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Housing support workers as equilibrists between instrumentality and situation
A qualitative study in congregated housings for people with SMI

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Abstract

Community-based psychiatry as an arena for studying work efforts is relatively unexplored. The professional role of a housing support worker (HSW) in congregated supported housings for people with severe mental illness (SMI) is fairly new. The role has emerged due to major changes in Swedish mental care and services. Our aim was to describe the work experiences of HSWs and to understand the conditions provided when work assignments are being constructed. By doing this we provide an important piece of the puzzle in understanding the processes in contemporary congregated supported housings for people with SMI. Four focus group interviews were conducted and included 25 participants. Four different facilities of congregated supported housings for people with SMI were represented in the material. The interpretation of the material was inspired by a constructionist approach. The work of an HSW is experienced as complex and ambiguous. Together with different significant actors (including objects), the HSWs are negotiating the content of the responsibilities. Thus, different actors help co-construct the work content. Furthermore, the HSWs are caught between two different logics, one that is related to a complex practice and one that is related to instrumental and routine-based ideas. The complex emotional work of an HSW is often not supported by the principles of the organization. The findings can be helpful when organizing the work in congregated supported housings for people with SMI. This paper highlights the importance of bridging the gap between organizational demands and expectations and the individual preconditions and basic needs.

Keywords: *Congregated supported housing for people with SMI; organization of work; professional roles and responsibilities; qualitative research*

Community-based psychiatric care and support systems directed towards people with severe mental illness (SMI) as an arena for studying work and employees are relatively unexplored (see for instance Brunt & Tibblin, 2011). Most studies approach these workplaces and the employees with a specific focus on the users (see for instance Fakhoury, Murray, Shepherd, & Priebe, 2002; Saavedra, Cubero, & Crawford, 2012; The National Board of Health and Welfare, 2009). In this study, we were interested in how the interaction between work and employees in congregated supported housings for people with SMI could be understood. Questions about whether the employees act in a correct or incorrect

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manner regarding the users, or the outcome of these efforts, were not the focus of this study. Even if this perspective may be seen as limiting considering the purpose and justification of this kind of organization in relation to the users, we claim that such a perspective will automatically generate material for reflection that in the long run will benefit the user. The users at these particular housings are people suffering from SMI, and who have disabilities because of this with regard to social interaction and cognitive functions (Bengtsson-Tops, 2001; Ruggeri, Leese, Thornicroft, Bisoffi, & Tansella, 2000).[1] According to the Swedish Disability Act (SFS 1993:387 LSS),[2] the users by themselves need to apply in writing for a placement in congregated housing. However, most of the users when writing their applications have been assisted by family members, care or social workers. If the users had not applied for living in congregated housing they would have been homeless. A social welfare secretary working within the local municipality social services made the final decision about the users' need of housing support.

The focal point of this study was to understand the employees' work in congregated housings, that is, "housing support worker" (HSW[3]), for people with SMI. In Sweden, major changes have been made in mental health care and services in the last two or three decades, involving a shift of responsibility from county councils to municipalities and private organizations (Markström, 2003). Nowadays, people with SMI live out in the community, using various forms of housing support aiming to increase participation in society (Brunt & Tibblin, 2011). The users are considered a heterogeneous group with various needs regarding support and service, and the Swedish National Board of Health and Wellfare (2014) defines housing support as "aid in the form of support in the everyday lifestyle targeted at specific groups in independent living. The housing support is adapted to the individual needs and opportunities to develop a normal everyday life." Everyday life and daily routines are two important concepts for people with SMI, and their well-being and experience of meaningfulness (Saavedra et al., 2012; Topor, Borg, di Girolamo, & Davidson, 2011). The construction of the experience of living at home is one of the most important purposes of the housings. This experience could also be strengthened by the support of the HSW. This means that these housings are combined to be both homes and workplaces.

With regard to the housing support offered in congregated housing accommodations, The Swedish National Board of Health and Welfare (2010) states three main obligations that the HSWs need to consider in reference to the user: (1) support in everyday life involving the content of their assignment; (2) the inside and outside of the home, that is, the arena; (3) relationship aspects, that is, the interaction between the user and the HSW.

If the points listed above are intended to summarize the work, this gives rise to problematic issues with regard to what should *not* be included in the work. The Board is clear that it is difficult to define what an HSW has to do or does, and chooses to state that the work is complex and varied.

