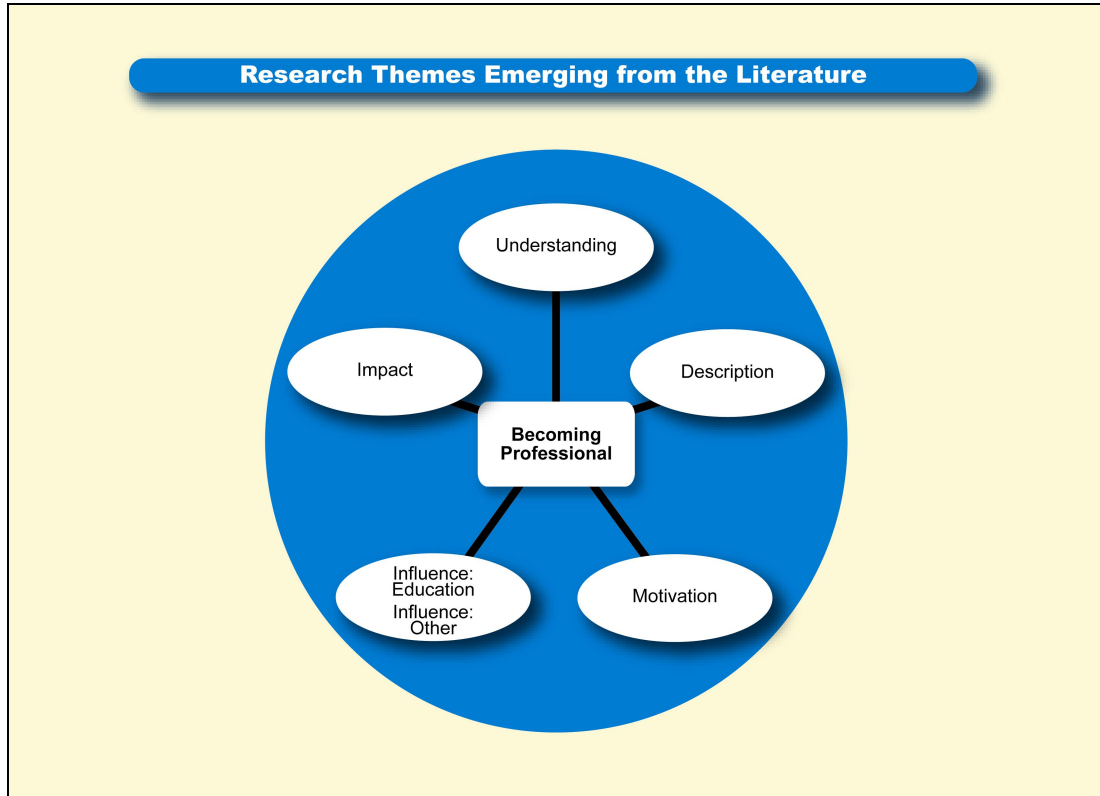


Figure 1: Research Themes Emerging From the Literature

Congruent with phenomenological work (Kvale and Brinkmann 2009, Smith *et al* 2009, Van Manen 1990) the first question was formulated as a broad enquiry into the life history/biography of the respondents, seeking insight with regard to their journey into the social care area as a profession. This was followed by dimension mapping questions (Legard *et al* 2007), which were asked of all respondents, while follow up and ‘probing’ questions were more fluid and flexible, depending on the answers and areas of importance raised by the respondents. The Interview Schedule is presented in Appendix II.

Prior to taking the interview schedule into the field it was tested in two ways. In the first instance a colleague acting as interviewer asked the questions of me. This assisted in three ways. First, it helped me to identify any overt personal bias in relation to the subject areas; second, it gave me insight into the interview process from the perspective of being an interviewee, and third, reflection and learning on the experience assisted with revising the interview questions. Following this process, the questions were refined and a pilot interview was undertaken with a graduate of the programme. The pilot interview proved very fruitful with some suggestions made by the graduate, but largely she confirmed that she found the questions comfortable to answer and clear in their intent.

4.4.3 Into the Field: Conducting the Interviews

Each participant interview was scheduled for 60 minutes; actual interview times ranged from 41 to 76 minutes, and a total of 1,043 minutes of interviews was digitally recorded. The interview time data is provided in Table 2 below.

| Participant | Length of Interview in minutes | Participant | Length of Interview in minutes |
|--------------------|---------------------------------------|--------------------|---------------------------------------|
| <i>1</i> | 55 | <i>11</i> | 41 |
| <i>2</i> | 64 | <i>12</i> | 60 |
| <i>3</i> | 76 | <i>13</i> | 46 |
| <i>4</i> | 47 | <i>14</i> | 60 |
| <i>5</i> | 51 | <i>15</i> | 72 |
| <i>6</i> | 52 | <i>16</i> | 61 |
| <i>7</i> | 50 | <i>17</i> | 39 |
| <i>8</i> | 48 | <i>18</i> | 54 |
| <i>9</i> | 44 | <i>19</i> | 68 |
| <i>10</i> | 55 | <i>Total</i> | 1,043 (17hrs 38mins) |

Table 2: Duration of Individual Interviews

Each interview commenced in the same manner: I thanked the participant, explained the research and interview objectives, and described the process for recording and transcribing. I informed each interviewee that they could take a break or terminate the interview at any stage, and explained the protocol for dealing with the disclosure of information relating to abuse or neglect of service users. I took note of relevant demographic data (name, employing organisation, job title and length working in services), and asked each interviewee to confirm their agreement to the interview and use of data by signing the research protocol. I also explained that the interviewee could withdraw from the research study subsequent to interview without consequence.

The primary recording device was a Livescribe digital pen, a system that facilitates audio recording and the making of written notes simultaneously. The written notes and audio recording are linked which facilitates an easy review of data later. After each interview I uploaded the recording and digitised notes to my laptop computer and copied to a back-up hard-drive (both protected by password). A digital recorder was also used during the interviews as a backup device. Shortly after each interview I wrote up field notes in a journal, noting how the interview went in general terms and noting specific thoughts/observations for the next interview. Miles and Huberman (1994) recommend the making of such field notes to as an *aide-de-memoir* but also to assist in the interpretative process.

Each recorded interview was fully reviewed prior to being sent for professional transcription. On receipt of the transcribed interview, I checked it for accuracy against the audio recording, changed any mention of names, locations or other identifying features and sent it to the participant for review. I asked the participant to email me

with any comments, revisions, additions or clarifications they wished to make. Five people availed of this opportunity seeking modifications of a minor nature.

4.5 Data Analysis

Richards (2005) suggests that qualitative analysis works *up* from the data. The quality of the data analysis is dependent on the quality of the data and the skill of the researcher in formulating the data into ideas, interpretations and explanations. Qualitative data analysis is also described as an attempt to bring meaning to a situation (Strauss and Corbin 1998), a search for patterns of data that when identified, the investigator interprets moving from description to interpretation of meanings (Sarantakos 1993). As O’Leary (2004) notes:

“In qualitative analysis understandings are built by a process of uncovering and discovering themes that run through the raw data, and by interpreting the implication of those themes for the research questions. In qualitative analysis coding such themes is not preliminary to any analysis but is part and parcel of interpretative practice itself.”

(O’Leary 2004: 195)

Similarly, Mason (2002) proposes that qualitative researchers should direct their efforts toward the ‘construction of a perspective, an interpretation, a line of reasoning or analysis’ (p. 173). In phenomenology the essence lies in the analytic focus. Such focus directs the analytic attention to the attempts by respondents to make sense of their experiences (Smith *et al* 2009). Cognisant of these arguments, I selected thematic analysis as the most appropriate data analysis methodology for this research.

During the design phase of the study, I decided to use the computer-assisted qualitative data analysis software NVivo 8, aware that the main advantage of NVivo is in data

management and manipulation and that it does not and cannot replace the work of the researcher (Coffey and Atkinson 1996).

I used the ‘Journal’ tool within NVivo to record field notes during the process and the ‘Memo’ tool to record reflections on the interviews. I also used the ‘Casebook’ function to record demographic and other relevant data about respondents (e.g. name, date and locations of interview, length working in services, agency, and job title). When participants had reviewed the transcripts of their interviews, I uploaded them into the NVivo database. As the content of the four parts of the database grew (transcripts, casebook, journal and memos) the data could be manipulated and interrogated. Using NVivo allowed me to work with the data in several ways as Bazeley (2007) describes:

“Qualitative analysis is about working intensively with rich data. The tools provided by NVivo support the analyst in making use of multiple strategies concurrently – reading, reflecting, coding, annotating, memoing, discussing, linking and visualising – with the results of those activities recorded in nodes, memos, journals and models.”

(Bazeley 2007: 59)

Thematic analysis is a process of identifying themes in the data often using a process of coding. Denzin and Lincoln (2003) say that ‘themes are abstract (often fuzzy) constructs that investigators identify before, during and after data collection’ (p. 275); in essence, themes ‘naturally connote the fundamental concepts we are trying to describe’ (Bernard and Ryan 2010: 55). Sarantakos (1993) outlines that while there is no consensus on definitive rules for thematic analysis, most researchers will agree that the process is cyclical and continuous, the process is long and diverse, and data collection and data analysis can occur simultaneously.

The act of discovering themes is called ‘open coding’ (Bernard and Ryan 2010). A code is an abstract representation of a phenomenon (Strauss and Corbin 1998) or more practically a mnemonic device used to identify themes in a text (Ryan and Bernard 2003). Codes can be purely prescriptive, represent topics or can be more interpretative, linking to analytical concepts (Bazeley 2007). Applying codes can often be presented as a reductionist process. However, Bazeley (2007) and Richards (2005) argue that it facilitates data retention, since it links data to ideas and ideas back to supporting data in a continuous cycle. This linking assists the interpretative process. Saldana (2009) summarises the purpose of coding thus:

“I advocate that qualitative codes are essence capturing and essential elements of the research story that, when clustered together according to a similarity and regularity – a pattern, they actively facilitate the development of categories and thus analysis of their connections. Ultimately, I like one of Charmez’s (2006) metaphors when she states that coding generates the bones of your analysis [...] integration will assemble those working bones into a skeleton.”

(Saldana 2009: 45)

There are different approaches to coding but following Bernard and Ryan (2010) and Bazeley (2007) I coded by seeking repetitions, commonalities, differences, linguistic connectors (‘because,’ ‘if,’ ‘after,’ ‘then’), linkages to theory (from literature review) and transitions in the conversations (what prompted moves to different topics) (Bernard and Ryan 2010).

I commenced the analysis phase as soon as each recording was made by listening to it fully, usually within 24 hours. During this initial listening, I jotted notes in my journal and made case notes. This meant that as the interviews progressed I was developing an increasing familiarity with the corpus of data and was beginning to note initial themes, commonalities and differences. After considerable thought about the ‘best way’ to

undertake coding, I ultimately went with the process as advised by (Bazeley 2007), which was simply to let the data speak and dictate the direction. I coded three interviews manually to build familiarity with the data and the process, highlighting relevant words, phrases and sections. I then coded all 19 transcripts electronically (including the three previously manually coded) as I read through them on screen, several times returning to the audio to check context prior to coding. By the time I had coded transcript 14, it was becoming clear that data saturation was emerging and few new nodes¹⁰ were emerging. This coding process ultimately yielded 12 free nodes and 38 tree nodes in seven categories. I re-read all the transcripts one final time to ensure that all relevant data had been incorporated at a node.

4.5.1 Interpreting the Data

Denzin and Lincoln (2003) suggest that irrespective of how the coding is done, by the time the researcher has identified the themes and refined them to the point where they can be applied to a corpus of text, a lot of interpretative analysis has already been completed. Thus coding and interpretation are inextricably linked. As Miles and Huberman (1994: 56) say ‘coding *is* analysis.’ Bernard and Ryan (2010) note that real analysis happens when patterns in the data move to interpretation; when the researcher decides what the patterns mean and links them to those of other research.

Writers argue that data interpretation is complex and challenging (Bernard and Ryan 2010, Mason 2002, O’Leary 2004). One reason is that people are human and therefore not always consistent. According to Scheurich (1997), for example, language is

¹⁰ “Nodes provide the storage areas in NVivo for references to coded text. Each node serves as a container for what is known about, or evidence for, one particular concept or category.” (Bazeley 2007: 15).

‘persistently slippery, unstable and ambiguous from person to person, from situation to situation, from time to time’ (p. 62). This suggests that the analysis of text cannot be isolated from context, as meaning may not always be easily discernible from text alone. For example, listening to the audio recording revealed passion when some respondents spoke about topics pertaining to service users – a depth of feeling that wasn’t evident from the text alone. Mason (2002) advises that using isolated words devoid of context can lose the essence of meaning. An alternative is to ensure sufficient text is captured during coding to ensure accurate and more holistic interpretation.

One of the advantages of NVivo is that it facilitates extensive manipulation of the data, cross-checking and comparing across data and cases. It also allows you to re-code and un-code at will, to collapse or expand nodes and to combine nodes into new nodes (Bazeley 2007). It also opens the full text surrounding a node, if required (using the original transcript). All of these features allowed me to work with the data very flexibly and gave access to the transcripts for checking meaning and context. This, combined with audio storage of the recordings in Windows media player on the same computer, allowed me to check the text, the audio, my case notes and journal simultaneously assisting in theme identification and interpretation. NVivo facilitates the researcher to clearly identify the most common themes and across how many nodes each piece of data is recorded. Coding and identifying themes commenced the process of interpretation; an iterative cycle of running queries in NVivo, reviewing the codes and the text stored at them, exploring commonalities and differences and identifying links. This was followed by writing up the findings, which facilitated the completion of the interpretative process.

4.6 Ethical Considerations

A number of ethical concerns arose in this study: the power relationship between me and respondents (particularly relating to my role); establishing trust and transparency with respondents; protecting confidentiality at several levels (respondent, service user and agency); ensuring I was prepared for potential disclosure of sensitive information about service users; and managing my own subjectivity. If I had not adequately addressed each of these concerns at design stage, then the veracity and credibility of the work would have been compromised.

The nature of qualitative research is that a power relationship does exist (Bryman 2004, Bulmer 2001, O’Leary 2004). This arises from the nature of the relationship itself and is accentuated when the researcher is in a formal position of power in relation to the researched. In this study, I am the Director of the educational institution in which the respondents were pursuing their programme of study. This created a significant power relationship issue and was the main focus of the review by the ethics committee in my organisation. In the first instance, I addressed the power issue by not approaching respondents directly to seek their participation and by facilitating respondents to choose to participate or not and in a way that ensured they didn’t have to ‘say no’ to me directly. I achieved this by putting a process in place whereby I had no direct contact with potential respondents until *after* they had volunteered. The identities of people who chose to participate were revealed to me with their permission only after they had accepted the invitation to participate. I made no effort then or since to identify people who choose not to participate. Participants were assured both verbally and in writing that no disadvantage or advantage would accrue by choosing to participate or not.

The principle of voluntary informed consent in social research requires that respondents understand and agree to their participation in the study (Bell 2003, Bryman 2004). In order that the consent to participate was fully informed, I had to ensure that respondents had all necessary information, understood the process, understood the purpose of the research and how the data would be stored, analysed and used. Also respondents needed to know that they could choose to participate or not and that they could withdraw from the study at any time, for any or no reason, and that this would have no consequences. I decided that should a participant choose to withdraw at any stage, I would make no further contact with them nor seek to engage them further. I ensured that respondents had all necessary information by way of a detailed research protocol (Appendix I), by answering any additional questions after respondents volunteered and by again clarifying the purpose of the research at the start of each interview.

