Making sense of the whole person

A multiple case study exploring the normative expectation of a holistic view of the service users

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Making sense of the whole person. A multiple

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Abstract

This study is about discourses on professional responsibility in the field of health and social services. More specifically it explores the ideal of addressing patients and clients as whole persons by examining how central texts within the field make sense of this ideal. The ideal of addressing people as whole persons is anchored in humanism and expressed in the national curriculum as well as in the ethical principles and code of conduct for social workers and nurses. Every nurse and social worker is thus expected to demonstrate professionalism by taking responsibility for the whole person. It is not self-evident, however, how this ideal of professional conduct can be applied. What does this ideal imply in terms of concrete expectations of the professionals? How are social workers and nurses expected to act out this ideal in their professional practice? Previous research has documented a discrepancy between ideals and the work carried out. Yet, we know little about what powerful texts in the field offer in terms of conceptual resources for shaping the understanding of those working in the field of health and social services.

The study is constituted by three cases: texts concerning asylum reception centres and texts used in the training of nurses and social workers. The first case deals with expectations for social workers and nurses working in a specific area within the field of health and social services, while the other two concern expectations for the nursing and social work professions in general. The cases reflect expectations for different points on a professional trajectory from training to everyday work. The first case concerns expectations for the professions in a specific work setting (asylum centres) while the other two throw light on two important educational contexts (nursing and social work training). The educational context is an important prerequisite for the professionals to be able to make sense of the expectations they meet in the work setting. The purpose of putting the three cases together is therefore not for comparison in a traditional sense, but rather to acquire deeper understanding of each case.

The research design is based on Stake’s multiple case study design. Different types of textual analysis and textual analytical tools represent the applied methodology. The cases are understood as different settings in which the question “what does it mean to take care of the whole person?” becomes relevant.

The following overarching research questions have guided the study:
• How is the ideal of addressing people as whole persons in the field of health and social services articulated in some governing texts?

• What significance do the different sets of articulations have for the understanding of holistic responsibility in the individual case?

• Can we acquire a deeper understanding of holistic responsibility if we let the different sets of normative expectations for professionals meet across the cases?

The findings indicate that the normative expectation of addressing people as whole persons is present in the individual cases; however, the ideal is deconstructed when it comes to concrete actions. In the management documents for reception centres, a holistic view of the residents is articulated in connection with the dual objectives of the operation of the centres, namely as a normal place of residence and a place for personal growth and development. This implies that the asylum seeker is to be understood as both a tenant and a human being. However, when it comes to appropriate actions, the holistic view is deconstructed and responsibility becomes restricted. The employees become responsible in terms of accountability with regard to the technical procedures entailed in making the asylum centre a normal place of residence.

In the nursing textbooks a holistic view means embracing the mind, body and spirit of the patient. We find a continuation of the holistic ideal: nursing is about the sick body and the patient as a human being. However, the texts focus separately on the medical condition and the human aspects of the patient. When the focus is on the diagnosis, the human aspect is of no concern and vice versa. On the one hand, the responsibility is restricted to the sick body and on the other, the responsibility becomes limitless when associated with the human aspects of the patient. While the textbooks do make a contribution by connecting the quality of work to the ideal of wholeness, there is a lack of language when it comes to HOW the ideals can be translated in terms of responsibility.

In social work the holistic view of the clients is conceptualised in the term “the person in--situation” making the social worker responsible for addressing both individual problems and societal problems in order to promote justice. The analysis reveals that the textbooks create a distance between the professional ideals and the responsibility as it is carried out in practice. The gap between the definition of the problems and the solutions represents a dichotomy when it comes to the connection between “ways of seeing” and “ways of doing”. The dual
responsibility is apparent in the understanding of the problems; however, when it comes to addressing them, the responsibility is restricted to addressing only the problems at the individual level.

The theses concludes that when the texts incorporate an ideal of understanding people in need of health and social services in a holistic manner, but at the same time deconstruct this with respect to how this responsibility should be undertaken, it may be difficult for professionals in situations entailing conflicting expectations and ethical dilemmas to know how legitimate compromises may be made. Since the different types of texts do not offer any conceptualisation of how to be responsible in relation to the different kinds of whole, the professionals find themselves in a web of commitments related to the normative expectations of seeing people as whole persons with few concepts of how to arrive at legitimate compromises that safeguard the ideal.
Aknowledgements

This thesis marks the last stop in my professional journey – so far. I am extremely privileged to have had the opportunity to specialise in-depth over such a long period of time in a subject that has deeply engrossed me. I would never have believed when I first started work as a newly-trained social worker that my journey should take this turn. There are many people I would like to thank for their part in that journey – for having inspired and influenced the choices I have made. We develop through good personal and professional relationships.

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X
Recently, the completion of my thesis has posed a challenge, both professionally and in my private life, and starting in a new job at the same time has been demanding. At the Oslo and Akershus University College of Applied Sciences I have met wonderful, dedicated colleagues at the Department of Social Work, Child Welfare and Social Policy. Their commitment to and pride in the important job they are doing is inspiring. Thanks also go to Marit Haldar, my boss, for her support.

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Kolsås 7 December 2014.