It may be suggested that the tasks of HSWs, as defined by the Swedish National Board of Health and Welfare,

are more closely linked to issues of responsibilities. Kira and Forslin (2008) identify a shift from well-defined tasks to responsibilities when trying to describe complex work in contemporary organizations. We use the term "complex" deliberately to differentiate it from what is complicated. A complicated system is static and linear, could be designed, dismantled, put together and explained. However, something which is complex is dynamic and non-linear (Uhlin, 2001). Work is dynamic, non-linear, difficult to define and anticipate when it involves social interaction between employee and client/patient/user. This kind of work involves not only the investment of the employees' physical and cognitive resources, but perhaps most foremost his/her emotional resources (Ericsson, 2010; Kira, 2003; Kira & Forslin, 2008). The emotional aspect of the work for an HSW is probably of great importance with regard to the complexity of their work. When the content of face-to-face interaction cannot be predicted or controlled, the complexity of such situations increases (Damasio, 2000; Weick, 1995). One main point with regard to the users' well–being and recovery process in the HSW–user interaction, is "being treated as a real person and not as an abstraction" (Saavedra et al., 2012, p. 424). Saavedra et al. emphasize the importance of natural social interaction, that is, interaction which is more in-depth and rich than abstract and handled with clinical professionalism. This increases the emotional strain, insecurity and the unpredictability, and accordingly the complexity. HSW appears to be a good example of complex emotional work (Bolton, 2000; James, 1992; Pugliesi, 1999; Saavedra et al., 2012).

Emotional labor is about action and reaction, doing and being, and can be demanding and skilled work. The labourer is expected to respond to another person in a way which is personal to both of them but like other aspects of care it develops from the social relations of carer and cared-for and is shaped by the labourer process. (James, 1992, p. 500)

Emotional labor is first and foremost related to the everyday work situations and how the employee responds to these situations. "... the outcomes of emotional labour are likely to depend on how skillfully each situation is managed" (James, 1992, p. 500). However, it is important to emphasize that how this is being managed is not strictly an individual issue but is closely associated with the prerequisites given by the organization (Augustinsson, Ericsson, & Pettersson, 2012; Kira & Forslin, 2008).

In parallel to the assumptions that HSW is a complex work, and not easy to simplify and predict, there is also a rationalization and instrumental trend within healthcare and social support organizations (Hasselbladh, Bejerot, & Gustafsson, 2008). This development has given rise to general methods, maps, action plans and formal routines (Bejerot & Hasselbladh, 2008; Seddon, 2008; Stacey, 2001), with the intention of facilitating a stable outcome of various elements and activities. In terms of everyday working life, these ideas are evident in an increase of documentation and routines (Bejerot & Hasselbladh, 2011; Seddon, 2008; Stacey, 2001).

For example, in the last few decades and in line with the rationalities of evidence-based psychiatric practices, the community-based psychiatric service

organizations have focused on an increased control with regard to quality control, mapping, evaluations, and comparisons between organizations. This has resulted in a plethora of various guidelines on how to best perform sociopsychiatric interventions with regard to people with SMI (Canadian Psychiatric Association, 2005; NICE Clinical Guidance, 2013; National Board of Health and Welfare, 2011).

We argue that community-based housing services directed to people with SMI are faced with an organizational paradox: the tension between a really high level of complex practices and a general increase in instrumental and routine-based ideas. According to many authors, this relationship is not a match made in heaven (Jaffee, 2008; Seddon, 2008; Stacey, 2001).

Therefore, the purpose of this study was to describe the HSWs' experiences of the work in congregated supported housings for people with SMI, and additionally to understand the conditions provided when work is constructed by the HSW.

METHOD

Participants and procedure

Twenty-five employees working at four different facilities of congregated housing for people with SMI participated in four focus group interviews (FG1 $n = 6$, FG2 $n = 8$, FG3 $n = 6$, FG4 $n = 5$). The study was performed from late autumn 2011 to summer 2012. Twenty-two of the participants were women and three were men. The facilities were all owned by the same private company, contracted by local government, and all located in the same municipality in Sweden. A total of 27 employees worked at the four

facilities. The informants were employed as *staff members at housings for individuals suffering from mental disorders* (HSWs) and they had a background as psychiatric aides or assistant nurses. The four facilities where represented by different units of which two were in clustered apartments, one in a villa where the users have their own room with a pantry and one in a rebuilt former psychiatric hospital unit. All four units were located to areas with a mixed population. The four facilities combined could provide accommodation for a maximum of 42 users, and at the time of this study they were full.

E-mails with information and an attachment about informed consent were sent to the department head of each housing unit. The department head distributed the information letters to the staff members who then gave their consent to participation in the study. In order to facilitate combining the staff schedule with the focus groups, we conducted "workplace meetings," that is, mandatory meetings during regular working hours. However, the employees were informed that the focus group interviews were not coercive. This was explained in the information letter and was repeated again orally in association with the interviews. Before the introduction of the focus group interviews, all informants handed in a signed form of consent to the researchers. The informants were then also informed verbally of the purpose of the study and its practical procedures. All interviews were performed by the first author.

Focus group interviews

The groups were informed that the interview conversations would revolve around their everyday work situation. Each focus

group interview was thus opened with the question: "What does your ordinary workday look like?" The informants referred to a day close to the focus group meeting. Consequently, each conversation revolved around this workday and later branched out into other things that had to do with their everyday work and work organization. No formal guide was used for the interviews, but the following concepts were to be highlighted if not mentioned by the participants: the Disability Act, the work organization, HSW–user relations, participation, and performance. However, in one way or another, the participants mentioned all these concepts by themselves, and the researcher's role was to make the group elaborate on their statements.