In social research, protection of individuals is of utmost importance and they must be assured of confidentiality and anonymity. In the transcripts, the respondents were identified by first initial only and specific references to colleagues, service users or employing organisations by name were changed to 'X.' I retained a single hard copy list of the full name of respondents, for reference purposes only (electronically protected by password). In this thesis, names of respondents and service users are pseudonyms. The server on which the data for the research is stored has very high security protection, as it already contains sensitive and confidential data on staff, service users and families. My own account is password protected as are all documents on my lap-top. In accessing data about staff in their work setting, there was a possibility (if remote) that information could have been disclosed by respondents

pertaining to unprofessional conduct, dangerous or unsafe work practices, abuse or neglect of service users. Indeed, the pilot interview raised a sensitive matter, which facilitated me to be fully prepared for such a situation. The parameters of and procedures for addressing such issues, should they arise, were outlined, discussed and agreed with respondents prior to the interview. This involved making respondents aware of my responsibilities, should any information relating to service user safety be disclosed. I clarified at the start of the interview that I was not seeking any such information but should it be disclosed then I would be obliged to take appropriate action. I was clear that the disclosure of such information was within the control of the respondent.

Ethical approval for the study was first obtained from the ethics committee at CLMS, University of Leicester. In the organisation in which I work, research projects also require the agreement of management and the approval of an internal ethics committee. These procedures address matters arising from researching in one's own organisation, including protection of respondents, confidentiality, ownership of data, management and storage of data, controversial findings, use of resources, impact on staff and/or resources and publication requirements. I secured the appropriate permissions as follows:

1. Ethical approval was initially received from the ethics committee at CLMS.
2. Formal permission for the study was then obtained from my line manager, subject to the agreement of the organisation's internal ethics committee. (Informal agreement had been obtained prior to submitting my final proposal to CLMS).

3. I made application to my organisation's internal ethics committee. The committee requested a number of changes (largely pertaining to the power relationship arising from my role as College Director). I revised my proposal and then had a meeting with the ethics committee to discuss all aspects of the proposal. Following implementing all required changes agreement was secured from the ethics committee and formalised in writing.
4. As the proposal now had some significant changes to that approved originally by the ethics committee at CLMS, University of Leicester, I resubmitted my proposal and received final approval from CLMS.
5. In relation to respondents who volunteered to participate, permission for their involvement was sought and secured from their line managers in their employing agencies. This involved the sister organisation of the College plus managers from other disability organisations.

4.7 Indicators of Good Research: Credibility, Reliability and Validity

In order for research to have the potential to create new knowledge and stand up to scrutiny by peers it must be seen as credible – it must be able to elicit belief. From a positivist perspective, indicators of good research are based on the assumption that the world can be measured through defined rules of inquiry and can be examined objectively. It is from this perspective that the criteria for the evaluation of research validity, reliability and generalisability have conventionally been derived (O'Leary 2004). Qualitative research takes a different stance and recognises the world as infinitely complex, without a defined truth and that recognises and values subjectivity (Bryman 2004). Mason (2002) notes:

“The established measures of validity, generalisability and reliability for assessing the quality, rigor and wider application of research, and indeed the very idea of such ‘scientific criteriology’ are sometimes seen as irrelevant or anathema to the qualitative research endeavour.”

(Mason 2002: 38)

However, all research, including qualitative work, must establish its credentials and therefore matters at the heart of credibility such as subjectivity, dependability, authenticity, applicability, accountability and reflexivity must be rigorously addressed (Bryman 2004, Creswell 1998, Flick 2005, O’Leary 2004, Richards 2005 Seale 1999).

A data triangulation approach was used to ensure that the data collected through interviews was reliable and complete. Data triangulation is the process of combining two or more data sources, methods or investigations in one study of a single phenomenon, as a mechanism for ensuring reliability and credibility within qualitative studies (Denzin and Lincoln 1994, Miles and Huberman 1994, Patton 1990, Polit and Hungler 1999). Denzin (1989) outlines four possible types of triangulation, one of which is data-triangulation, where data can be generated at a variety of times, in different locations, and from a range of persons including the researcher.

The main data generation tool used in this study, semi-structured interviews, was supported by the use of a fieldwork journal and observation and reflection in case memos throughout the study. This approach resulted in the recording of relevant observations, thoughts and questions, it facilitated a process of continuous reflection throughout the process, and helped the building of a more complete and holistic picture in line with Polit and Hungler’s (1999) statement that ‘the use of multiple methods or perspectives for the collection and interpretation of data presents a more accurate representation of reality’ (p. 22). Triangulation has also been advocated for ‘enhancing

trustworthiness' (Perlesz and Lindsay 2003: 27); as a means of presenting a 'complete picture in context' (Jick 1979: 138); and has been linked to the goal of completeness or complementarity (Morse 1991, Erzberger and Prein 1997).

Subjectivity in qualitative work does not require that researchers are fully objective (as it would in quantitative work) but that they recognise their subjective positioning and that they negotiate their potential biases (Denzin and Lincoln 1994). In qualitative work, O'Leary (2004) suggests that subjectivity is managed with reference to neutrality and transparency. 'Neutrality' implies that the researcher operates from a desire to keep the work free from bias but recognises that this is problematic and must be done consciously. It requires that a process for recognising, naming and developing strategies to counteract bias is implemented. Neutrality demands that the researcher 'reflect on their own subjective positioning and attempt to mediate them in order to be true to the research' (O'Leary 2004: 59).

In hermeneutic phenomenology a process of 'bracketing' is advocated for the managing of subjectivity (Van Manen 1990). Bernard and Ryan (2010: 259) note that 'stepping away from one's biases and beliefs is easier said than done, but when it comes to bias less is better so we must do what we can.' As outlined earlier, a mock interview assisted me to become more conscious of any pre-existing biases or beliefs in advance of the interviews. This helped me to work out in advance important aspects of my fore-structure (Smith *et al* 2009). I was also conscious that this was only a provisional identification, since my fore-conceptions could only clarify more fully in the direct engagement with respondents. Therefore during the interviews I was conscious of my thoughts and responses to what respondents were saying and sought

to ensure these did not influence the process of exchange. I was very conscious of listening and allowing silences to happen. The process of journaling thoughts and reflections also assisted in keeping me aware of my subjectivities throughout the process.

Similarly, ‘transparency’ requires that the researcher is clear and transparent in relation to his or her motivation for undertaking the research and the approach undertaken (Richards 2005, Seale 1999). Transparency in this research was assisted by working out clearly my personal interest and motivation in the subject area, the rationale for the study, and the aims and objectives. (These have been outlined in some detail in Chapter 1.)

The criterion of ‘dependability’ also assists with establishing credibility and reliability. Dependability requires that the research methodological protocols are developed in a manner that are consistent, logical, systematic rigorous and well documented (O’Leary 2004, Seale 1999). Validity measures are used in positivism to attempt to ensure truth and accuracy. An alternative approach – ‘authenticity’ – is suggested for qualitative work where multiple and perhaps competing ‘truths’ can be identified based on the experience and interpretation of the data. Authenticity ensures that while findings may not lead to a single truth, rigor and reflexive practice has ensured that findings and conclusions drawn are justified, credible and trustworthy (Mason 2002).

‘Applicability’ is related to the concepts of generalisability and transferability. ‘Generalisability’ is concerned with the extent to which the findings of a study can be generalised to a wider population. In phenomenology, Husserl (1913/1982) contends

that the researcher should adopt phenomenological reduction – a position where the researcher does not make a claim that the object or event is ‘real’ in the way it appears but that it is treated as subjective phenomenon. In this way the data is limited to the experiential data recorded in the transcripts and their interpretation in context and therefore cannot be presented as theory that can be generalised. In such cases transferability can be a useful indicator of applicability. Rather than making definitive claims about populations, transferability indicates where lessons learned in the study could have significance to wider or alternative populations and/or settings. Transferability requires that the researcher has provided sufficient detail on the context and method to facilitate a determination to be made on potential applicability to alternative settings.

‘Accountability’ asks if the research can be verified; this is undertaken with the indicator of auditability (O’Leary 2004). Once again, this requires a full and detailed account of the research process, context, methods, data collected and analysis which leads the way to why the researcher determined the findings of the study. All research, regardless of underlying philosophy, should be auditable, open and transparent. Readers should not be ‘left in the dark’ in relation to any aspect of the research process (O’Leary 2004). In this research, the full details of the study have been presented in this dissertation.

All of the indicators for judging the credibility of research can be assisted by ‘reflexivity’ (Flick 2005). Townsend and Burgess (2009) suggest that reflexivity is one of nine themes, which if addressed significantly assist the research process. According to Bryman (2004) reflexivity means the ‘researcher reflecting on the implications for

knowledge generated by their methods, values, biases, decisions and mere presence' (p. 543). Reflexivity facilitates the researcher to actively think about the research process and his/her role in that process. In qualitative research, reflexivity is a requirement of all aspects of the research process, from conceptualisation, through data collection, through analysis and write-up (Mason 2002). O'Leary (2004) notes that a reflexive reading means that the researcher will see him/herself as 'inevitably and inextricably implicated in the data generation and interpretation processes' (p. 149) and therefore will need to seek to read the data in a way that captures those relationships. In this study, the use of field notes, the journal, ongoing awareness and consideration of my own subjectivities, and discussion with my supervisor assisted the reflexive process.

4.8 Limitations of the Research Design and Analysis

While this study has sought at all times to address the epistemological requirements of robust research and credibility (O'Leary 2004), it is not without limitations. In the first instance, the findings cannot be claimed to have relevance outside of the Republic of Ireland, as the role of social care worker in Ireland is different from similarly-named roles in other countries. Secondly, any generalisation of findings to workers other than the participant group needs to be undertaken with caution: the participants in the study have particular characteristics, which sets them apart, even from the broader group of social care workers in Ireland. As the data has shown, the respondents in this study did not follow the usual school-leaver to college/qualification to employment trajectory. All participants had been working in human services for between one and 27 years and had varying types and levels of qualifications; all were adult learners entering a

professionalisation process, and all worked in services for people with disability. In addition, social care workers from other care areas such as residential childcare, services for the elderly or services for homeless people were not represented.

Another differentiating factor arises from the programme of education that participants followed. The programme was designed from a human rights perspective with clearly articulated values in relation to people with disability, and was constructed around the social model of service provision. While the data indicates that the education programme assists participants in constructing a perspective on professional identity and professionalism congruent with a human rights perspective, it cannot be claimed that students studying an alternative programme would construct a similar conceptualisation of the professional role.

Additional limitations arise from the construction of the interview schedule and from the data management approach. The interview schedule was constructed from themes identified in the reading of the literature. While every effort was made to ensure an accurate representation of the themes identified, it cannot be claimed that the selection of themes was completely free from bias; indeed to do so would indicate a fundamental misunderstanding of the nature of qualitative knowledge. Also, the volume of literature and potential themes and sub-themes was extensive and required judicious management so as not to overwhelm the study. This required that I select the literature and themes that I considered most relevant to the research questions. The semi-structured approach to the interviews was enormously helpful and was appropriate for this study, but the question does arise if richer or alternative findings

would have arisen from using open-ended questions. Similar issues arise in relation to data management and analysis.

Conclusion

This chapter presented the considerations that led to the choice of hermeneutic phenomenology as an appropriate design for accessing the lived experience of participants. Using a semi-structured interview process facilitated detailed conversation with social care in-service students at the point of completing their professional programme of education. The framework for the interviews, the interview schedule, was developed based on the identification of six themes relating to the concept of professional that emerged from the review of the literature: description, understanding, motivation, influences, impact and discourse. The chapter also presented the salient details on participant selection; data collection and analysis; discussed the ethics of the research; presented issues of credibility, validity and reliability; and concluded with a review of the limitations of the research. The next chapter, Chapter 5, will present the findings arising from the study with reference to selected extracts from the interview transcripts and will establish that the respondents have a developing professional identity that is strongly values orientated and which contains components that are specific to the social care worker role in services for people with a disability.

CHAPTER 5:

PRESENTATION OF FINDINGS

Introduction

Professional identity is an elusive and multifaceted concept. Constructed through time, its foundations can be found in individual life and work related experiences (Busher 2005) and its development is argued to comprise of significant components including a change in values, behaviour and concept of self (Adams *et al* 2006, Briggs 2007, Cohen 1981, du Toit 1995, Moore 1970). The findings set out below point to an understanding of professional identity that is congruent with this view, and respondents are consistent in describing the positive impact of professionalisation on the development of their values, the enactment of those values in the workplace, and their sense of themselves as social care workers occupying professional roles. The research findings are presented in four sections.

The first section deals with professional identity and the role of the social care worker and is concerned with the behaviour of the social care worker in the workplace, the values and concepts of profession that inform that behaviour, and the extent to which important values, concepts and behaviours are a part of professional identity, i.e. how social care workers action their professional identity in their daily work. While the issue of professional values is the dominant theme in this section, it is expressed by reference to a number of key service concepts in intellectual disability services. These include: person-centred service, dignity and respect in relation to service users, the importance of trusting relationships, and the empowerment of the service user through promoting independence, advocacy, and respecting and supporting personal autonomy.

The second section broadly uses the four stages of the Weidman *et al* (2001) model as a structure for discussing the influences that impact on formation of professional identity through professional socialisation. The first of these is the influence of pre-career life experiences and the impact of these early experiences on career choice and concepts of professional behaviour. The second is the influence of the professional programme, which relates to the extent to which respondents found that their professional education and training influenced their professional behaviour and identity. The third, informal influences, relates to influences in the workplace and includes the influences arising from peers and colleagues, organisational change, and the desire for enhanced esteem and competence. The fourth discusses two additional influences – regulation and lifelong learning.

The final two sections deal with unexpected findings in the study relating to employee engagement and emotional labour. The third section outlines that the respondents have a high level of employee engagement evidenced by the expressed meaning they find in their work and the way they describe their work. The fourth and final section, emotional labour and its management is concerned with the challenge presented by the need to form trusting relationships with service users on the one hand and the need to manage emotions on the other.

5.1 Professional Identity and Irish Social Care Work

A robust values orientation permeated the breadth and depth of the data collected, and there was significant commonality of views across all respondents interviewed. Data indicates a conceptualisation of professional identity congruent with the development

and utilisation of core values, understood as beliefs that respondents have about their work with people with disability that in general are considered to right, good, important, beneficial, and which underpin respondents' behaviour and choices in practice. The perspective from the literature is that the development of professional values as they relate to client (service user) care is an essential component of professional identity (Schön 1983); that values flow from professional commitment and role conceptualisation (Schank and Weis 1989); and that such values should be professed, that is, acknowledged (Briggs 2007).

One of the significant findings in this study is the extent to which participants describe a conceptualisation of the professional role congruent with a refocusing on the client-professional relationship and its underpinning values, a perspective that has much in common with new professionalism, a recent approach to the study of the professions that is concerned with matters central to the professional-client relationship: values, trust and power (Evans 2008, Evetts 2006a, 2006b). Core values evidenced in the data relate to working with person-centeredness (a focus on the individual service user), treating the person with respect and dignity, and developing a meaningful and trusting relationship. Consistently throughout this study participants speak of 'the individual' in their work. In this, they speak of the service user and of their relationship with that person as being central to their understanding of the professional role and significant in how they perceive themselves in the professional role, i.e. their professional identity.

5.1.1 Person-centredness

Person-centredness, now a common concept in the literature, encompasses patient-centredness in nursing (Mead and Bower 2002), person-centred planning (PCP) in learning disability (Lyle-O'Brien and O'Brien 2002) and is a central component of personalisation – the UK Department of Health approach to individualising welfare services (Sowerby 2010). The research clearly indicates that respondents are committed to this approach of working with people with disability, and a commitment to person-centredness permeates all the data in this study across the breadth and depth of the issues explored. This suggests that working in a way that acknowledges and respects the individualistic nature of the human person is in this instance a fundamental positioning of the participants in relation to their professional role – a positioning that establishes the individual perspective as an imperative in social care work:

“I think a professional a social care worker should have a person-first approach: it’s not about the organisation, it’s about each individual. Each individual is so different. Needs are so different, that you need to look at each person and try to understand them and see what they need or want or desire.” (Aileen)¹¹

“Well I work with eight people and I consider them all to be individuals. I don’t treat them like a group and I speak to each of them individually. I respect all of them. I try to spend time with each of them over the course of the week.” (Alice)

“I would stand back now and look at the person and see the person as a person and not grouping say three service users together and say this will work for all of them. I would be more individually focused now and I would never think that one way is going to fix every situation for every service user.” (Rose)

¹¹ All names of respondents have been changed to pseudonyms.