To achieve depth and richness, the role of the researcher in the focus group was to attempt to make the informants expand on their narratives, which may feel self-evident to them, and ask them to focus on a specific event, activity or situation and explain the scene in further detail. In close connection with this, the researcher also requested concrete examples, primarily when the depictions offered seemed to become too abstract. The interviews were scheduled to last between 1 hour and 30 minutes and up to 1 hour and 45 minutes. All of the focus group meetings were recorded using digital recording equipment. The digital recordings were later transcribed verbatim.

Approach and analysis

The interpretation and analysis of the material was inspired by a constructionist approach (see for instance, Czarniawska, 2005; Weick, 1979). Czarniawska (2005, p. 15) looks at constructionism as an "epistemological program: a way in which to look at organizing. The main question that arises is: *How* is the world constructed?" The world of interest for this study was that of the employees and their respective facilities and how they create meaning about their work. The analysis started with an initial careful reading of the whole data material. The material from each of the focus group interviews was then read several times in order to get a good enough sense of *what* the participants were talking about. After that phase, units of meaning relevant to the study were then identified. They could be a single word, a statement or a paragraph. This was later followed by an abstraction process aggregating the core content of the codes of meaning to subthemes and later main themes (see Table I for an example). Before writing up the findings and in order not to get caught up in a fragmented understandings and "losing the narratives" from the participants, the material was read once again and this time with the support of the identified themes.

Table I. Examples of themes, subthemes and codes of meaning that emerged from the analysis.

Themes	Subthemes (not used in the findings as headline)	Codes of meaning (fragments)
Different actors—different expectations	Various actors; core actor supportive actors; demanding actors; abstract actors	Here for the user; in accordance with the disability act; our manager says; relatives visiting; the municipality audit; different accusations

This time, the focus was on *how* the participants talked about these different themes.

Theoretical support and explanations (in a generic sense) have continuously been processed and thus affected, changed, and refined the interpretation of the material but primarily helped us to see the material as something (Alvesson & Sköldberg, 1997). *What* was said and *how* it was said could be largely identified by limiting the study to the empirical material. To answer the question of *why* something was said, however, we needed to look beyond the material and take into account other ideas and theories (Czarniawska, 2008). The deeper understanding of the phenomenon has emerged through the interaction between the empirical material and generic theory (in an abductive sense) (Coffey & Atkinson, 1996, p. 156). Trustworthiness (Lincoln & Guba, 1985) was achieved by having the authors analyze the material separately and then compare and discuss the material and reach a consensus. By comparing the material from four different facilities, it was possible to detect any unlikely or questionable statements. Six months after the focus group interviews, the participants had the opportunity to respond to the analysis at a feedback session.

FINDINGS

We will highlight and describe four distinguishable themes from the employees' experiences that were emphasized in the focus group interviews. The themes will be presented under the following headlines: Different actors—Different Expectations, Regulation and Disciplinary Objects, Daily activities and Expectations, Interruptions in the Flow of Events.

Different Actors–Different Expectations

When the work and formal role was discussed in the focus groups, nobody was able to clearly define what either entailed. The following answer was initially offered in some way by all of the focus groups included in this study:

> Researcher: If we begin by trying to define the work, simply put: what do you do?
> NN2: Well, the questions is what do we not do?

Although this particular participant was trying to be funny, the answer still suggests a more complex work of an HSW. The staff members' descriptions of how they regarded their work and professional role continued to be vague and ambivalent:

> Well, what is a housing support worker? Pretty much everything. I'm not really sure what a housing support worker is … it's another name for mental hospital nurse. You call it housing support worker, though, making it somehow seem much larger. The real difference between a housing support worker and a mental hospital nurse, I am not quite certain of. (FG1)

Employees were also uncertain when it came to describing the formal demands that were placed on an HSW. The conversation among the participants in all focus groups showed a general uncertainty about what was actually required from them as employees. The insecurity related to formal demands on an HSW also became apparent when the content of the Disability Act was

discussed. For example, only a few of the participants were able to offer a brief description of the Disability Act. Most of them, however, were only able to offer fragmentary and unspecific knowledge of the act. These fragments could be expressed as follows.

> NN1: Most people who live here are admitted in accordance with section 9, but I do not know what section 9 stipulates.
> NN2: Well, it deals with those living here . . ., special housing in accordance with section 9.9
> NN: And does section 7 deal with mobility services?
> NN2: Oh God no, it is an act dealing with rights . . .
> [. . .]
> NN1: We'll have to take a closer look at that, (laughter). (FG1)

The work and what kind of expectations that lies on the HSW was difficult to describe and—according to the participants conversations—complex and was precluded by other on-going processes, parallel and contradictory, that determine how the participants interpreted their work and assignments. The participants identified different actors with different interests, with whom they had some kind of close interaction. In addition to the users, the employer (the care company), the municipality, the Disability Act and colleagues, they also mentioned close kin and the psychiatric care. For example, a clear and recurrent conflict exists between the employees and the psychiatric system. The participants stated that attempts were constantly made by the county council to widen the field of expertise and responsibility of the HSWs. The reason for this, according to the participants, was the lack of funds in psychiatry. The employees tried to

resist and keep demands and expectations down in direct association with their individual skills, or lack of skills. In other situations, and in interaction with other significant actors, the staff members may *emphasize* their skill level and knowledge in connection with those living at the congregated supported housing facility.

When discussions in the focus groups turned to the relationship between people living in the housing and those employed, the participants tried to translate their role into being the cement that holds things together for the users.

> NN3: You become the hub around which most things revolve, a security for them.
> NN: And we are always here, so to speak . . .
> NN2: Mmhm, they immediately worry if they don't know where we are. If you forget to write on the board and perhaps make a quick stop at the store, they wonder. So they keep track of us all the time.
> NN: We become the link. What if they had been living on their own, then they would never have met anyone. That would not have happened. (FG4)

When this "cement," or security, has an effect on the people living at the housing arrangements, the employees feel as if they have done a good job.

Regulation and disciplinary objects

The HSWs described their everyday work situations as not being particularly controlled by any visible actors. When describing the work and its contents, the participants depict a situation that could be experienced as fairly liberal when it comes to their ability to make decisions and allowing them autonomy. Activities such as scheduling and general planning

of the workday were entirely up to the staff members. A work situation like that is considered positive, and the participants felt that the managers trust them and offer the possibility to decide for themselves.

> ... ability to affect what we do and how we work and so on. Schedules, for one thing. We may influence our own scheduling a lot [...] which makes it possible for us to function better at work. (FG1)

Similarly, the employees described the fairly liberal conditions regarding planning and influencing their everyday work. This was described as something positive. However, the actual content of the workdays was unpredictable. Things hardly ever turned out the way they had planned.

Nonetheless, they offered examples of other types of governing, control and discipline. For example, the apartments or rooms of the people living at the congregated supportive housing carried a symbolic rent. It became a symbol not only of the integrity of the user, but also and primarily of the legal aspects of the Disability Act. Hence, the question was what HSWs were allowed to do, what rights the user had, and consequently what obligations the staff members had.

> You asked about the Disability Act as well .... Those living here have many rights, including rights that may be damaging to the individual. I mean if the person living here abuses in his apartment, that is a problem since we need to see this obvious abuse and the person will be harmed by it. There are several examples of this. [...] Drugs are illegal, but it is their apartment.

> We can't enter with a key and stop the drug abuse .... Alcohol is legal, but we know that some drink on a daily basis. It is their apartment. It is their right. This becomes a problem. (FG2)

Also, various types of documentation were experienced as having a controlling and governing role. The participants described how the municipality and the private company keep two separate records for the documentation of the users' development: *execution plan* and *personal development plan*. Consequently, the HSWs documented the same information twice. The participants described their experience as uncertain and sometimes even involving anxiety when it came to documentation and why it should be done.

> NN5: It's just a bit fuzzy. You try to avoid writing anything, or at least that is what I do.
> NN2: I feel exactly the same, because I can never be certain that this is what is actually supposed to be done, or if the directions will have changed in two weeks' time. That is my opinion. I completely agree with you.
> NN5: I don't have the formal training ...
> NN2: ... and especially those who have developed the documentation system, do they know how it should be done, because as it is right at this moment it feels as if ...
> NN5: ... it feels as if "we need to do this because we have to"
> Researcher: Who is the documentation for?
> NN5: The people living here ...
> Researcher: But you said before that it didn't help the people living here ...
> NN5: Formally speaking it's for the people living here, but it feels as if you're simply doing it in case

you get checked up. Often, you feel as if you are being checked up. [...] If you think about my guy, do you really think that he wants to have goals? I am the one who has forced him to accept these goals: "would it not be nice to have a tidy place, or do you want it to look like a pigsty?" We have made decisions for him. I feel as if I have railroaded over him because I need to set up goals. [...] I have not informed him that he is entitled to object or ignore them, because I'm afraid that I'll be checked up ... getting the blame from my managers that I have failed to do my work. It's true, that's how I feel. (FG3)

The participants were unaware of any reoccurring (or even existing) external check-up or quality control. Nonetheless, they were afraid to make mistakes and what the consequences of this could be. Exactly what these consequences could look like was not clear to them; they only believed that they existed.

Daily activities and expectations

The participants described that this term, daily activities, is used as a general term for various work tasks and actions that the user does or is involved in, with the express purpose of making their lives more meaningful, eventful and active. *Activities* were experienced as something that the employees constantly need to take into consideration. A formal and exact definition of what was to be included in *the activity concept* and what should be excluded does not exist, according to the participants. However, they all agree that it is a vital concept that affects their everyday work.