Inherent in working with a stated commitment to focusing on the individual is working with respect and dignity for the person and working to ensure that the person is treated with respect and dignity by others (Lyle-O'Brien and O'Brien 2002). Both of these were also evidenced in the data:

“Why I’m attracted to a social care role is the fact that I can put myself in a role and say with confidence ‘I can do this and to the best of my ability.’ I will monitor my behaviour and treat this person with the utmost respect as I would treat any other human being.” (Adam)

“The first one I think will always be the biggest, it will always be respect and dignity. That should be the core value in a service in a human service.” (Larry)

“It’s being so respectful towards the individual that you are not patronising them but affording them their dignity.” (Heather)

Disability activism during the 1990s and 2000s, advocating the delivery of services based on the social model of disability, has driven a human rights perspective that is underpinned by a focus on the individual (Finnerty 2009). Treating service users with dignity and respect was connected by some participants to their understanding of ‘rights,’ i.e. that being treated well is something to which people are entitled, and is linked by Alice to everyday normal life events and to power issues by Izzie:

“To respect them as individuals would be a big thing; you know that they have their rights just like any other person.” (Rose)

“It’s recognising rights as well, so you know they have a right to privacy, I would always knock on their bedroom door just like I would to anybody. It’s just recognising their rights – from privacy to choosing what they have in their lunchbox every day.” (Alice)

“First, you need to respect the service user, and you need to know they have rights, to work on their behalf and not over them.” (Izzie)

5.1.2 Relationship

In addition to treating each service user with dignity and respect and delivering person-centred service, it is perhaps stating the obvious that a service based on this approach is fundamentally underpinned by the relationship that exists between the worker and the service user. Indeed, the existence of relationship is a central assumption in care settings (Peternelj-Taylor and Yonge 2003). However, while it is rare to read an article or policy document related to the area of disability and/or social care that does not refer to the service user-worker ‘relationship,’ none reviewed offer insight into what exactly is meant or how the concept relates to professional identity.

A striking finding relates to the extent to which participants feel the professional programme has promoted and clarified their understanding of the importance of relationship with service users and how this understanding is a cornerstone of their professional identity:

“The main thing is the relationship, that’s the key. If you don’t get that right then nothing else will work well. I know every day going in that it’s up to me to build that relationship; that is the core part of what I do every day. And when the relationship is strong there are fewer problems because people listen to you and trust you and you can work with their problems.” (Rena)

“I think what lies at the heart of that relationship with the service user is obviously about the person, their feelings, their wants, their needs should be first. You know we should do everything in our power to help them make their life bigger and better.” (Amy)

Amy’s linkage of the importance of relationship to working with service users in making their lives ‘bigger’ is important in the context of the planned shift towards an individualised funding structure in Ireland. Sowerby (2010), in relation to people with learning disability, argues that relationships and the ability to use such relationships is

a crucial tool in enabling service users to access individualised funding for services coupled with person-centred planning (personalisation).

Adam notes the importance of relationship but from the perspective of observing how other professionals behave, which he questions. From what he says it is clear that he believes that it is important to know the service user by building relationship in order to work with the person in making the best decisions with them about their lives:

“If you look at other professionals in the area, they make decisions [...] they will say it's in the interest of the service users but I don't think it always is, because they don't have a relationship with these people. They mightn't even see them or talk to them [...] so it all comes out of nowhere. But for us we have to have that relationship and we know them the best to help them with their decisions.”
(Adam)

The literature calls for the development of a professional identity for social care that is focused on the ‘life space,’ the daily life occurrences and experiences that form the medium through which the most powerful work with service users occurs, and relationship-building is suggested to be central in this process (Smith 2003). Three examples in particular illustrate how the development of the relationship can have a very powerful effect on the service user's life. In the first example, Liam illustrates that he understands that it was the building of the relationship that was the significant element rather than what activities were undertaken with the service user:

“I was basically hooked up with a service user there who was out on their own finding it difficult making friends, and quite depressed, and this person had a disability – cerebral palsy and a mild schizophrenia. This was a person who was really lost in the world, and spent a lot of time in their room. We did very simple things, went up to the park, then to town, coffees, went to gigs, very simple things – it's not rocket science; just hanging out and chatting. It's very simple but important, building that relationship.” (Liam)

Heather notes that involving the service user in completing work required for her course assisted the building and deepening of the relationship to such an extent that the service user became comfortable enough to disclose a traumatic and painful personal history which has assisted Heather in her work with this individual:

“The fact that I asked this person on a few occasions to support me in my assignments for the course, we had built a relationship – obviously a professional relationship – but a relationship, so she trusted me that much to divulge this particular information that was very sensitive. And I think if I hadn’t been in that position, doing this particular course and I hadn’t taken the time out to sit down with this lady, get to know her better, get to know her circumstances, information she chose to give me, I would never have been privilege to anything like that and since then I have learned an awful lot about more about this individual and that has helped my work with her.”
(Heather)

Similarly, Olive recounts how developing a relationship with a service user through representative advocacy resulted in a positive outcome for the service user previously isolated from family connection. Olive attributes the fact that she was able to undertake this work on behalf of the service user to improved confidence and skills arising from studying on the programme:

“I started working closely with a service user, Mary, advocating for her; family links were quite difficult for this individual. The family bond wasn’t strong but in time I learnt how to approach the family in a professional manner with support from my manager and using baby steps with the family. The brother, who came to see this individual maybe once a year, is now coming up once a week. Mary is non-verbal and I explained [to her brother] how I decipher the information and why this is so important for her [...] for her to be connected. Now when she sees her brother, she smiles. Her body language is quite relaxed, she is happy. Things like that make a difference. The course gave me the confidence to approach a situation where I might have been afraid to approach or thought that wasn’t my place to deal with it but with support from my manager and my unit Mary now has a much better connection to her family and that is wonderful for her.” (Olive)

The instances above highlight the importance and significance of relationship to service users' lives. While recognising the importance of policy at organisational and national levels in the drive to improve overall quality of service, an observation from Sowerby (2010) is insightful and instructive. From personal experience, he observes that for people with learning disability the abstractness of policy is of fleeting interest; for policy developments to be significant they must be real and have a positive impact. In making policy 'real' the primacy of relationship is clear: people with disability do not speak of policy but have a keen sense of individuals that help them in their lives and that they trust.

With regard to trust, respondents spoke clearly of the need and significance of trust, demonstrating awareness of the importance of trust at the level of the individual. Data indicates that respondents viewed the development of trust as an organic and natural aspect of the professional relationship and that trust means the service user experiencing the staff member as trustworthy, including being reliable, consistent and understanding and doing the job well:

"People being able to trust you, understanding your responsibilities, doing your job well, being focused on your job. All of those things are part of being a professional." (Liam)

"Definitely trust and understanding; trust, understanding, compassion and everything else falls into place." (Adam)

"Like be trustworthy, reliable, consistent – if you say you are going to do something, do it." (Rose)

While the notion of trust has not been explicitly defined in the sociological theories of the professions, trust is regarded as a characteristic of the service relationship (di Luzio 2006). Evetts (2006b) suggests that professionalism with its implicit commitment to trust is perhaps the most important matter facing the professions in

recent times, and new professionalism challenges professionals to ensure the protection and development of the trust relationship at both macro and micro levels (Evetts 1999, Saez and Sanchez 2006).

Working in a challenging environment, Adam sees the building of trust as clearly his responsibility and as the foundation stone for building a relationship with people who require significant levels of support:

“John has had staff down through the years that cannot work with him. He has been restrained and injected with sedatives, the whole shebang and it didn’t work. Now he has trust issues, he has post-traumatic stress disorder and there are times when he will turn around and just ‘F’ you out of it. Now it’s up to me to manage my behaviour so that he has a better quality of life. Now I can ask him to treat me with more respect, but you know it’s up to me to build the trust.” (Adam)

Trust is a macro concept in the professions (di Luzio 2006). However, it is equally important at the micro level, in the day-to-day activity that constitutes the caring relationship (Saez and Sanchez 2006). Olive and Amy show evidence of understanding where trust fits in the day-to-day role and how respecting trust fits with simple everyday tasks such as writing reports but also to the larger matters such as supporting and safeguarding service users:

“I will come in here every day and do as good a job as I can. I will not write things in a report that are not true. That what I say I’ll do I follow through. That if I promise that I will do something to the best of my ability I will try do it and if I can’t I will go back and say I couldn’t but these are the reasons why.” (Olive)

“I mean central to your work role would be building genuine relationships with people and having that trust with people and them knowing they can come to you at any stage and you are there to support them and you will do all you can to safe guard them in their life.” (Amy)

While respondents' description of the essential nature of their role can be described in terms of the core values mentioned above – person-centeredness, dignity and respect, relationship and trust – their perception of what constitutes meaningful service is captured by the term 'empowerment.'

5.1.3 Empowerment

Respondents are clear that professionalism is not a hypothetical or idealised concept but is a social reality that is operational – that to be real, professionalism has to be something professionals actually 'do' (Evans 2008). While the 'grounding' for values may take place in the classroom setting, it comes to fruition and finds expression in practical application (Schank and Weis 1989). Eraut (1994) suggested 'practice-derived maps' (p. 41) as the basis for knowledge formation in professions.

Evidence that respondents 'action' values and are incorporating them into the heart of their work was identifiable in the study in the ways in which respondents describe core aspects of what the daily role entails. The data indicates that participants employ three dominant approaches in their work that 'action' the focus on person-centeredness and developing relationship. These are: promoting independence, promoting the autonomy of the individual, and working as an advocate and/or supporting self-advocacy. These approaches are congruent with the values of new professionalism discussed earlier and fall under the overarching construct of empowerment.

The phrase 'promoting independence' is used here to reflect the extent to which participants see their professional role as supporting the development of the service

users to the full extent of their potential. This is significant as the history of services to people with disability in Ireland is one of isolation, suppression and paternalistic care, which generated dependence on the system and institutionalisation. Care in such a context meant ensuring that basic needs were met and the potential of the person was unrecognised and left to languish. The data in this study suggest that participants see promoting the independence of the people that they work with as a core aspect of the professional role:

“I was doing an awful lot for them and not really understanding the core of my role here; not to live life for them but to assist their living and to break down walls and say ‘yes you are able you know.’ I think for me that was the most important thing.” (Olive)

“I would probably push them a bit more now [...] I just encourage them a lot more to do things for themselves. That would be a definite change, whereas before it was easy to just do things for people [...] sometimes it’s just quicker to do things but I try and focus on the fact that it’s worth spending the time to encourage somebody to do something for themselves and that is a big part of my role really and it is worthwhile.” (Emer)

Feedback from activities undertaken on the course of professional education, which assisted in promoting independence reinforced that this aspect of the work role is significant:

“... I taught him how to shower himself and that’s great for him because he doesn’t have the frustration of waiting around until somebody is ready to help him. The same thing with people doing their laundry; I [taught] people how to use the washing machine and they get a great sense of achievement from actually doing it themselves.” (Eilis)

“I was able to help more than one service user with learning new skills because it helped me to understand the different steps that are involved in a particular task and then see it maybe from their point of view as well.” (Alice)

Eilis sums it up by observing that it is possible to move people along a continuum of independence in terms of the life skills they can learn and if this can be balanced with appropriate levels of support then an optimum outcome of the service user can be achieved:

“I believe that we should help service users’ lives. Like community networking, you have better ideas on how to go about it, helping people to learn how to have friends, or how to communicate with friends [...] and the *Living Environments* module – that I found really good; how you can strive towards people having their independence but still having the support they need.” (Eilis)

While promoting independent living through increasing daily experiences and supporting the development of skills was considered of critical importance, respondents were equally clear that personal autonomy was central to true independence; a view that differs from the traditional situation where professionals held positions of power and authority over service users (Gibson and Schroeder 2002, Svensson 2006). With reference to disability in the traditional service model, professionals had the power to make decisions, often significant decisions about people’s lives and often without reference to the wishes of the person or their families (Finnerty 2009). Increasingly, however, as earlier chapters outlined, new legislation and policy emphasises the rights of all people as social citizens, requiring that professionals re-evaluate how they work and move towards a model that respects the rights of the individual with a redressing of the balance of power toward partnership models. Data suggest that respondents are more open to listening to service users and addressing the power balance by actively supporting the autonomy of the individual. This involves active listening, offering choice and dealing with personal preconceptions about where the power in relation to decision-making lies:

“I’m learning to give people space and I’m learning to give people options. I would have done that before but now I understand the importance of it more.” (Liam)

“I suppose just spending time, just going with what they would chose to do and not feeling like ‘I should be doing this’ or ‘should I be doing that.’ Just realising that it is okay to take their direction and go with their choices.” (Emer)

Fundamental to working in a manner that supports the autonomy of the individual is an understanding that the decision-making power in the relationship should lie with the service user. The extracts below indicate that respondents are developing an awareness of this power issue and considering what it means in everyday practice.

“A professional is somebody that should be trained to identify the needs of the person. Not like what we did years ago, drawing up care plans and the person wasn’t even in the room when we discussed their life. I would hope that people educated in the area, that they will be more open to listening to what is going on and that it won’t be coming from the top down that it will be coming from the service users, from what that person wants.” (Richard)

“Empowering would also be a huge thing for me working in this role. Because there is a major power shift in this type of service: you are working in partnership with people and this is central to this sort of service. That’s something I felt naturally from day. It was something where I felt there was a gap: that there was this power divide and I felt it was not right.” (Amy)

One of the main strategies that supports the autonomy and empowerment of people with disabilities is advocacy. Advocacy is a complex skill that requires an understanding of when it is appropriate to act as a representative advocate and when supporting people to self-advocate is the appropriate approach. Data indicates that respondents were incorporating acting as a representative advocate into the professional role but evidence of supporting self-advocacy was also apparent:

“I like the fact that social care work can give you that in your professional capacity, it can put you in a position to work with vulnerable people. You are in a position to be their voice.” (Adam)

“It was just really incredible; I think people had great spirit despite the difficult situations they were in. Yes, just encouraging people to advocate for themselves because most of them could but they needed the support.” (Emer)

Amy clearly indicates an understanding of both advocacy roles: by first recounting that she feels she advocates for people daily but goes on to state that supporting people in self-advocating is equally important:

“John said that I was an advocate and that was never something that I thought of myself as being before. He said that I was ‘the voice for people.’ I think I have brought a different voice for service users to my day to day job [...] but sometimes people can forget what their role is and what their job is; they are not there to molly-coddle service users. That is what I would have found difficult in the past – I would have been advocating for service users but being their voice instead of supporting them to speak for themselves.” (Amy)

Aileen recounts how an article on advocacy impacted on her thinking and fundamentally changed how she approached people in her work:

“One particular thing that really struck me while I was studying was an article on advocacy and it was called ‘What day is it anyway? It really made you think, it really did. From that moment on, it did change how I looked at service users. I do really think about the service users and what would they like, and how easy it is for us to change their day.’” (Aileen)

Aoife links being able to better advocate for service users to the professional role, while Eilis describes an example of where she feels having knowledge assists her in understanding her role more fully and this supports her in advocating for service users:

“I think staff can shy back from advocating for service users because they are afraid or fear saying something wrong or not advocating properly, whereas I feel that the professional bit would actually give them confidence; that they could actually stand up for a service user and advocate for them.” (Aoife)

“I will give you an example of one thing. Say a few years ago somebody said to me ‘Mary is spending too much money in the shop, could you cut back on giving her money’. I would have said ‘I don’t

think that's fair' but I wouldn't have had the language to back up why I didn't think it was fair. Now I would say 'it is not my right to withdraw her money, it's her right to have the money' [...] I can speak about it. I can speak the whole way around it and explain it rather than just say 'I don't think it's fair.' I can speak up much more for the service users and have reasons why." (Eilis)

5.2. The Formation of Professional Identity – Professional Socialisation

The findings reveal that the professional socialisation of respondents was influenced by a range of factors including pre-career experiences, the formal programme, informal influences and personal factors. These factors have much in common with the model proposed by Weidman *et al* (2001) and as the findings provide insight into each factor as it applies to social care work, this model is utilised as a broad structure for the presentation of findings in this section.