I don't know much about other counties or municipalities, but

here in Norrköping we focus very much on activity. The focus is on activities. And this activity has to be documented. [...] Last year it was something else, then you talked about other things and I don't know what will come next year ... it becomes limiting since everyone just talks about activities. (FG1)
Yes, I have got the impression that they need to be activated all the time. When all of us have attended these courses, everyone talks about activities and that we should activate them and we need to do it all the time. (FG4)
Yes, it is like a whip hanging over us. They need to be activated, activated, activated. At all costs. But that is not how it works in real life, I can tell you that much. [...] Nah, it seems as if we're supposed to activate them no matter what people we are dealing with. But that's not how it works, for some, those who are a bit older are so sick of it all that they don't want to be activated. They want to be left alone and just live. Live in their homes and have a comfortable life there. And I feel that they are entitled to have it like that. (FG4)

It is unclear to the participants what the municipality means by activities. Nonetheless, the concept is experienced as being about something grand and difficult to achieve. One example from the participants was that they gathered all the users and took a road-trip to another town and had a picnic. At the same time, the view of what the activities are is shifted when the participants take the right to interpret the concept. In the focus group interviews, the conversations primarily referred to a complex and unpredictable practice. In this, the "big project" of the activities must instead

be subjected to small calibrations in everyday life. Other co-constructers of the meaning of activities and their content are the close kin, who have a different set of expectations of what should happen between the times they come to visit:

> Most of the time, the close kin complain that they don't do anything, don't get out. Perhaps they ask: *have you done anything this week? Nah, I haven't done anything.* And they don't try to find out why they haven't done anything, perhaps they didn't want to do anything that week. (FG4)

Although the participants say that other significant actors sometimes define activities in a different way than HSWs, close kin or the municipality, for example, they still experience that they feel insufficient in their work performance with regard to these definitions. This is reflected in the participants' experience that they sometimes considered daily activities as something grand: What do others expect? Is a road-trip enough? Is clearing the dishes from the table enough? At times, the activity aspect is directly connected to their sense of whether they are doing a good job or not. There is a risk that the grandness will overwhelm them and that they lack the energy to continue trying. In this sense, expectations, *activities, goals* and *documentation* are integrated.

> I feel that we need to develop all the time, when in fact we cannot develop but need to maintain the skills and quality of those living here, and I feel that it doesn't need to be checked up on every six months, but perhaps once every other year would suffice unless something occurs that needs to be rectified and the development or

implementation plan needs to be revised. That's what I think. (FG2)

Interruption in the flow of events

There may be some difficulties regarding planning the day in detail. The participants mentioned various interruptions in their workday, many were directly connected to the daily activities. Everyday work was constantly unpredictable. The participants described that they could make up plans for almost anything, but the situation in which it occurs or should take place will always determine the outcome. An activity that has been planned for 1 or 2 weeks will perhaps be cancelled at the last minute by one of the users. But the opposite is also true, that is, a user will make a suggestion to do something, for instance go to the town and shop. Perhaps he or she wants it done at that exact moment. If this is a rare occurrence for that particular person, it is important that the employees are able to rethink and restructure their work assignments, which all the participants agreed upon. The participants said that being open to this type of interruption is important in order to do their work properly. These interruptions were also important with regard to feeling satisfied with the work situation. Or as one of the participants in the focus group interviews said: "but this is what makes work interesting, you need to constantly think, show empathy and get a sense of what he or she wants . . . but it's personal and we get to know them and so on." In the various focus groups, the staff members take different approaches to emphasizing that insecurity, within reasonable limits, about what should happen next is what makes work interesting. This is where they experienced challenges, this

is how the HSWs avoid boredom and these situations force you to think: "you need to be sharp-minded." The interruptions may also be more modest in that the people living in the housings change their everyday patterns:

> Researcher: Since we are discussing it, what does it mean to you to do a good job?
> NN2: When you get the sense, or someone says, that you have done a good job. Or that the one upstairs who doesn't say much or do much all of a sudden likes to do a little dance in the hallway. That he has blossomed, if only for three minutes. You saw it . . .
> NN1: A sparkle in his eyes . . .
> NN2: Yes, or that someone gets to leave, do something, buy crêpes for dinner. She went out all on her own in the evening and bought something to eat. (FG1)

When the conversations in the focus group interviews revolved around these situations, they were closely connected to how these situations made the HSWs feel good about doing their job. At the same time, they pointed out that these situations where not part of ordinary life. The participants described "glimpses" of progression, when the user broke away from the usual patterns. The participants experienced these "glimpses" as vital to their work of offering security and stability for the people living at the housings.

The complexity of everyday life is dealt with through conversations. Documentation is not enough, nor is the formal organization, but the conversations are. Through these conversations comes an understanding of what is happening. The conversations offer answers to questions such as: What is going on? Why? What is important? What is insignificant?

DISCUSSION

HSW is a fairly new professional role and in the same vague manner as The National Board of Health and Welfare (2010), the participants have difficulties defining what they should be doing. However, this does not mean that they are not doing anything, the participants often returned to their willingness to do a good job. The difficulties defining and articulating what they are doing is probably related to an overall shift in contemporary work organizations from well-defined tasks to responsibilities (Kira & Forslin, 2008). This is perhaps one way of interpreting the HSWs regressing to "old" professional roles, that is, psychiatric aides, these roles represent a more lucid and clear definition of work. The psychiatric aide or mental hospital nurse, as one of the participants call it, is more targeted towards the illness of the user, and this narrows down the work assignments and makes work more tangible. However, the formal idea regarding the work content of an HSW is more directed towards managing and enhancing everyday life. According to Saavedra et al. (2012), "everyday life" is essential for people with SMI as well as not being limited to an abstraction or a clinical term but treated as a real person (Topor et al., 2011). Work for the HSW seems to become more emotional and less about something limited and more about everything. The participants' portrayal of their working life confirms this.

When HSWs select to answer the question "What do you do?" with "What do we not do?," they interpret their work as being complex and difficult to summarize. The experiences described in the focus group interviews stressed the

complexity of the work of an HSW. The complexity has first and foremost to do with the different kinds of social relationships involved in the work of an HSW. There are a number of additional actors (subjective and objective) involved in the process of how the work is being materialized, some are not physically present at the ward. The most prominent ones are: the users, the assigning company, colleagues, psychiatry, documentation, close kin, the municipality, the Disability Act and the National Board of Health and Welfare. What work is about and how it will get done by the HSW is negotiated between the above-mentioned actors and the HSW's interpretation of the various demands and expectations that come from the different actors. Not seeing work as clear tasks but broad responsibilities will further open up for this type of negotiation with various actors. Due to the different expectations from different actors, a feeling of uncertainty emerges among the HSW. This feeling put an emotional strain on the HSW. By listening to the participants' experiences, one can say that being an HSW is an example of emotional work (Bolton, 2000; Cohen, 2011; James, 1992). A practical example is when the participants talk about daily activities. This is an ambiguous concept, and there are many interpretations regarding its content. "Activities" often become an abstraction in the world of an HSW and are constructed through the expectations from other actors. In this negotiation, activities take the form of a bigger project, for example the whole housing would go on a road-trip to a near town and have a picnic. This is of course problematic with a heterogeneous group with different needs and varying current states of mind. Activities take a

life of their own, and become less and less about everyday life and daily routines, that is, what is essential for the users (Saavedra et al., 2012; Topor et al., 2011). However, this is not a clear-cut case, and the participants also zoom in and make the activities more tangible and practical when they disregard other actors' expectations and can instead focus on the HSW–user relationship and the users' need for daily activities. In these cases, the HSW adjust the concept to the everyday life and daily routines of the users. This way of interpreting Daily activities is more in line with Saavedra et al. (2012) and Topor et al. (2011), that is, not seeing it as something grand or extraordinary but something that is in tune with the users' everyday life and their daily routines. When the participants discuss daily activities from this perspective, they emphasize that it is not possible to plan bigger projects far ahead. Too many things may happen at the last minute that will change all the prerequisites, according to the participants. When work and its responsibilities are about working close to people, and these relationships are in some way unpredictable and uncontrolled, the complexity of these work situations increases (Damasio, 2000; Ericsson, 2010; Kira & Forslin, 2008). When work is about daily interaction with clients/patients/users, it is per definition dynamic and non-linear and thus complex (Cohen, 2011). In this particular case, this increases even more since these interactions take place at an arena that is both a home and a workplace. This becomes even more pronounced when work should be less about abstract clinical visions and more about social interactions (Saavedra et al., 2012). The dynamic and unpredictable

work situations returned in the descriptions regarding what made their work stimulating and generated energy. The HSW talked about erratic parts of the everyday work, situations that could not be planned, and where the HSW needed to improvise in order to manage the situation. There are no complete manuals for how the HSW should act when dealing with complex emotional situations. However, research stresses that manuals are not the way to go in these work situations and assignments, but rather improvisation, active exploration and intersubjective sensemaking (Weick, 1993, 2006), between the HSWs and between the HSW and user. We also found that this was of course not always easy to apply. There was always a formal organizational aspect that had to be considered.