5.2.1 The Influence of Pre-Career Life Experiences

My research produced three findings that point to the significance of respondents' life experiences prior to their entry into the field of social care. In the first instance the data shows that the decision to work in the care area was influenced by the desire to work in employment that was rewarding and which offered respondents the opportunity to make a contribution:

"I always wanted to help people but didn't know what way. The drive behind that desire wasn't something that was explored in school, it was just an idea I had and maybe a passion, a wish to make a difference in the world." (Amy)

"I did work experience in the disability area. I just found myself liking the job and liking the care and wanting to do more, to make a contribution." (Una)

“The reason I went into <named organisation> and I just saw the money and the greed; the goal just seemed to be money, money, money. I thought there has to be something more rewarding in life than this [...] and I wanted to contribute.” (Adam)

This finding establishes that the motivation of social care students is similar in orientation to other health professionals who are attracted to work in the care area: for reasons associated with altruism (Miers *et al* 2007), a desire to help people (Mooney *et al* 2007), and/or because of a desire to influence people’s quality of life (Craik *et al* 200, Furness 2007). This orientation to care is also similar to the conceptualisation of the professions as service for the common good or normative value (Durkheim 1992, Evetts 2006b).

Secondly, the data revealed that early life experience of care influenced the majority of respondents to choose care work as their occupation. 14 of the 19 interviewees referred to previous experience of care as an influencing factor, which agrees with research findings that previous family or personal experience of care is a key determinant as to why people who work in care services choose to do so (Banks and Bailey 2010, Eley *et al* 2008, Mooney *et al* 2007). A particularly interesting finding is that of the 14, twelve revealed that a direct personal experience of care related to *disability* was the influencing factor. This suggests that not only is care as a life experience influential in choice of occupation but so too is the specific type of care and that this experience is a powerful personal matter as exemplified by Adam below who describes it as being ‘a part’ of him:

“I would have an aunt that would be intellectually disabled so I have grown up with intellectual disability in my home all my life. It is a part of who I am.” (Adam)

“I have a brother with disabilities and he is 27 and I’m 30 and the area has always interested me because of that.” (Aoife)

“One of the important things is I have a disability myself. I was diagnosed with that when I was 16 so I would have attended services and because of [that] I wanted to work in similar kind of services.” (Liam)

The observations of Aileen, who has a brother with a disability and over ten years experience of care work, reinforces this finding while identifying an additional factor which points to high levels of commitment and which she refers to as people being ‘driven’:

“Of the people that I have seen, all have some sort of relationship with disability [...] like either have a family member who has a disability or there is something on a personal level, there is something driving them and I think that is quite obvious. I know people in my class that are really driven and it is because of personal issues, personal reasons to do with disability.” (Aileen)

A third finding related to experience of care is that it contributes to an early understanding of professional behaviour and consequently professional identity, what Weidman *et al* (2001) describe as ‘informal knowledge.’ Findings in this study indicate that early experiences of care/disability set down formational ideas of what constitutes ‘good care’ and professional behaviour. For Olive, this manifested after she linked the early experience of observing her father being cared for, to her own first experience of working in a care service and later to an additional family experience of disability. For Rena, she outlines how helping to look after her seriously ill mother influenced her:

“[The service] was totally regimented. Clients went to bed at this time, they got up at this time, the meals were at this time. There was no choice whatsoever. Personally I didn’t like it. My father had mental health issues throughout my life and I would have hated to think that he was being treated that way. In work I would often think ‘if this was a family member of mine, how would I like them to be treated?’ Subsequently my brother had a daughter with Down Syndrome and

she's in <named organisation> and I see how well she is being cared for, how professional it is, and that is good." (Olive)

"My mother was very seriously ill when I was young, when I was thirteen. I helped to look after her; I remember the hospice people, how good they were, their kindness and now I understand how professional they were but at the time I just saw they were good to my mother. It has stayed with me and I hope I am as good in my work."
(Rena)

5.2.2 Formal Education

When asked what they felt had influenced them the most in thinking about themselves as professionals specific mention of 'the course' (the programme of education) by respondents was significant and they understood the role the programme of formal education had played in their developing technical knowledge, skill and competence.

Typical comments include:

"The thing has influenced me most is definitely going back to college, definitely taking on the course: it does give you a broader sense of what you are about [...] and what skills you need and why you would care and what you can bring to the person's life." (Aileen)

"I think a professional has to have a wide range of skills and knowledge and the course has definitely helped me with that."
(Alice)

"All the skills and the knowledge I learned from this course – this knowledge and skill enable me to be stronger and more competent than before." (Izzie)

"My whole thinking has totally changed. I think you could even say that my mind has been broadened and opened up to actually what is happening and what is out there. I would always have thought that I was very much in there for the services users but I think by doing the course I think you are given that little kick, and when you are working with services users with the assignments that is fantastic because you are getting such feedback and basically your whole approach changes and broadens [...] and you learning all the time what it means to be a professional." (Aoife)

Confidence is believed to underpin professional competency (Bell *et al* 1998), is a component of professional identity (Kelly 1992) and has a significant impact on performance (Grundy 1993). A high number of respondents (17) reported that an improvement in self-esteem and confidence contributed significantly to their professional self-conception and self-belief (identity) in taking on the professional role. In the first instance, respondents link the gaining of knowledge to improved confidence and attributed this to the course:

“I think it all comes back to me having studied all the modules and I know them now, so now I know I can professionally deliver my work, whereas before I wouldn’t have had that confidence.” (Rose)

“The course has given me knowledge and, you know, knowledge is power and the knowledge you get is going to give you confidence.” (Liam)

“I’m more confident in my role as a social care worker. For example, speaking in groups/meetings, we did that in the workshops, all that has helped me to be more confident in my professional role.” (Alice)

Respondents also linked confidence to an improved ability to communicate and to engage with the wide range of people that they encountered, including clinical professionals that they had previously found intimidating. They reported that the course of study assisted them in gaining status in their own eyes and in the eyes of others:

“The course has given me the tools and the confidence to liaise with a clinical team which I would be quite intimidated by them, but now this puts me on par with them.” (Olive)

“I would never have questioned anything, whereas now, I know different [...] I have just done it last week, I questioned something with one of the occupational therapists and I would not have actually done that before, wouldn’t have challenged before because I didn’t have the confidence and in the end I was proved right.” (Aoife)

Finally, respondents reported an improved performance in delivering aspects of the day-to-day role, including working with families. They attribute this to the course and link it to their professional identity:

“It has given me great confidence: I can sit at staff meeting and know what everyone is talking about. I mean, I was at a multidisciplinary meeting there a few weeks ago, whereas I never thought I would be sitting in on it, representing a service user with all these professionals and I could hold my own as a professional and [...] I now see myself as a professional.” (Rose)

“With families I find that I would actually be more confident speaking to family members; families ringing up about issues or anything like that, I would be more capable now, dealing with it more confidently.” (Aoife)

In addition to beliefs, knowledge and reflection, the values promoted on programmes of education are also important in the development of professional identity and the understanding of the professional role (Howkins and Ewans 1999). Richardson *et al* (2002) argues that the programme of education offers the opportunity to drive forward the internalisation of values and approaches but that educators must be purposeful in their approach, otherwise students can enter and leave programmes unchanged in what the professional role requires and without clarity in relation to professional values. This study supports this contention but also establishes the significance of the programme in facilitating students to understand and develop a person-centred approach for their work and the moral and theoretical basis for this:

“Before [the course] I wouldn’t have known about person-centred planning. Now I know I’m just the facilitator, I’m just the person that helps the person I’m working with to get the best they can from their lives. I am not the most important person – the service user is.” (Eilis)

“[The] modules have been excellent. The Person Centred Planning structure in first year was just fantastic – it gave me a lot of tools to work with and find what they [service users] really wanted to get out of things and now I understand the theory, the why, which I would never had before.” (Eric)

“Before doing the course I would go home and if anything had happened that day, I’d worry did I do enough? And now I think that I have the skills to know that I did everything in my power for that particular person on that particular day. I know I used my professional knowledge and I used the theories and practices and I feel reassured by that.” (Olive)

It has been suggested in the literature that opportunity to reflect on self and practice are important aspects of developing professional identity (Howkins and Ewans 1999), and that reflection assists in maintaining professional purpose and mission (Richardson *et al* 2002). Both aspects were identified by respondents:

“I have to say some of the modules that I have taken, that I have studied, the ones I find the hardest to do are those that made me reflect on myself.” (Aileen)

“I would never have addressed my own service delivery, my own practices until I did this three-year course and that’s the truth. And that was a big influence for me [...] listening to other people’s perspectives and listening to their point of view and learning from that.” (Heather)

“Well personal reflection really has to come into it, the course makes you think, really think about what yourself and what you are doing every day.” (Rena)

5.2.3 Informal Influences

The development of professional identity through a process of socialisation is heavily influenced by people, including role models in the work setting (Adams *et al* 2006, Cohen 1981). It is further suggested that it is the interface between the students’ own experiences and the learning and experience gained from working with other professionals that is key to the socialisation process (Lindquist *et al* 2006). The process of socialisation is also congruent with theories of situated learning which argue that socialisation takes place through a complex web of situational exchange with work

associates; work experience and interaction with work colleagues are deemed crucial in this exchange and development (Lave 1988, Lave and Wenger 1991).

Data indicates that colleagues from other professions influenced respondents' socialisation in two ways: experientially in day-to-day interactions and observationally when respondents observed behaviour. Reflections on experience and observation helped respondents to begin the process of clarifying their values and beliefs in relation to professional behaviour:

“From my early days here I have worked with a *<named occupation>*. She always impressed me. I would really admire the way she works: she treats everybody as an individual, listens to everybody and can stand back and get her point across without overriding what anyone would say. She just has a lovely easygoing way about her, but still she knows her stuff [...] and with service users it's all about giving them the time they need and there is never any panic, it's just always organised treating people with respect.” (Rena)

“I know a person in a totally different discipline. This person would impress me, listening to him; he knows his job so well, and would lead the team rather than manage. If somebody is good at an area, he would say ‘you're good at it so you go ahead.’ He would never be a suspicious type, just a person who trusts people and always seems to get along with all of his team and is liked. The quality of that person – I think he is a real professional.” (Eilis)

“I'm thinking of my manager whom I have a lot of respect for. He's a very calm individual; he makes time for people. If you ask for five minutes to have a word he makes himself available. He's very good in a frontline sort of way – he's very good with the service users and the staff combined, you know he's a good all-rounder.” (Alice)

Data also suggests that the socialisation process does not discriminate between positive and negative experiences – all contribute to learning and the outcome. For example, as illustrated below, negative experiences assist with developing an understanding of professional identity, professionalism and what it means to act in a professional manner:

“I am proud I am a social care worker but sometimes when I work with a <named occupation> I’m not treated like a professional: they do not consult or talk to you before they make any decision in a situation, most of the time they just tell me what to do. We are supposed to be professionals but we’re not treated that way so that makes me doubt myself.” (Izzie)

“Sometimes the <named occupation> has already decided things before he arrives down. Sometimes you feel that he just gives you the answer before he actually has heard the situation and the dynamics of how the situation works. He is already slotting into an answer and is not really listening [...] one or two I have found their approach can be a bit like that. It makes me understand the importance of listening more.” (Eric)

The data also reveals that workplace peers and experiences were significant influences in the motivation of people to engage in professionalisation through the formal programme. Although the timing of when respondents made the decision to professionalise varied in the respondent group, commonalities emerged in relation to what influenced them to register. The motivation arose from both observing their peers achieving and from direct comments of encouragement. This feedback was more important than the influence of management:

“It was more because of my peers when I saw them doing it and them saying ‘you have to do it, you must do it, it would be great for you’ and finally I did think I might as well, they have.” (Helen)

“More importantly I don’t think it was very much highlighted by the organisation [...] it was more through my own peers [...] there were a couple of girls that were doing it and looking at them studying and achieving [...] that made me think that maybe I should do it too.” (Heather)

“And I think I was influenced by other people, telling me all year that it was a really good course and I thought well it is the degree and it is recognised on the framework and it could help me a lot and the others are doing it.” (Alice)

Two additional workplace influences that can be interpreted with reference to with social identity theory (Tafel 1972) were also apparent in the data: increased self-

esteem when working with colleagues and the desire to manage uncertainty in times of change. Respondents were of the view that professionalisation led to improved competence and that the ensuing improvement in the performance of their work roles would lead to enhanced esteem:

“It means that I will have the degree I always wanted. It means that a few years hard work gives me the proper status. I have achieved this. I have worked so hard the last few years to obtain it. I am now qualified. I have this piece of paper and people will see that.” (Olive)

“I just thought with having the professionalism of the degree, I felt maybe that you would be listened to more. Sometimes you can make suggestions, and they can be great suggestions but they are not acted upon and you’ve no backup to argue your case. I wanted that ability because I knew it would help me do my job better.” (Aoife)

“With me it’s a lot to do with management, that I can go back and say ‘look I have this qualification and after doing three years study surely I have some idea what I am talking about.’ You can’t be told ‘well sure what do you know.’ For years we had been put down, them saying ‘well you’ve no qualifications, you’re not qualified to do this.’ So it came from a long list of things, from being told you don’t know enough and you’re not good enough at your job and wanting to change that.” (Eilis)

People are attracted to professional groups to reduce uncertainty in times of change (Hogg and Terry 2000). Change creates uncertainty; the data suggests that respondents were influenced to undergo professionalisation to assist them with managing uncertainty and creating more security in the changing environment in disability services in Ireland currently:

“I saw the changes happening and I didn’t have the theory for that change. I more had my own theories from *<named occupation>* but I saw there was something different happening now in services and it was my theory that had to change.” (Larry)

“I would know a lot about disability but like I said, an awful lot has changed over the years and I’m very open to things but I needed more knowledge and skills.” (Richard)

“... you hear of all these things PCP [person-centred planning] and you hear all these terms and I wouldn’t have a clue what they are

talking about, advocacy or anything. I just needed to learn it all and to keep up with the new ways.” (Rose)

5.2.4 Additional Influences

Models of socialisation suggest that additional influences on professionalisation (described as the personal stage in the Weidman *et al* model (2001)) relate to membership of professional groups, licensing and continual influence from the work and personal environment considered as lifelong learning and these influences normally commence on completion of the professional programme.

Regulation

Chapter 1 outlined that regulation is a factor now driving a professionalisation agenda in Ireland in the area of social care and regulation has been identified as a defining aspect of professions (Freidson 1994, Collins 1979). Thus, a number of questions arose in relation to respondents and impending regulation; to what extent were respondents familiar with the new legislation and the regulation requirement? Was their decision to take the degree programme influenced by regulation? As current practitioners did they understand the relevance of regulation to the establishment of social care as a profession?

All participants interviewed had some awareness of the policy changes pertaining to registration but knowledge was limited; the main source of information was their course tutors. This is unsurprising, as it might be expected that the programme would educate students about regulation and the related legislation and policy:

“I don’t know a lot [about registration] other than what I’ve heard through the College but I know that when it is set up, to work as a social care worker you will need to have the degree.” (Rose)

“The only place I heard about it was in the College. I didn’t even know about it when I started doing the degree.” (Richard)

What was surprising is that a mixed picture emerged about to what extent they discussed regulation with others. Only three people indicated that they regularly discussed registration with other students, seven said they have ‘some’ discussion ‘off and on’ and nine people indicated that they didn’t discuss it ever. Explanations related to lack of time, a more pressing interest in passing assessments, the fact that the process was so delayed and having more concern about funding cut-backs in services:

“Any time it has come up, it’s kind of like a distant thing. It does seem to have a lot of problems getting up and running, that’s the only thing we’ve ever heard about it.” (Eric)

“I have to say it wouldn’t be something that would be discussed within the group. We are more interested right now in passing our assignments.” (Aileen)

“... they reckon it will be the next millennium when we get it! [...] we were initially told it would be here in 2008, now it’s 2010 [...] and anyway things are getting tougher and tougher on the economic front and that is concerning everyone more.” (Heather)

The lack of discussion with other students is also interesting because it suggests that the regulation agenda and professionalisation is not being discussed in their employing agencies either with or among colleagues who are qualified or unqualified or at a level in organisations at which respondents are operating. The respondents indicated that while their knowledge about the specifics of regulation was limited, primarily they were positive about the initiative, cognisant of what it would mean for their role and hopeful for a positive impact. Of particular interest is that respondents showed

evidence of understanding the linkage between regulation, professional identity and what it means to be a professional in practice:

“I would say people would actually be more aware of their job and what is expected of them and they would have to be more professional in the job they are doing. Because people would always have that fear of not doing the job right or being struck off the register. I think it is a good thing.” (Aoife)

“I think it would keep everybody on their toes. That can only be a good thing. People can get relaxed if they are in a job too long, everybody can. No matter what profession, there needs to be some sort of board, some sort of procedure that keeps an eye on everything, just to make sure that everything is not only ticking over, but is moving forward as well.” (Aileen)

In speaking about regulation, respondents’ commitment to service users was clearly evident here also. This was expressed as a hope that the professional status would not change people in a way that would have a negative impact on their work with service users. For example, by changing how social care workers regarded their role. Rose refers to this as not getting ‘high and mighty’ and links it to professionals using ‘jargon’ and losing sight of the purpose of their work. Eilis hopes that it will not mean that people become dissatisfied with the role and create a belief that there should be something better:

“I hope it doesn’t go too far, in that it restricts certain service users and people get all ‘high and mighty’ about it and think ‘I’m a professional and I’m not doing this and I’m not doing that’ [...] you are still the same person when you with the service user and you still speak in the same language and that you don’t start to use jargon. I hope it doesn’t go too far in that respect.” (Rose)

“I think that people should be proud of the profession. I deal so much with <named occupation> and an awful lot of them want to move on and do something else. A lot of them say, ‘I’d like to move on, I’d like to do this and do to something different.’ And now people are proud of having a social care degree but I hope it doesn’t get to the stage where they think it’s not enough or not good enough.” (Eilis)

In addition to the above views on regulation and how it will impact on professional identity and behaviour, respondents also demonstrated an understanding of the key specific requirements of becoming part of a regulated profession, specifically responsibility and accountability, adherence to a code of practice/conduct and ongoing professional development:

“The most important thing for me about the registration is that you now have a huge element of personal responsibility and you are a professional and your conduct needs to be professional [...] also as part of regulation taking on to update your knowledge and skills on a regular basis is fantastic.” (Amy)

“It just makes us more accountable as well I think, and we will be regulated and there will be a complaints procedure.” (Emer)

“For most professions you certainly have to keep within the code of practice. I know that you have a code of practice and you don’t step outside that.” (Eilis)

Lifelong Learning

The literature indicates that motivation for professional development and lifelong learning is an essential component of professional identity (Bahn 2006, Houle 1981, Lindquist *et al* 2006, Reid *et al* 2008).

Data reveals that the respondents in this study had a clear personal commitment to learning that pre-dated their registration for the social care degree. This indicates that even prior to entering the area of social care; respondents were open to learning, valued qualifications and saw qualifications as worthwhile.

All but one person had a previous qualification or had made a significant attempt (studied for one year or more) to achieve a qualification. Eleven people had

qualifications at Level 5 or Level 6 (on the Irish National Framework of Qualifications) in a diverse range of areas. Three people had a qualification at the same level as the degree they were studying to be a social care worker (i.e. Level 7). For these three people their social care degree provided nothing additional in terms of qualification status level. This suggests that the attraction to the social care qualification was related to regulation or to a desire to have a qualification specific to the area:

“I had my degree but I really wanted to know more about disability and all the new approaches and theories. I wanted to be fully knowledgeable in the work I was doing and I knew that could make a real difference to my job and for the service users [...] so that’s one of the reasons I wanted to do it.” (Amy)

With regard to ongoing learning over half the respondents indicated a desire to continue with formal education immediately: in this case this means progressing to an add-on Level 8 programme for an honours degree. In general, the theme of respondents appreciating the importance of lifelong learning was in evidence:

“When you get that qualification you need to keep it updated, up-skilling all the time is actually a key aspect of being a professional [...] and its incumbent on us to continue to push our knowledge.” (Aoife)

“I think the day we stop learning and if we stop learning it’s a bad day. That’s why I think I’m a professional because I’m open to change and learning I think that’s probably the most important thing I’ve learned in the last couple of years.” (Richard)

“To continually up-skill. I have something to learn every day not just from the College but from the people I support. I think it’s a huge part of professionalism because without any advances we would remain static in our learning or in our approaches.” (Heather)

5.3 Commitment and Meaningfulness: Employee Engagement

The findings in this study demonstrate that respondents have very significant commitment and dedication to the service users who they work with, indicators that are consistent with a description of them as highly engaged workers. As employees they are motivated by an understanding of their work role and purpose and also by altruistic motivation and work as gift (Bolton 2005), as expressed by Rose and Larry:

“It’s not as important to me, being qualified, as the difference I can make to somebody’s life. That makes my life worthwhile every day and is worth getting up in the morning for.” (Rose)

“What’s it all about anyway? For me it’s making a difference in someone’s life every day. Even if that is in the simplest way [...] you get opportunities to do big things like a service user reaching a goal but the small things are important as well, like just talking if someone is feeling down.” (Eric).

Evidence of respondents’ levels of engagement is also found in how they think about and express their feelings about the work. Amy speaks of ‘passion,’ Adam of his ‘love’ for the work and Izzie of ‘excitement’:

“I think that you have to be passionate person to do this job, interested in this area of work and patient.” (Amy)

“I love the work. There are times can be very challenging. Apart from that I love it and I do like the lads, they are great.” (Adam)

“My job excites me every day [...] I feel like I always want to go to work, and give it my best and really try and make a difference with the service users [...] and help the organisation as well in what it’s trying to do [...] to give all service users a good quality of life based on their wishes and desires.” (Izzie)

Other comments indicate that respondents find their work personally meaningful and ‘meaningfulness’ is closely associated with high levels of engagement (Chalofsky and Krishna 2009, Morrison *et al* 2009). Employee engagement is characterised by a

positive, fulfilling work state of mind that shows vigour (high energy and a willingness to invest personally), dedication (enthusiasm, pride, inspiration) and absorption, as exemplified by Amy:

“... going home after the day knowing that I have supported somebody through some difficulty in their life. Seeing the results at the end of a year or after six months working with a person and you hear their feedback like ‘I am glad the service helped me though this.’ So it’s a very rewarding job and that is so important to me.” (Amy)

Adam is also motivated by the reward of the job but also finds self-expression within the role (Kahn 1990):

“I like that it’s something that gives you more back than just your wages at the end of the day and even more than just work satisfaction. You can get satisfaction out of doing other work but this is something that gives you more reward [...] I’m not a whole lot different outside work than I am inside. I’m in a job that suits my personality. I have actually, after years, found a job that suits me and allows me to be myself.” (Adam)

5.4 Emotional Labour

The development of effective relationships in a social care context requires deep emotional engagement (Leeson 2010), and the handling of emotion and the process of care are inextricably linked (Morrison 2007). As outlined earlier, best practice in service delivery is now premised on the delivery of person-centred services, which requires development of the relationship between the social care worker and the service user. The operation of person-centred services requires the care relationship to be honest, genuine and long-standing.

The development of relationship is in its essence an engagement with emotions – both those of the service user and the worker. An example is respondents seeking to

reconcile the professional relationship with what they called ‘friendship’ with service users, a common theme highlighted by a number of respondents. Richard, for example, recounts an experience of a fellow student becoming upset when encountering lecturer input and Alice reflects on trying to figure out the ‘right’ approach:

“Well for a lot of service users they are looking for friendship, but it has to be a professional friendship and that’s very hard. Again I am relating it back to the lectures in College. It was *<named lecturer>*, he was talking about boundaries, how we are paid staff and we are not service users’ friends and we are not their family. I understand that but there was one person in the class who got really upset and she felt that she was a friend to service users and she was saying ‘no, no, no, I don’t understand that.’ (Richard)

“You can have fun with the service users but at the same time you don’t want them to be dependent on you for everything and you have to encourage them to be friends with each other and other people as well, but it’s tough to figure out the right thing, because you care and you do become close to them...so in that way it’s hard because you do form a relationship.” (Alice)

Richard goes on to indicate that he has developed a particular understanding of the issue and appears to manage his emotional involvement by focusing on the ‘paid’ dimension of the role, what might be described as pecuniary emotion management (Bolton 2005), but he also applies professional standards and in doing so engages presentational emotion management. However, in applying both types of emotion management he also acknowledges that he can get emotionally ‘connected’ and that can be challenging:

“I said [to her] we get paid and the reason we are in that person’s life is because we get paid at the end of the week. That sounds terribly cruel but that’s the reason we get up in the morning but would we get up in the morning if we were not getting paid to do it, and the reality is we wouldn’t. So I think the relationship has to be very professional because we are paid, we are there to do a job but at the same time I know you can get very involved, very connected and that can be hard to manage.” (Richard)

Lewis (2005) and Sloan (2003) outline that some views of professionalism dictate quite strongly that only certain forms of emotion can be expressed and that distance must be maintained between the professional and service user. Indeed Harris (2002) suggests that suppression of emotion is believed to be a hallmark of professional behaviour. Thus for social care workers, tension emerges with workers investing in developing the relationship but also seeking to manage the emotional demands. In this milieu, social care workers need to be skilled emotion managers to successfully negotiate what are essentially competing demands. On the one hand workers must develop the relationship sufficiently to deliver a person-centred service but equally they struggle to reconcile this with a view of professionalism that promotes distance. Rose, for example, who works in a high-support unit for people with significant needs, reflects on the normal human contact of hugging. Service users in such settings are often non-verbal communicators for whom touch is essential:

“Even today we were talking about service users coming up and giving you a hug: what would you do? And it kind of came across that it shouldn’t be done at all [the hugging]. But I know in our centre, with the high supports that are needed for the services users and we’ve been working with them for so long, it’s a thing that is part of our day. They [management] are saying it isn’t really appropriate but I would hate to think that we would have to stop that contact to be a professional. I think that would be awful, cruel, nearly inhuman.” (Rose)

It is argued in the literature that the operation of the professional role is additionally challenged when professionals work in less structured environments (for example, in service users’ homes). This can be exacerbated when the work takes on the appearance of being more social (Walker and Clark 1999). As the respondents interviewed often work in service users’ homes and in a manner that includes a significant degree of ‘social’ contact, emotion work skills become even more important. Emer, for example, names this quite accurately saying that in effect they ‘share’ service users’ homes and

while she believes that boundaries must be kept, she acknowledges they are difficult to maintain:

“Because we are sharing their home, we are obviously all in the house together and you know it is quite hard to keep a definite professional boundary when you sharing like that. I’m not part of their family; I’m not necessarily their friend, so there are obviously boundaries that have to be kept but its hard and service users don’t always understand that we have to keep a distance.” (Emer)

Rose goes on to speak of other challenges. She is employed in an organisation as a social care worker in a small local community in rural Ireland and also does additional work as a volunteer in other parts of her employing service. This is not uncommon in rural Ireland as employees of services will often help out as volunteers in other parts of the service when need arises. Rose expresses uncertainty about what her ‘professional’ role will mean in a social context:

“I would just hope that when people see me as a volunteer that it would be in a different capacity then when I am working. Because the volunteering would be around social events and discos and whatever and they should be fun, so I don’t think I shouldn’t go out and dance with a service user because I’m a ‘professional’.” (Rose)

Data also suggested that respondents were using emotional labour in a positive way for example, generating self-fulfilment or using humour to deal with challenging aspects of the work. Some comments included:

“There has to be a fun element to it. You have to have humour and a bit of messing, a bit of ‘slagging’, that helps make the hard times easier and you feel good if it helps the service user also deal with hard times too.” (Liam)

“On a light note you need a sense of humour, you need to have the ‘craic’ and get a laugh from situations. I mean one day you could be getting stuff thrown at you; you have to be able to laugh at that and not take it personally. You have to be able to let things go. You can’t hold a grudge against a service user because they don’t mean it; there is no malice in it.”(Adam)

“I find working one-to-one quite intense, you get really connected and very involved and it can be tough but I really enjoy it and I find it very rewarding”. (Una)

Conclusion

The purpose of this chapter was to present the findings arising from the research with reference to the relevant literature. The extracts from the interviews presented indicate a high level of consistency across the respondent group in terms of: (i) demonstrating that they have a developing professional identity; (ii) that this identity has a strong values orientation focussed on the individual service user; (iii) that the influences that have contributed to this development of this identity are broadly consistent with professional socialisation theory; (iv) that the programme of education was significant in the development of professional identity; (v) the social care worker profession has particular aspects arising from the nature of the work, including high levels of employee engagement and emotion management.

While the above builds on existing literature in the area of professional identity and social care work and contributes unique insight into the social care worker role in disability services in Ireland, five findings are particularly striking and are considered to contribute new knowledge to existing literature. First, while experience of care has been found previously as significant in the choice of care as career, this study establishes that for this group, experience of not just care but care related to *disability* was the influencing factor. Second, the development of identity in this respondent group was not influenced by a process of ‘othering,’ where status is achieved by a binary positioning of ‘them’ and ‘us’; the contrary was identifiable, where service users were held in esteem. Third, the move to person-centred services (personalisation)

requires the development of a relationship to the extent that the management of professional boundaries using a traditional construct is challenged. This requires that social care workers employ skills of emotion management. Fourth, the respondent group demonstrated very high levels of employee engagement linked to their attraction to working in the area and the commitment they have to service users. Fifth, the respondents in this group demonstrated an approach to the power relationship not usual in the professional construct. They were primarily motivated by a desire to *empower* service users rather than assume the power often associated with professional status. This in part is attributed to the programme of education, but also to the pre-career experiences of respondents.

These findings facilitated a number of conclusions and recommendations to be drawn about Irish social care work and the identification of a number of implications for policy and practice. Chapter 6 concludes this thesis by presenting the conclusions, implications, recommendations, and scope for further research suggested by the findings discussed above.

CHAPTER 6:

CONCLUSIONS AND RECOMMENDATIONS

Introduction

The purpose of the research was to investigate “*if and how in-service social care students at the point of graduation, develop, conceptualise, and operationalise a professional identity against the backdrop of significant policy change and how prepared these students are for the new policy drive toward person-centred services with individualised funding mechanisms.*” The components of the question serve as a broad structure for the presentation of the conclusions. First, conclusions are presented with regard to whether or not respondents show evidence of having a professional identity and how this identity has developed. This is followed by a discussion on how respondents conceptualise their identity, followed by the presentations of conclusions in relation to how respondents operationalise their identity in their day-to-day work. The final conclusion presented relates to whether or not this identity prepares students for the new policy changes currently underway in services.

Following presentation and discussion of the conclusions, implications of the findings for the concepts employed in the study, for improvements in care practice, for the future practice of social care in Ireland and for policy and associated recommendations are outlined. This is followed by a discussion on the scope for further research arising from the study. In the final section, I offer some personal reflections on the experience of undertaking the research.

6.1 Evidence of Professional Identity

The findings of the previous chapter support the conclusion that respondents have a professional identity, although considering the point they are at in the socialisation process an ‘evolving’ (Tsang 2009) professional identity may be a more accurate description. Evidence of respondents sense of professional identity was apparent throughout the study and their descriptions of professional identity and professionalism were broadly in agreement with the literature, including: Adams *et al* (2006) five components of professional identity; Millerson’s (1964) six essential attributes of a profession, and Eraut’s (1994) three-part description of profession as vocation, making a living using specialised skills, and autonomy. Findings also indicated that respondents had an altruistic orientation to work in care, a position congruent with Emile Durkheims’s (1912) description of profession as service for the ‘common good’ referred to as normative value by Evetts (2006a).

Of particular interest was the manner in which respondents repeatedly emphasised a values based approach to their work that focused on ‘the individual,’ i.e. the individual service user. They consistently spoke in terms that agreed with Evans’s (2008) emphasis on trust, values and power in the professional-client relationship, and Hoyle’s (2001) focus on quality of service to clients and service users, and they did so to an extent that leads to the conclusion that the approach of ‘new professionalism’ has particular significance when considering the matter of professional identity and related issues. For example, the centrality of the professional-client relationship in new professionalism has a particular affinity with the person-centred focus evidenced in how respondents spoke about the service users they work with. Finally, Busher’s

(2005) contention that ‘historical biographies’ and ‘professional experience’ are central to professional identity (p. 147) was borne out by the life experiences described by the respondents.