In parallel to the description above, the participants also explain that actions will often be based on prescribed plans, routines and noted intentions. The formal, bureaucratic language makes the HSWs disregard the practical situations and those living at the housings, consequently not supporting the needs of the users. There is no actor who has been mentioned by the employees as the one controlling this behavior. The fact that they do this and even reinforce it may be due to anxiety and fear, or attempts to suppress anxiety and fear (Bejerot & Hasselbladh, 2008). These actions are supported by the fact that they are related to requirements and expectations from someone or something and not because they are needed with regard to the user (Bejerot & Hasselbladh, 2011; Hasselbladh, 2008). Manuals and plans become representations of those who are in charge of controlling and questioning whether the work assignments have been

properly carried out or not. What the participants described was the encounter between two sets of logic: (1) the formal bureaucratic language, that is, actions based on routines, written instructions and formal expectations and (2) empirical knowledge or what Weick (2006) calls "knowledge-by-acquaintance," which is stimulus-driven and based on active exploration. In many cases, the formal bureaucratic language becomes too abstract and generic, and thus separated from actual events, and does not help the HSW but rather the opposite in their work with the users (Saavedra et al., 2012).

We found an inherent conflict in the employees' experiences and descriptions of work, that is, between a complex emotional work and bureaucratic instrumental principles. The effects of emotional work on the employee appear to be associated with the work conditions and the work organization, and if there are prerequisites enabling them to do a good job (Ericsson, 2010; Kira, 2003; Pugliesi, 1999).

CONCLUSION

Everyday working life involves and is affected by predictabilities and regularities *and* unpredictabilities and irregularities. The HSW attempt to navigate in a complex landscape, primarily by interpreting the work, and are aided by a number of actors (including objects) that participate in different (more or less dominant) ways in the interaction between the employees and the construction of the work assignments. These negotiations emerge in a contradictory practice where complex working responsibilities are being supported by instrumental routine-based guidelines, mapping and documentation. This is in many situations

not a positive match. When you try to adjust emotional work and everyday complexity in accordance with organizational principles that are based on rules, routines and prescribed meaning, you will in the long run find yourself caught in a dilemma: work will be interpreted as being confusing and disorganized. Thus, the HSWs are experiencing limitations regarding doing a good job. In this article, we have discussed how the HSW interpret the work and the surrounding demands in their everyday working life. What needs to be further investigated and analyzed is not only how they interpret work but what the HSW regard as meaningful in their work and in parallel to this, the identity work of the HSW.

Notes

1. Suffering from a mental disability mostly implies shortcomings with regard to social and cognitive functions, unmet needs in several life domains, stigmatization and poverty.
2. LSS, SFS, 1993:387. The Disability Act is an act that seeks to guarantee good living conditions for individuals with severe lasting disability. It ensures that individuals receive adequate help to carry on with their everyday life, and are able to influence the support and services received. The objective is that the individual will have the possibility to live just like others (translated from The Swedish National Board of Health and Welfare: http://www.socialstyrelsen.se/regelverk/lagarochforordningar/lagenomstodochservicetillvissa)
3. HSW is an abbreviation for a HSW. In this case, the employees work as housing support at congregated accommodations for individuals suffering from SMI. Henceforth, the abbreviation will mostly be used, but sometimes the full term.

REFERENCES

Augustinsson, S., Ericsson, U., & Pettersson, P. (2012). On the organisation of sustainable prerequisites for the subjective well-being and growth of individuals. *Vulnerable Groups & Inclusion*, *3*. http://dx.doi.org/10.3402/vgi.v3i0.18938.

Alvesson, M., & Sköldberg, K. (1997). *Tolkning och reflektion. Vetenskapsfilosofi och kvalitativ metod*. Lund: Studentlitteratur.

Bejerot, E., & Hasselbladh, H. (2008). Det nya regleringslandskapet. In H. Hasselbladh, E. Bejerot, & R.Å. Gustafsson (Eds.), *Bortom new public management: Institutionell transformation i svensk sjukvård*. Lund: Academia Adacta.

Bejerot, E., & Hasselbladh, H. (2011). Professional autonomy and pastoral power: The transformation of quality registers in Swedish Health Care. *Public Administration*, *89*(4), 1604–1621.

Bengtsson-Tops, A. (2001). *Severely mentally ill individuals living in the community. Needs for care, quality of life and social network* (PhD thesis). Department of Clinical Neuroscience, Division of Psychiatry, University of Lund, Sweden.

Bolton, S.C. (2000). Who cares? Offering emotion work as a "gift" in nursing labour process. *Journal of Advanced Nursing*, *32*(3), 580–586.

Brunt, D., & Tibblin, L. (2011). Supported housing and housing support for the psychiatrically disabled: Background, population, policies, practices and current challenges. *Aotearoa New Zealand Social Work*, *23*, 54–65.

Canadian Psychiatric Association. (2005). Clinical practice guidelines. Treatment of schizophrenia. *Canadian Journal of Psychiatry*, *50*(Suppl. 1), 7S–57S.

Coffey, A., & Atkinson, P. (1996). *Making sense of qualitative data. Complementary research strategies*. Thousand Oaks: Sage.

Cohen, R.L. (2011). TimeSPace and touch at work: Body work and labour process (re)organisation. *Sociology of Health & Illness*, *33*(2), 189–205.

Czarniawska, B. (2005). *En teori om organisering*. Lund: Studentlitteratur.

Czarniawska, B. (2008). *Narratives in social science research*. London: Sage.