With regard to the question of how respondents’ professional identity is developed, the findings are highly consistent with Adams *et al* (2006), Briggs (2007), Cohen (1981), du Toit (1995) and Moore (1970), who describe the development of professional identity in terms of changes in values, behaviour and concept of self. These changes are formed through a process of socialisation that is context specific and socially constructed (Cohen 1981, Weidman *et al* 2001). There is evidence for a conclusion that three particular environments constitute the main sources of influence on the formation of respondents’ professional identity. These are the pre-career environment, the work environment, and the education and training environment. There is also evidence that the influence of these environments is mediated through a process of socialisation and situated learning, which is interpreted and modified in accordance with personal values, attitudes and beliefs. This conclusion resonates with Fuller and Unwin (2005), who describe such environments as ‘learning territories’ – the range of regions in which the individual learns and gains experience, and notably include home, life and work experiences. This socialisation constitutes a process that can be lifelong and is illustrated in Figure 2 below:

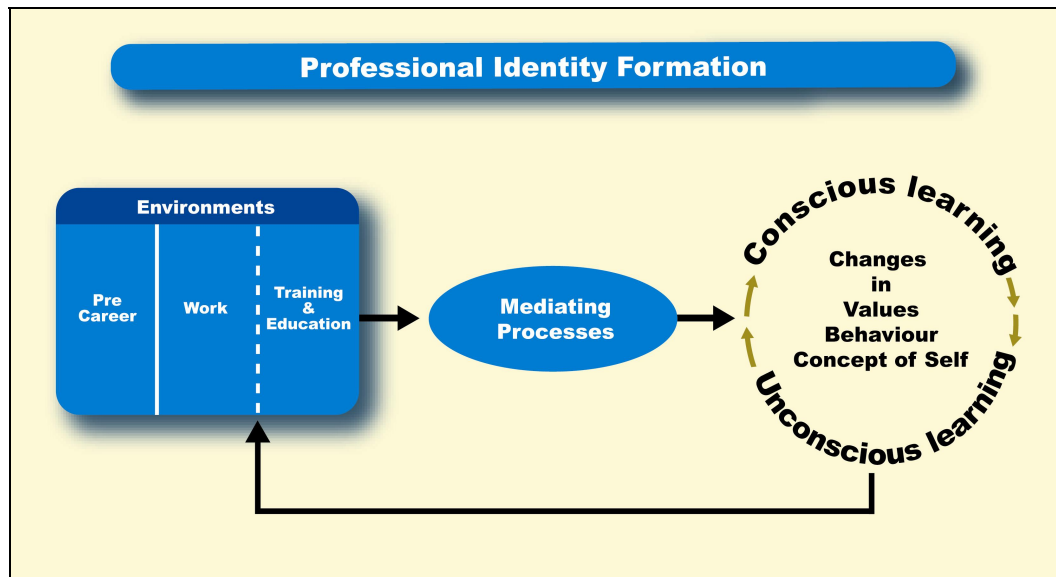


Figure 2: The Formation of Professional Identity

In this model, the formation of respondents' professional identity is initially influenced by experiences of care and disability acquired pre-career, before entering the workforce and during the early stages of work experience, where respondents' seminal ideas of what constitutes appropriate care and professional behaviour are generated. With regard to this, an unexpected finding emerged from the biographies of respondents and their personal accounts of how they came to work in social care, in that my research established that for a majority of respondents early experience of not just care but care related to disability was significant.

After entering the care area as an employee, ongoing experiences as a care staff member – including daily exposure to the needs of service users, and prior to undertaking professional training including the influence of peers, in-service training, and the behaviours of other professionals – provides a context for situated learning, where respondents develop their understanding of important values and concepts related to care work, together with a deepening sense of what constitutes

professionalism and professional behaviour. An interesting aspect of this finding was that negative experiences of working with colleagues or other professionals contributed to the development of professional identity; respondents used the negative experiences to advance their understanding of professional behaviour with reference back to the personal values and attitudes developed during early experiences. This process of professional identity formation continues throughout respondents' professional education and training, where opportunities for reflection on their practice and on themselves as professionals contribute to their developing sense of professionalism and professional identity (Howkins and Ewans 1999) – a process that can carry on for as long as respondents continue to learn and reflect on their professional roles. As indicated in Figure 2, the learning (unconscious and conscious) by the student or worker, feeds back into work practices and professional development in a continual process of lifelong learning.

6.2 Conceptualisation of Professional Identity

With regard to the question of how respondents conceptualise their professional identity, the findings clearly point to the conclusion that respondents have a developing sense of themselves as highly committed occupants of professional roles, who hold particular values that are of importance in the lives of service users, and who enact those values in their daily work. This understanding of professional identity can be situated within the three-domain model of values, behaviour, and self-concept also used in the previous section (Adams *et al* 2006, Briggs 2007, Cohen 1981, du Toit 1995, Moore 1970).

Of particular interest is the central importance of held and enacted values used by respondents and their consistent descriptions of their work practices and behaviours as being governed by these values. While Schön's (1983) argument that professional values related to client care are an essential component of professional identity is well supported by the findings, respondents' repeated emphasis on values and practices that support and deeply respect service users as individuals suggests a more focused and intense expression of professional values. It is these values that are at the heart of their professional identity and which represent their fundamental position in relation to their work. These fundamental values and practices include: working in a dignifying and respectful way within a meaningful and trusting relationship; delivering a person-centred service that supports independent living; and actively empowering service users to make their own life decisions.

As these identity defining values and practices have relevance to the broad area of care work they contribute to our understanding of the construct of professional identity in caring roles and to our capacity to conceptualise professional identity in caring professions. In addition, the practical nature of these person-centred findings points towards the validity of Evetts (2006a) call for a re-examination of what professions contribute to clients, Hoyle's (2001) quest for improvement in quality for clients and Evans (2008) contention that professionalism must be something professionals actually 'do.' They also provide support for the view that research on the professions is better served by seeking insight and understanding rather than definitional precision (Evans 2008), and contribute to an emerging understanding of what professions are by contributing new knowledge and new understandings to the positive orientation of 'new professionalism' (Evans 2008, Evetts 2003, 2006a) with its focus on values,

power and trust in the professional-client relationship (Evans 2008). Components of this include a strong values orientation, a deep commitment to the professional/service user relationship, emotional labour, a view of power within the service user/professional relationship that is different to other professions and high levels of engagement with the work role.

With reference to the programme of education, respondents' repeated references to it as a source of their strong values orientation adds to the literature in concluding that programmes of education are not just fertile ground for the development of professional values but also drive the internalisation of values (Lindquist *et al* 2006). Also, the manner in which respondents spoke of the impact of the programme on their confidence and self-esteem clearly indicates a change in concept of self (du Toit 1995). In addition, this study supports the conclusions in the literature that the link between education and practice on the ground is central in the development of professional identity (Adams *et al* 2006, Lindquist *et al* 2006, Reid *et al* 2008), which suggests that in-service programmes offer particularly rich ground for the professional socialisation of workers to not just social care work but to a broader range of caring professions.

The successful completion of the programme of education also improved respondents' self-esteem and confidence sufficiently for them to begin to 'take on' the professional role and its associated status, what in the literature is referred to as 'professional autonomy' (Eraut 1994). What is especially interesting is that the evidence suggests that the successful completion of the programme moved the respondents to a place where they, as it were, 'gifted themselves' the scope and decision-making power required for effective execution of their professional role, while the strength of the data

related to the development of confidence points towards a conclusion that confidence is, in fact, a much valued and essential feature of their professional identity. As many respondents had expressed feelings of inferiority while working as unqualified care staff alongside other professionals, this finding highlights the positive impact that professional education can have on perceived or actual power imbalances in the workplace.

In relation to the professionalisation agenda and impending regulation on professional identity, respondents were aware of the imminent change and there is evidence for the conclusion that their professional identity was influenced to the extent that they clearly linked it to improved quality of service for service users and enhanced status for themselves. They also attached additional status to becoming a *regulated* professional. It was also clear from the data that the main (and in many cases) the only discussion respondents were engaging in regarding regulation occurred on the programme of study. This leads to the conclusion that while the onset of regulation is a significant shift in Irish disability services, discussion on it is limited within agencies, at least at the level at which respondents work.

6.3 Operationalising Professional Identity

The outcomes of the study lead to the conclusion that respondents operationalise their professional identity in a number of significant ways, and that they clearly view the strategies they use as an essential means of expressing their professional values and identity. They were also clear that becoming part of a regulated profession added an extra dimension to their responsibilities, and that professional accountability,

adherence to a code of practice/conduct and ongoing professional development were essential features of their professional role. The strategies can be expressed as operational statements of respondents' core professional values and include: adopting an individualised approach to working with each service user; treating each service user with dignity and respect; delivering person-centred service; actively supporting service user autonomy in decision-making; promoting independent living; supporting service users to advocate for themselves, and advocating for them where necessary.

6.3.1 Relationship

The research established that the development of a robust and engaged relationship can lead to significant outcomes for service users, for example, connection with family, reducing isolation, and assisting service users in working through difficult or traumatic experiences – outcomes which at their core are person-centred. We can also conclude from the data that building the relationship can be something quite ordinary in that the respondents see the potential of everyday human action and interaction as an important mechanism for creating opportunity to develop the relationship. This supports Smith's (2003) contention that the development of a professional identity for social care should be focused on the 'life space' of the service user; this takes account of the daily life occurrences and experiences through which the most powerful work with service users can occur. However, the findings also reveal that locating the building of relationship in the simplicity of everyday life activities does not mean it is a simple activity. In actuality, it is a sophisticated process that can require considerable time, skill, insight, knowledge and good judgement, in addition to the ability to work with empathy, care, respect and dignity.

Another positive indicator of a values-oriented professional identity was that my research found no evidence of what the literature describes as ‘othering’ (Davies 2003), where the formation of professional identity is influenced by reference to a ‘them’ (service user) and ‘us’ (professional) positioning, where the devaluing of the ‘other’ gives status to the dominant ‘self.’ The evidence suggests the contrary: service users are held in esteem and highly valued by respondents, and professional identity was constructed from this orientation. A process of othering suggests a denial of relationship or at least significant boundary setting in relation to the depth of relationship permitted; a positioning that is similar to a traditional construct of a profession where the maintenance of distance is advocated as being in the best interest of the client (Gibson and Schroeder 2002, Harris 2002, Sloan 2003). It can be concluded that the particular demands of the social care worker role, linked to the pre-career experiences and the values taught on programmes of learning, can influence the development of professional identity which is not constituted on the basis of the binary thinking evidenced in ‘othering.’

The findings are clear that working in a way that honours the central importance of the service user requires the building of effective relationships, and that meeting service users’ needs – which are particular to individuals, often intimate in nature, and accompanied by difficulty acquiring knowledge and skills – demands that the relationship is deeper than might otherwise be expected in service-provider service-user interactions. The findings clearly illustrate that meaningful relationship is the essential foundation upon which effective service is built, while empowerment is the overarching strategy for addressing the needs of service users. Findings are also clear that respondents held that the development of meaningful relationships with service users required significant levels of trust, and the issue of trust was a repeated theme

throughout the study. This is significant in the context of Evetts (2006b) who asserts that the commitment to trust required by professionalism is the most important matter facing the professions in recent times. It is worth pointing out here that respondents demonstrated an unambiguous commitment to and lucid understanding of the significance of these aspects of their professional roles.

The importance of the quality and depth of relationship between the service user and the professional and the fact that it can lead to very significant outcomes is a finding that also has relevance for other caring professions. While the professional relationship must be managed, this study suggests that the professional distance that typifies traditional professions is not necessarily what yields best outcomes for vulnerable clients.

6.3.2 Power

The findings point to the conclusion that respondents have a different construct of power than that normally associated with the professions. Where other professional groups assume or are granted decision-making power by virtue of professional status (Gibson and Schroeder 2002, Svensson 2006), here the respondents recognise, understand and honour service users' right to make decisions about their lives. Respondents demonstrate this by recognising and accepting the primacy of empowerment in relation to service users and action it through strategies such as promoting autonomy and independence. The use of these strategies points clearly to the conclusion that respondents deliberately choose to deal with the power construct in the professional-service user relationship in a very specific way: rather than 'claiming'

professional power, they consciously locate the decision-making power in the relationship with the service user. This practice points to the opportunity for other caring professions to use this construct of the power relationship in the interests of supporting the autonomy of service users/clients and, as with the issues of values and relationship dealt with above, this approach is congruent with the ethos of new professionalism which calls for a re-balancing of the service-provider service-user relationship.

6.3.3 Emotional Labour

Findings related to the importance of relationship, the fact that respondents work in the life space of the service user, and the fact that respondents were challenged by the emotion aspect of their role, point to the conclusion that emotion management skills are demanded in the social care worker role. While emotional labour as a concept has been applied to caring areas, such as nursing (Lewis 2005, Mann 2005), this study found that respondents were actively working to manage the emotional aspects of their roles and adds social care to the range of areas where the need to engage in emotional labour has been identified.

Of interest here is the fact that, contrary to traditional notions of professionalism in which the suppression of emotion is advocated (Harris 2002, Lewis 2005, Sloan 2003), social care work requires interpersonal connectedness (relationship) and rather than emotional suppression it requires skilled emotion management. Particularly important in this regard is the area of boundary management where, because of the individualised nature of the work and the fact that the social care professional works intensely in life-

space of the service user for prolonged periods, the worker needs a capacity to draw boundaries on an individual basis; that is, on the basis of the particular needs of individual service users.

The research also highlighted a tension in the application of different kinds of emotion management in the work role. For example, when respondents were unsure of the appropriate 'emotion management' response in challenging situations, the traditional professional approach became dominant and they fell back to utilising what they have observed or learned is the 'proper' professional response, that is prescriptive-professional emotion management, an approach that was in contradiction to their more natural orientation to the work as altruism or 'gift.' This created distance with service users and generated personal conflict, what in the literature is called emotional dissonance (Hochschild 1983). This leads to the conclusion that respondents are daily dealing with emotion management demands and therefore their skills and competence in this area either require additional development and/or have yet to become fully embedded. However, findings also reveal that the respondents also took a great deal of personal satisfaction from the emotional aspects of the role and used humour and personal satisfaction as a way of coping.

6.3.4 Employee Engagement

It became evident very early in the study that respondents had an engagement and commitment to the role and to service users that was noteworthy. This was an unexpected finding, as the study did not have a research objective related to this area. However, it is perhaps not so surprising since the development of relationship requires

engagement at an interpersonal level. As we have seen in the literature, engagement in the work sense suggests that the ‘self’ and the role exist in a dynamism where personal energies are driven into the role and the self finds expression within the role.

The findings point to the conclusion that the respondents were highly emotionally engaged, in that they demonstrated a positive and fulfilling state of mind characterised by vigour, dedication and absorption (Schaufeli and Baker 2004). It can also be concluded that the conditions necessary for engagement to occur were present – meaningfulness, safety and availability (Kahn 1990) – although perhaps not in equal measure. Meaningfulness was especially evident in how respondents spoke about the professional role and the sense of reward they received from work; similarly respondents largely spoke of the role in a manner that indicted comfort and safety. ‘Availability’ refers to having the physical, psychological and emotional resources needed to undertake the work. In consideration of the findings on emotion work above it can be concluded that the considerable employee engagement identified could be further strengthened by respondents being facilitated to develop emotion work skills hence improving availability.

6.4 Readiness for Policy Change

With regard to whether respondents are prepared for the policy shift towards more person-centred service provision and the supporting mechanism of individualised funding, three findings – the finding that respondents commitment of person-centredness permeates the data; that person-centredness was held by them to be fundamental to their professional role; and their commitment to strategies aimed at

developing service user independence and autonomy – all lead to the conclusion that respondents are well prepared for these developments. In addition, accepting Sowerby's (2010) contention that relationships and the ability to use such relationships coupled with person-centred planning (personalisation) is a crucial tool in enabling service users to access individualised funding for services, a broad range of evidence has been presented earlier for the conclusion that that respondents' focus on relationships and person-centredness leaves them well equipped for the future change.