Damasio, A. (2000). *The feeling of what happens. Body, emotion and the making of consciousness*. London: Vintage.

Ericsson, U. (2010). *Om organisering av det regenerativa arbetet: samtal om roll, process och interaktivt meningsskapande* (Doctoral dissertation). Royal Institute of Technology, Stockholm.

Fakhoury, W.K.H., Murray, A., Shepherd, G., & Priebe, S. (2002). Research in supported housing. *Social Psychiatry and Psychiatric Epidemiology*, 37(7), 301–315.

Hasselbladh, H. (2008) Sjukvårdens Nya Styrning—Vad Står På Spel? In H. Hasselbladh, E. Bejerot, & R.Å. Gustafsson (Eds.), *Bortom new public management: Institutionell transformation i svensk sjukvård*. Lund: Academia Adacta.

Hasselbladh, H., Bejerot, E., & Gustafsson, R.Å. (2008). *Bortom new public management: Institutionell transformation i svensk sjukvård*. Lund: Academia Adacta.

Jaffee, D. (2008). *Organization Theory and Change*. Singapore: McGraw Hill.

James, N. (1992). Care = organisation + physical labour + emotional labour. *Sociology of Health & Illness*, 14(4), 488–509.

Kira, M. (2003). *From good work to sustainable development. Human resources consumtion and regeneration in the post-bureaucratic working life. Dissertation*. Stockholm: KTH.

Kira, M., & Forslin, J. (2008). Seeking regenerative work in the post-bureaucratic transition. *Journal of Organizational Change Management*, 21(1), 76–91.

Lincoln, Y., & Guba, E. (1985). *Naturalistic enquiry*. Newbury Park, CA: Sage.

Markström, U. (2003). *Den svenska psykiatrireformen: Bland brukare, eldsjälar och byråkrater*. Umeå: Borea Bokförlag.

National Board of Health and Welfare (Socialstyrelsen). (2009). *Boendeformer och boendeinsatser för personer med psykiska funktionshinder: Systematisk kartläggning av publikationer 1980–2007*. Retrieved from http://www.socialstyrelsen.se/publikationer 2009/2009-126-156

National Board of Health and Welfare (Socialstyrelsen). (2010). *Det är mitt hem: Vägledning om boende och boendestöd för personer med psykisk funktionsnedsättning*.

Retrieved from http://www.socialstyrelsen.se/publikationer2010/2010-12-26

National Board of Health and Welfare (Socialstyrelsen). (2011). *Nationella Riktlinjer för psykosociala insatser vid schizofreni eller schizofreniliknande tillstånd 2011—stöd för ledning och styrning*. Retrieved from http://www.socialstyrelsen.se/publikationer2011/2011-1-3

National Board of Health and Welfare (Socialstyrelsen). (2014). *Terminologins terminologi: ordlistan*. Retrieved from http://termbank.socialstyrelsen.se/Termbank/Insats.ppt 2014-04-19

NICE Clinical Guideline. (2013). Care interventions in the treatment of schizophrenia in primary and secondary care (update). Retrieved from http://guidance.nice.org.uk/CG82

Pugliesi, K. (1999). The consequences of emotional labor: Effects on work stress, job satisfaction, and well-being. *Motivation and Emotion*, 23(2), 125–154.

Ruggeri, M., Leese, M., Thornicroft, G., Bisoffi, G., & Tansella, M. (2000). Definition and prevalence of severe and persistent mental illness. *British Journal of Psychiatry*, 177, 149–155.

Saavedra, J., Cubero, M., & Crawford, P. (2012). Everyday life, culture, and recovery: Carer experiences in care homes for individuals with severe mental illness. *Culture, Medicine and Psychiatry*, 36, 422–442.

Seddon, J. (2008). *Systems thinking in the public sector: The failure of the reform regime ... and a manifesto for a better way*. Axminster: Triarchy Press.

Stacey, R.D. (2001). *Complex responsive processes in organizations: Learning and knowledge creation*. London: Routledge.

Topor, A., Borg, M., di Girolamo, S., & Davidson, L. (2011). Not just an individual journey: Social aspects of recovery. *International Journal of Social Psychiatry*, 57(1), 90–99.

Uhlin, Å. (2001). Om regionala innovationssystem, lärande, komplexitet och tillit. In E. Ekstedt (Ed.), *Kunskap och handling för företagande och regional*

utveckling (p. 4). Arbetsliv I Omvandling. Stockholm: Arbetslivsinstitutet.

Weick, K.E. (1979). *The social psychology of organizing*. New York: McGraw-Hill.

Weick, K.E. (1993). The collapse of sensemaking in organizations: The Mann Gulch disaster. *Administrative Science Quarterly*, *38*(4), 628–652.

Weick, K.E. (1995). *Sensemaking in organizations*. London: Sage.

Weick, K.E. (2006). Faith, evidence, and action: Better guesses in an unknowable world. *Organization studies*, *27*(11), 1723–1736.