6.5 Implications and Recommendations

6.5.1 Concepts and Models

An aspect of this study that has significance for a deeper or more complete conceptualisation of the professionalisation process in the area of care is the participant profile, in particular participants pre-career personal experience of care and their status as in-service students. As adult learners with experience of care who are also in-service students, they could be said to occupy a place further along a continuum of professionalisation than students who enter third level professional training directly from school, as for example in the Weidman *et al* (2001) model. While the trajectory of learning and professional socialisation is primarily linear for the latter group of students, i.e. pre-career followed by formal education resulting in employment in the professional role; for in-service students their knowledge of the profession has already been informed by their pre-career influences and care work experience, and continues to develop as they work and study in parallel. In addition, while the programme of education is generally posited as the core of the socialisation process (Hoyle and John

1995, Weidman *et al* 2001), this is clearly not the case for the more experienced and informed in-service students who are greatly influenced by their informal situated learning environments, i.e. their communities of practice.

While the above points to the need for models of professionalisation that take a more holistic inclusive perspective on formative professional influences – for example, life experience, education, previous employment and current work role – the study also identified competency in emotional labour and genuine employee engagement as particularly important characteristics of effective care work. It is therefore suggested that these two characteristics are of such significance that they should be acknowledged as discrete items within any model of professionalisation in the care area.

In addition, as we have seen, theories and models of profession are varied and include trait, process, power/market approaches and new professionalism. While the different approaches contribute to how professions can be conceptualised, each provides only a partial insight rather than a complete picture.

The three points above suggest scope for the development of an integrative model for the caring professions that incorporates all important elements including the professionalisation process, recognises the interrelationship of these elements, and facilitates the evolution of how we conceptualise the professions over time. A reconceptualised model would also provide an opportunity to capture the important aspects of emerging and new professions while maintaining relevance to the existing and traditional professions upon which the existing literature is based. It could also

embrace the key elements of new professionalism, that is, a central focus on relationship, trust, values and power, an approach that offers benefits to all professions while having particular relevance to those that assist vulnerable people to live autonomous lives and which are grounded in human rights, empowerment and advocacy – principles that require a reshaping of the service user/professional relationship and a reconsideration of the power balance.

6.5.2 Improving Care Practice

A range of contextual and social factors influences the development of professional identity. In the first instance, it appears that people who choose to work in care do so because of a predisposition to work in the area, because they have an altruistic orientation to work where they can make a difference. This suggests that when care organisations are recruiting new employees, previous experience of care (and/or disability) might denote workers with a higher motivation to work in and/or remain in the area. Whether referring to new recruits or existing workers, previous experience of care is a positive indicator for the development of early understanding of professional behaviour. After employment, these early experiences can be capitalised on and positively influenced by enhancing situated learning opportunities, for example, through role modelling, by the judicious use of positive coaching and mentoring and by developing and utilising communities of practice. Further, the analysis of pre-career experiences and work interactions as active learning opportunities shows that these early experiences offer great scope within the educational context for the training of social care workers and potentially other care professionals. Such experiences offer very rich ground to educators in developing creative and innovative methodologies for

studying, deconstructing, clarifying and understanding professional identity and its impact on the professional role.

It is clear from the research that the development and maintenance of the relationship between the professional care worker and the service user is key in the delivery of person-centred services. As long as organisations continue to rely on frontline care staff to deliver services, the development of the worker/service user relationship should be the primary consideration and dominant criterion in decision-making in terms of service design, funding, structuring and evaluation. In terms of human service delivery the development and maintenance of the relationship could be assisted by organisations deliberately ‘teaching’ people about relationships and their management that is, being purposeful in what they wish to achieve. Part of this is recognising that deep relationship with service users raises expectations on the part of service users and such expectations need to be managed in the interests of all concerned. It is therefore recommend that organisations committed to person-centred approaches actively engage with the matter of relationship and implement the policies and procedures necessary for the building of robust relationships.

The study concluded that the desire to enhance status and self-esteem is important to staff (previously unqualified). Managers and organisations could build competency and capacity by encouraging and supporting other unqualified staff into professional education; participating in and achieving the professional qualification has positive outcomes for service users. Improved confidence was also identified as an important outcome for staff completing the programme. Respondents could clearly identify where improved confidence impacted on their performance of the work role: in

meetings, in work with families, in planning, in decision-making and in building the all-important relationship with service users. Given then that robust personal confidence is a prerequisite for good role performance, it is recommended that organisations work to support and build workers confidence and self-esteem.

My research establishes that respondents are developing a positive professional identity in a manner that suggests positive outcomes for service users. From the organisational perspective, this indicates that the support provided to staff (fees and/or paid attendance/study time) is justified and beneficial. The professionalisation route offers organisations that wish to improve practice at the frontline one route to achieving this objective. Therefore I suggest that organisations would be well served to continue to offer such supports to unqualified staff and recommend that organisations support unqualified staff wishing to study the professional programme of education. The professionalisation of staff through the achievement of the social care qualification is a starting-point. Key learning from this study suggests that at the point of qualification, respondents are at a stage of readiness for engaging with the change agenda in the delivery of services that is perhaps unique. Organisations could significantly benefit by proactively capitalising on this readiness, harnessing the significant learning and engagement demonstrated by respondents and using this to progress their delivery improvement initiatives and new models of service by continuing to invest in and actively plan for ongoing learning opportunities and continuous professional development (CPD) opportunities for staff. A commitment to the provision of learning and CPD opportunities is therefore also recommended.

My research suggests a number of implications for the delivery of professional programmes of education and/or in-service training for care staff in disability services and potentially for all care professions. First, the purposeful design of the programme of education/training has important implications for the development of values as they apply to care roles. Programmes that are based on strong values and principles offer an unparalleled opportunity to educate staff for the delivery of highly person-centred services. A second implication is that the design of programmes should focus on pedagogic approaches that support the development of confidence and promote an interest in and commitment to lifelong learning. It is recommended therefore that educators work purposefully to address the ‘teaching’ of values on programmes for care staff and work proactively to drive the internalisation of values by students, in addition to working purposively to support the development of confidence and foster a commitment to learning and continuous professional development.

6.5.3 Future Social Care in Ireland

The implications and recommendations outlined in section 6.5.2 above also apply to social care as the findings of this study established. However, a number of findings also indicate additional implications for social care and the future of social care work in Ireland.

The social care worker works in the day-to-day life space of the service user and therefore develops a different and more personal relationship than many other professionals. One implication of this is that the management of professional boundaries in social care work requires an approach that recognises and addresses

service user needs on an individual basis and which facilitates appropriate emotional engagement. Emotional labour theory offers one framework for addressing this. At a minimum it seems essential that social care workers should be informed of the theoretical basis of emotion work, how it operates in practice in care roles, and be trained to develop and apply practical strategies for its management. Further, organisations would be well-served to recognise this particularly distinct aspect of the social care professional role and to take account of it in the development and implementation of organisational policies and procedures, especially those pertaining to direct work with service users, risk management and those relating to professional boundary management. A recommendation arising therefore is that social care workers should be formally educated and trained in a range of models for working with emotion, including emotion work, as part of the social care degree or as continuous professional development. And while the focus here is clearly on social care work, an understanding of emotional labour could also benefit other professionals that work in the life space of the service users/client or in intimate life areas.

The research established that respondents had very high levels of commitment and engagement, attributes that are very highly valued commodities in all organisations in current times. However, the demands of the social care frontline role are considerable. In addition to the challenges posed by the nature of the role itself (emotion work is a good example), the current fiscal climate (often resulting in staff shortages), impending statutory inspection and the proposed change in models of delivery make this a very demanding time to work in these services. A question arises then as to how organisations and social care workers themselves sustain high levels of motivation, commitment and engagement into the future. To fail to do so runs the risk of

employees over time facing the opposite of positive commitment and engagement – which is burnout. While additional research would assist this area (see below) in the meantime a recommendation is for organisations to explore this area and establish and implement measures to assist the maintenance of enthusiastic employee engagement.

With the onset of registration it is logical to expect that the full implementation of registration will continue to motivate unqualified workers to undertake formal programmes of education, and in-service programmes serve this need well. The findings and implications of this study also have broader application to the other professions covered under the *Health and Social Professionals Act, 2005* in that many of them also offer in-service programmes. Further, the onset of registration will drive a future demand for continuous professional development in all professions covered by the Act. This need, in large extent, will be met by educational institutions that will continue to work with in-service students in professional up-skilling and development of their professional identity for many years to come.

6.5.4 Policy

In the course of this research, it became clear that no formal links exist between national policy (disability or social care) and professional education. What links do exist are largely *ad hoc* and have been forged by interested individuals rather than by focused cohesive government policy. A clear example of the negative outcome of this lack of cohesion is the current disjoint between professionalisation policy, the *Health and Social Care Professionals Act, 2005* and recent policy on the delivery of services, *The Disability Policy Review* (2010). This research suggests and recommends that

formal links would be in the best interests of all stakeholders and would improve the quality of outcomes for both students engaging in professional programmes and for the users of the services ultimately provided by those professionals.

In relation to the disability sector, as was outlined in the Chapter 1, after a promising start between 2004 and 2010 the professionalisation agenda is currently coming under pressure from two interconnected sources. First, the fiscal climate is forcing organisations to curtail their investment in training initiatives, including assisting unqualified care staff to achieve professional status. Second, the *Disability Policy Review* (2010) suggests that professionalising staff is not delivering individualised outcomes for service users. Further, the Review fails to acknowledge that poor management, malfunctioning organisational structures and/or lack of appropriate and robust policies or procedures can all contribute to a failure to deliver person-centred services. This research establishes that professionalisation can assist by purposively educating staff in person-centred values and approaches. It is recommended therefore that future policy in the area of disability be formulated through thorough, consultative, balanced and empirically based approaches.

As we have seen, policy in the area of social care is relatively new. Indeed, the full requirements of the *Health and Social Care Professionals Act, 2005* are not fully implemented as yet, in that the registration board for social care has not been established. My research found that there is limited awareness and knowledge of regulation among respondents. It appears that until the registration boards are fully operating and the Health and Social Care Professionals Council has implemented the full requirements of the legislation, the full impact of this significant policy and

legislative initiative will be unknown. In the meantime, there is scope for supporting the policy by promoting awareness and understanding with social care workers, students and the general public, leading to the recommendation that the Health and Social Care Professionals Council that organisations and educators become more proactive in disseminating information about regulation and registration requirements to all relevant stakeholders.

In relation to organisations, four policy implications and related recommendations arise and again while these are particularly focussed on social care work other caring professions can benefit from the inherent learning. First, as professional identity and positive outcomes for service users can be assisted by social care workers developing a strong professional identity, it is recommended that organisations be proactive in facilitating opportunities for continuous professional development and lifelong learning. Second, as the relationship between the service user and the social care worker has been established as core to the delivery of person-centred services and the implementation of the new individualised approaches, organisations might be well served by adopting a recruitment policy that prioritises a capacity in potential employees (for care roles) to build relationship and work with empathy. Third, the research establishes that social care workers can be highly engaged employees; partly they bring this commitment with them from pre-career experiences and it can be further developed through education. Again, organisational policies that actively support employee engagement and plan to offset its opposite, burnout would appear to offer significant rewards. Finally, the research concluded that regulation is not an active topic of discussion within organisations at social care worker level. Given that this policy is now a legislative aspect of social care it would seem prudent that

organisations actively work with staff to ensure that full knowledge of the implications of regulation are known and addressed.

6.6 Scope for Future Research

The findings in this study suggest areas for further research in two categories. First, further work is identified with regard to the broad conceptual areas that informed this work; namely professional identity, new professionalism, emotional labour and employee engagement. Second, specific areas for further research relating to social care, care more generally and/or disability are suggested.

6.6.1 Further Research – Concepts and Models

Related to the items discussed in section 6.5.1 above a number of areas for further research at a theoretical/conceptual level are suggested. First, the development of an integrated holistic model that takes account of all the relevant concepts of profession would facilitate future research into the professions and potentially address many of the definitional issues that arise within regard to current work on the professions and related concepts including professional identity. It is further suggested that the principles of new professionalism could be central to this new model and would refocus the work of the professions on the users of professional services. Such a study would be significant, potentially very complex and would need to be applied to a wide range of professional areas in order to generate and hold validity and credibility.

This research identified a conceptualisation of professional identity for social care work congruent with the main components of new professionalism: matters related to values, trust, power and relationship. There is scope to further explore these components as singular units or as a paradigm that encapsulates the person-centred approach. Such research could be undertaken not solely with social care workers from varying programmes of education but also with related professions operating in disability or care, such as nursing, social work, occupational therapy, speech and language therapy and physiotherapy.

Aligned to work on the development of a new model is scope for research on the professional socialisation process as it applies to non-standard students (e.g. in-service students). Current models are predicated on a traditional educational trajectory and make little provision for accommodating those who come to professional education later in life and therefore with a great deal more experience to draw on. A consequence of this is that the role of situated learning is not sufficiently acknowledged or explored as the significant influence that it actually is, an influencing environment that is potentially as important if not more so than the formal programme of education.

This research explored professional identity for in-service workers at the point of completing the professional programme. However, as we have seen, professional identity continues to develop and re-form over the professional lifespan and is linked to professionals' commitment to participation in continuous professional development. Research that explores identity at differing time frames, and tracks the development from the point of graduation on, could contribute a great deal to understanding how professional identity is constructed and changes over time and the practical and

theoretical implications of this. This could also be linked to research on situated learning influences and communities of practice

The two areas that yielded unanticipated findings are also rich terrains for future research: the emotion work aspects of the social care role and the extent and passion of respondents' engagement with the professional role. I would suggest that these two areas offer potential for future research, especially from a phenomenological perspective. Research in the area of emotion work, in particular, begs further study and in the short rather than the long-term. I make this suggestion as it was clear to me that respondents found this area challenging and sought daily to navigate the demands of the 'professional role' with the human interaction inherent in the 'relationship' with service users. It is now incumbent on educators to prepare workers more for this aspect of the role and on organisations to support them proactively in the day-to-day occasions when it arises.

In relation to employee engagement, it seems sensible to research the extent of this engagement and the factors, which support or detract from its development. Organisations could benefit from research on the aspects of personal biography that pre-dispose people to this area of work. This could include research on pre-career disability experience as a predisposing factor for work in the area and could inform recruitment policy and practice. In the challenges of current times the exploration, harnessing, nurturing and maintenance of robust employee engagement and passion would seem not just prudent but essential.

6.6.2 Social Care Work

Prior to its designation as a profession in 2005, social care work existed in Ireland and research was undertaken (see, for example, Gallagher and O'Toole (1999) on the sociological understanding of social care work; Williams and Lalor (2001) on obstacles to the professionalisation of social care; O'Doherty (2006) on social care as a mechanism for building social capital; Graham and Megarry (2005) on social care and reflective practice). Since 2005, little research has been undertaken on the broad area of social care, although an amount has been completed on specific client groups or on subject areas within social care. No research in Ireland, to date, has been undertaken that relates to respondents' conceptualisation of and engagement with their professional identity. As a new profession then, the scope for further research in the area is extensive. Arising from my research, I suggest that following areas are worthy of further exploration.

First, following on from implications for practice (above), I suggest that to inform policy, opinion and practice it is incumbent on government departments and organisations to establish empirically whether or not the professionalisation of social care staff can and does facilitate and assist the personalisation agenda. Given the somewhat negative reference to professionalised services in the recent *Review of Disability Policy* (2010) there is danger that 'professional' will become a misunderstood and misused concept – an all-encompassing term that represents a systems failure to deliver person-centred services. With regard to the outcomes of this research, the significant investment that organisations have made in professionalising staff, the considerable amount of time staff have invested in completing a qualification

(while working and raising families), to fail to establish a empirically informed opinion at minimum runs the risk of throwing the proverbial baby out with the bathwater and at worst will do a dis-service to people with disability and their families over the long term. Related to this is a need to research the impact of the onset of the regulation process once it commences. This impact could be researched at a number of levels: the impact of regulation on social care workers and their engagement with it; impact at the level of the service user in terms of service quality; impact at the level of the organisation and at government policy level.

The study established that respondents had a very significant person centred approach to their work at the point of graduation and that this is built on developing a significant relationship with service users. A longitudinal study on the maintenance of person-centred values and the building of relationship in disability services and other social care areas, particularly against the current economic climate, would be enormously beneficial in ensuring that services continue to progress the personalisation agenda.

The participants in this study were in-service students; scope exists for a comparative study with newly qualified social care workers who entered the professionalisation programme through the traditional route from school. Such students will have studied a different syllabus. A comparative approach, particularly examining values and the development of an understanding of the relationship in social care work, could significantly inform programmes of study. Further, this research worked with professional identity in social care workers in disability services. Comparative studies with social care workers from other care settings, such as residential childcare, the elderly or the homeless, could explore similarities and differences when working with

alternative groups and therefore assist educational institutions in addressing specific educational needs.

In this research, the respondents' own views of professional identity were ascertained. As this is a new profession in services, the views of other stakeholders in the disability sector could give insight into how this new role is perceived and whether or not is valued. In the study, respondents' opinions on how other professionals viewed the role were mixed; this is worthy of further examination. Also, as the role is new and organisations have invested heavily in supporting staff to gain the qualification, an impact study on whether or not the investment is delivering desired outcomes on the ground is merited. Further, research from the perspective of service users and families in relation to many of areas covered by this research has scope and merit. For example, research on their views of the social care professional role and what it contributes; matters associated with empowerment, autonomy and advocacy; and relationship and emotional connection.

In the current economically constrained times, it is unlikely that organisations will be able to sustain the level of investment that they have given to professionalising care staff over the last six years. It would be useful to know, therefore, if foundation values, skills and competencies for person-centredness could be achieved through the delivery of programmes in a progression model. Rather than lose the impetus for professionalisation completely or find that organisations simply will not fund the high costs involved, an alternative progression option might achieve the required standard in a more graduated way, for example, by building progression routes using qualifications at Levels 5 and 6. Professional status will still require Level 7 but

building a laddered qualification would ease the financial burden on individuals and organisations, ensure standards in service delivery continue to develop and ultimately unsure that unqualified staff achieve professional status over the long term.

6.7 Personal Reflections and Concluding Comment

The need for detailed planning and scheduling including periods for coping with contingencies was a recurring issue. Time management was often problematic as unanticipated issues arose, and the unfolding nature of the study led to many tasks taking longer than planned. While these challenges contributed greatly to personal learning, many were sources of anxiety at the time.

Rigorous research design needed to be allied with pragmatic decision making to develop a study that was, to use O’Leary’s (2004) term ‘doable,’ where final decisions on design and scope must be made and first steps taken, and I found that these decision points demanded more insight, skill and courage than I had anticipated.

The extent of the literature required practice (and therefore time) to develop sufficient knowledge, understanding and focus for selecting the most relevant; and a clear focus on the research question and task was assisted by being open to discovering new areas of relevance (in this case emotional labour and employee engagement). In addition, the frequency of iteration required was unanticipated and revisits to the literature were needed at all stages (including when formulating the conclusions) – an important example being the return to the literature triggered by the interview data.

Some demands within the interviews were unexpected and at the margins of my comfort zone; unfamiliarity with research interviewing coupled with personal investment in the study generated a nervousness that was discomfiting. Examples of interview challenges included: interviewee nervousness, a personal tendency to fill silences, eliciting additional information from respondents who gave brief answers, exercising appropriate direction with verbose respondents and respondents who went off on tangents, and a 'thinking on my feet' capability regarding whether or not to follow interesting avenues raised by respondents.

On completing the preliminary coding of twelve transcripts, the volume of data appeared overwhelmingly diffuse and examination of transcripts for themes and patterns appeared fruitless. The description of qualitative work as unpredictable and emergent in the research literature offered little consolation in a situation characterised by complexity and uncertainty. I concluded that 'ploughing on' with a (somewhat precarious) faith in the emergent nature of the process was the only worthwhile approach, and that the necessary themes and patterns would emerge, as they ultimately did.

To summarise, personal learning from the research process included: a need for extensive planning with significant allowances for contingencies; a research design that allowed for pragmatic decision making; an insight into one's personal skills as well as any additional skills required for a successful process; a willingness to engage with a highly iterative process that demands an ongoing openness to new discoveries, and a capacity to cope with ambiguity and uncertainty until you approach the finishing line.

In conclusion, although more challenging than anticipated, the process resulted in very significant learning and the sharpening of existing skills together with the development of many new skills and approaches – an enormously worthwhile personal experience. Most importantly, the research outcomes contribute new knowledge and understandings to social care in Ireland.

APPENDIX I:
RESEARCH PROTOCOL

RESEARCH PROTOCOL

Date: 23rd March 2010

Research Project:

Becoming Professional: an exploration of how in-service social care students conceptualise, and operationalise a professional identity against the backdrop of significant policy change.

**Researcher: Karen Finnerty,
Director, Open Training College**

Dear Student

Karen Finnerty (KF), Director of the Open Training College is currently in the process of undertaking research as part of a Doctorate in Social Sciences with the University of Leicester. Today you will have been briefed on this research and been invited to participate. This document (a research protocol) outlines all the details of the research in writing. I am requesting that you read this document and consider whether or not you would be prepared to participate. The sections below should answer any questions you have. If there are any areas you feel you have insufficient information on please contact X who delivered the briefing session today. You will be contacted by X by email next week and again invited to participate. If you choose to participate you will be asked to send an email to X indicating your understanding of the research study and your willingness to partake in it. If you agree to participate, agreement will also be sought from your employing agency.

Thank you for your time and consideration.

Yours Sincerely

**Karen Finnerty
Director
Open Training College**

Working Title of the research:

Becoming Professional: an exploration of how in-service social care students conceptualise and operationalise a professional identity against the backdrop of significant policy change.

Research Question/ Objectives:

The principal aims of this study are to (1) explore how in-service social care students understand what it means to be a social care professional, does this understanding impact on their day to day work and if so how, what has motivated them to undertake this programme of study and what they understand of the now legal requirement for social care workers to be qualified and registered, and (2) in undertaking this to 'give voice' to workers affected by the new qualification and registration requirement assisting them to contribute to an a new and emerging understanding of what it means to be a social care 'professional' in Irish disability services.

Approach and Method:

This study will be qualitative in design. The researcher will ask questions to help her understand how social care workers see themselves as a professional and what they understand this to mean. She is also interested in the participants' view on the role of the social care worker as a professional in Irish disability services and their experience of how undertaking a qualification has contributed (or not) to an understanding of what it means to be a professional. The data collection tool that will be used in this study is single in-depth interviews.

Why this group?

This group has been selected for this research, as it is a unique group nationally:

- This group is one of the few groups undertaking a Level 7 degree in Social Studies as work-based (in-service) learners and the only one specifically drawn from the disability sector;
- This group is in their final year of study. On successful completion of their programme, under the *Health and Social Care Professionals Act, 2005* become eligible to register as social care workers when the Registration Board for Social Care has been established.

How are participants being selected?

The participants for this study are being recruited at 'arms length.' This will require the use of a third party (X) to undertake the initial briefing and participant selection on behalf of the researcher. The reason this approach is being taken is to ensure that no student feels pressurised or obliged to partake in the study by being briefed or asked directly by the College Director. Students will **not** be asked in the briefing sessions to indicate their willingness to participate or not.

Following the verbal briefing, an open invitation will be circulated electronically to all students in all groups in BDD6 by X, again detailing the study and inviting people to participate. If you are willing to participate you can respond to this email with your acceptance of the invitation.

A sample of 22 students will be identified from the participants who choose to take up the invitation. A number of people will also be selected as contingency participants should they be required. The sample will include 2 males and 3 people defined as non-Irish national.

Please note that if you work for an agency other than St. Michael's House, KF will need to agree your participation in the study with your manager/agency. On receiving your email indicating your agreement to participate KF will contact your manager to request the appropriate agency agreement. Only when all agreements have been received will KF contact you to set up the interview.

Why am I being asked to partake in this study?

You are being asked to partake in this study because you are a part of the unique group of students described under '*Why this group?*' above.

What will I have to do if I volunteer to participate?

If you agree to partake in the study and agreement has been received from your employing agency, KF will arrange to meet with you to interview you for approximately 60 minutes at a time and location agreeable to you. The interviews will take place between May and June 2010. KF will ask you questions about the role of social care worker in services for people with disabilities in Ireland at the current point in time (for example: what you understand by the concept of professional, what being a social care professional means in your opinion, if undertaking a social care professionalisation programme has impacted on your work and if so how?) Please note these questions are examples and different or additional questions may be asked during the actual interview.

You will be asked to respond honestly and openly to the questions. If there is a question you are not comfortable answering, you can choose not to answer it. Your answers will be recorded on a Dictaphone. After the interview the transcript will be typed up and returned to you for checking that it is accurate. You can add or subtract any comments at that time. When the transcript is finalised it will be entered into a computer programme for analysis. When all the transcripts have been analysed the research will be written up as a dissertation. It may become necessary for KF to contact you after the interview for some follow-up, either by phone or face-to-face. Again this will be undertaken at a time and location agreeable to you and any significant modifications to the transcript returned to you for checking.

Who is undertaking the research and why?

Karen Finnerty is the main researcher and will conduct the actual interviews once volunteer participants have been identified through the 'open invitation' process. The research is being undertaken to contribute to the emerging literature on the professionalisation of the social care worker role in Ireland (especially as this relates to services for people with disability) in the context of registration **and** for partial fulfillment of the requirements for completion of the award Doctorate in Social Sciences.

Do I have to participate?

No student is obliged to participate. It is important to note that no advantage **or** disadvantage will accrue from participating or not. Any student who volunteers and

subsequently wishes to withdraw (including after the interview) can do so at any stage without consequence to him/her or to his/her studies in the College.

Will participating or not impact on my studies?

KF plays no role in assessing student work. She will not sit on the examination board nor will she be involved in any way at any stage in the assessment of work of any student in the cohort being approached for volunteer participants (i.e. BDD 6). Any serious matter in relation to a student in this cohort (where a potential conflict of interest arises) will be delegated to the Assistant College Director for management and resolution. Participation **and** non-participation in this study will be confidential to X and Karen Finnerty, so no other College staff including tutors/year coordinators or the BDD Course Director will be aware of who participates or not unless you disclose that information to them.

What do I do if I participate and then become concerned about the process, the interview, my answers or any other aspect of the research?

As mentioned earlier, any student who agrees to participate can withdraw from the study at any stage, including after the interview. A support person who is independent of the research and the research process has been appointed. If you become concerned about any aspect of your participation during or after the interview you can contact this person to discuss your concerns. The support person is:
[Contact details of support person provided]¹²

If you choose to withdraw consent for participation after discussion with X, this can be communicated to KF by you or by X and no negative impact will be experienced by you.

Furthermore, or if preferred, any participant with a concern can contact the supervisor for KF appointed by CLMS, University of Leicester. This is:

Professor Al Rainnie
Graduate School of Business
Curtin University
Perth
Western Australia
a.rainnie@curtin.edu.au

Will my identity or what I say be disclosed at any stage?

All names, locations and distinguishing features of the participants who partake in the study will be changed. A single hard copy of the transcript will be retained for the purpose of being able to return to the participant for clarification purposes, should this become necessary. This hard copy will be securely stored in a locked location, accessed only by KF. For data stored and/or processed electronically all identifying details will be changed and access to the data password protected.

Please note that *full* anonymity of the College or the programme cannot be guaranteed because of the specialist nature of the College and programme but no individual will be named and nothing will be written at any stage that could lead to the identification

¹² X is a project manager in X where she also acts as a staff-support person in relation to Dignity at Work policy and procedures. She is a qualified mediator and facilitator.

of an individual or their employing agency.

What will happen to the information I provide?

The data collected will be subject to analysis and will be written up as a thesis for presentation to the University of Leicester in partial fulfilment for the award of Doctorate in Social Sciences. This thesis will become part of the dissertation library at the University of Leicester and as such will be accessible to students of the University of Leicester. Further, as the sponsoring body St. Michael's House/ Open Training College may wish to publish full or partial findings of the study in written form, as a journal publication or a conference or seminar presentation.

The actual data collected (the interview transcripts) will be subject to Data protection legislation (UK and Irish), which requires that it must be kept secure, only used for the purpose for which it was collected and destroyed after five years.

Who is supervising this research?

This research is being supervised by Professor Al Rainnie, former Director of Research at the Centre for Labour Market Studies (CLMS), University of Leicester, UK and now of the Graduate School of Business, Curtin University, Perth, Australia. This research was subject to review and agreement by both the Ethics Committee at CLMS, University of Leicester and the Research Ethics Committee of St. Michael's House.

Agreement to approach participants will also be agreed with participants employing agencies.

What happens next?

Next week will receive an email from X reminding you of this briefing session and inviting you to participate in the study. If you are happy to partake, you will be asked to submit contact details for yourself and your manager.

When X has received this email from you he will forward it KF. She will then get in touch with you. KF will need to contact your employing agency/manager to agree your participation in the study from the agency perspective. Alternatively you can seek this permission from your manager yourself. When permission has been secured KF will contact you to arrange a time and date to meet with you to conduct the interview. If your agency declines agreement, KF will discuss this with you and the interview will not take place.

Further information:

If you require any further information or clarification on any matter related to this research please contact X [contact details provided]

Thank you for your time in reading this protocol and for considering participation in the study.

Karen Finnerty
23rd March 2010

AGREEMENT TO PARTAKE IN THIS RESEARCH:

(Please note: You will be asked to sign the agreement below prior to the commencement of the interview.)

I _____ have read the research protocol above. I understand what is being asked of me and am happy to agree to partake in the research by being interviewed by Karen Finnerty, Director, Open Training College on the terms and conditions outlined in this protocol. I understand that I can withdraw from the study at any time for any reason without consequence or offering a reason.

Signed: _____ Date _____

APPENDIX II:

INTERVIEW SCHEDULE

Interview Schedule

Introduction/Setting the Scene

Arrival. Introduction. Express appreciation and thanks for time. Explain process for interview and that respondent can choose not to answer any question/can ask for a break etc. Restate ethical procedures. Check that the person is still comfortable with the interview going ahead. Check initial details for record purposes: name, work role, length working in services etc. Explain recording and transcription process and situation in relation to disclosure of information in relation to service users. Explain confidentiality procedures.

Stage 1. Warm-Up/Content-Mapping Questions:

Q. I am very interested in how you have come to work in the social care area in services for people with disability. Would you tell me a little about that?

Stage 2. Focus/Dimension-Widening Questions:

Impact

Q. What do you think has been the impact of your studies on your work with service users?

Q. Do you think that registration of social care workers will contribute to the quality of service being received by service users – Why? Why not?

Understanding

Q. What do you understand by the term ‘professional’?

Q. What values do you believe lie at the heart of the professional-service user relationship?

Q. What other key characteristics do you think a professional would have?

Influences

Q. What do you think has influenced you most in relation to thinking about yourself as a professional?

Q. What has your programme of study contributed to your understanding of being a professional?

Stage 3: Closure

(About 5-10 minutes before the end of the interview signal process is coming toward the end.)

Finally, can I ask you:

Q. What does being a social care professional mean to you?

Q. Are there any final comments about ‘being a social care professional’ or any of my questions that you would like to say before we conclude?

Probing: (Can be used in relation to any of the questions above)

Amplificatory probes: Used for elaboration: Can you tell me more about x? Can you give me an example of x? / What did you mean exactly when you said x?

Exploratory probes: To explore views and feelings: What do you feel in relation x? You said x earlier – what are your views and feelings on that?

Explanatory probes: Seeking explanation/asking why: What makes you say x? What is it about that situation that makes you say x?

Clarification probes: Seeking precision and clarity. Can we return to something you said earlier – what did you mean by x?/ why is that significant to you?

Close and thank you.

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