Lise Cecilie Kleppe
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1.0 Introduction
This study is about discourses on professional responsibility in the field of health and social services. More specifically it explores the ideal of addressing patients and clients as whole persons by examining how central texts within the field make sense of this ideal. Several political documents and white papers dealing with the field of health and social services stress the professional responsibility of caring for the whole person (See e.g. Ministry of Health and social Ministry, 2008-2009; services, 2005) Parliamentary white paper No. 47 (2008-2009). The ideal is also stated in the national curriculum as well as in the ethical principles and code of conduct for two common professions working in this field – social work and nursing. The curriculum states for instance that students “shall develop a holistic view of human beings, show respect for human integrity and rights and safeguard the user’s autonomy, involvement and self-determination” (Rammeplan, 2005, p. 3, National Curriculum). Every nurse and social worker is thus expected to demonstrate professionalism by taking responsibility for the whole person. It is not self-evident, however, how this professional conduct can be applied. Characteristic of such normative expectations for professionals is that on the one hand they operate as imperatives for how both society and the professionals themselves understand their work. On the other hand, they do not explicitly tell the professionals what they ought to do to live up to the expectations. Professional work within the health and social services is subject to criticism from many quarters, and many professionals experience a gap between their expectations and how the work is actually carried out. What does this ideal imply in terms of concrete expectations of the professionals? How are social workers and nurses expected to act out this ideal in their professional practice?
What concrete instructions are given in order to help professionals to meet this general expectation? These are some of the questions guiding this study.

The study is constituted by three cases: texts concerning asylum reception centres and texts used in the training of nurses and social workers. The first case deals with expectations for social workers and nurses working in a specific area within the field of health and social services, while the other two concern expectations for the nursing and social work professions in general. Both professions operate in the field of health and social services, and have something in common; they are about helping people who are vulnerable in different ways and in need of help to increase their quality of life. Sometimes they also work with the same patients and clients, such as in asylum centres. However, different forces influence the two professions and the overall aim of their work is somewhat different. The nursing profession is concerned with issues related to people’s health conditions and nurses relate to people as patients, while the social work profession is influenced by politics and material conditions in society. In addition, social workers are concerned with issues related to social factors – how people cope with their lives in relation to their environment – and they relate to people as clients or users of their services. Nurses are more concerned with how patients experience and cope with their medical condition or health problems, and are less concerned with social factors. The question is how these different aims and conceptions affect the expectations that are directed towards the individual profession when it comes to addressing people as whole persons, as well as how common expectations are articulated within a specific work setting.

It is important to note that this study is not a comparison of like with like. It is neither a comparison of professions nor of textbooks. Rather, it explores different sets of the normative expectation for professionals in the field of health and social services. The cases reflect expectations for different points on a professional trajectory from training to everyday work.
The first case concerns expectations for the professions in a specific work setting (asylum centres) while the other two throw light on two important educational contexts (nursing and social work training). The educational context is an important prerequisite for the professionals to be able to make sense of the expectations they meet in the work setting. The purpose of putting the three cases together is therefore not for comparison in a traditional sense, but rather to acquire deeper understanding of each case.

The idea for this study came about while I was studying for my Master’s thesis and participating in a research project commissioned by Amnesty International Norway on violence against female asylum seekers living in reception centres in Norway (Kleppe, 2008; Skogøy, 2008). Before starting on my Master’s thesis, I believed that the women living in the reception centres were fortunate, as they had managed to escape to Norway where they were offered safety and help. This idea changed somewhat as I and the rest of the project group explored through interviews the experiences of women living in the reception centres as well as the thoughts of the professionals working with them. My Master’s thesis revealed that professionals such as nurses and social workers considered the women’s insecurity to be something they could not easily prevent, or they did not consider it part of their professional responsibility. Although the professionals felt that it was an important issue, the interviews revealed a sense of powerlessness with regard to the women’s situation and the threats against their security.

I was struck by the fact that these findings were in conflict with professional principles taught during my training as a social worker. It seemed as if the workers in asylum centres did not know how to address the ideal of taking responsibility for the whole person in their daily

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1 Project manager was Elin Skogøy from NKVTS (National Competence Centre for Violence and Traumatic Stress).
work. I was therefore inspired to investigate more closely the instructions and advice given to
the professionals on how to fulfil this expectation. What do texts instructing the professionals
say about how to carry out this ideal of meeting the whole person?

In order to answer this question, I first turned to the immediate context of the asylum centre
workers and started my search for possible answers by analysing the documents governing the
operation of the centres with an explicit focus on responsibility in connection with the ideal of
addressing people as whole persons. I looked for what the different circulars expected from
the people working in the asylum reception centres. Did they say anything about how to take
responsibility for those living in reception centres? This study of governing documents
relating to asylum seekers and reception centres became the first part of my PhD thesis.
However, the study of documents left me with several questions and inspired me to shift focus
towards the training of professionals. The instructions given (and not given) in this specific
work context triggered me to widen my scope and investigate how the ideal of treating the
whole person was articulated and operationalised in the context of professional training.
Hence the search was extended by exploring key textbooks used in the training of two
professional groups working in asylum centres – social workers and nurses. Textbooks are
powerful sources contributing to the discourse of professionalism and they function as a
conceptual framework for the professionals working within the Norwegian welfare state. Thus
the other two cases, namely studies of textbooks, became part of this thesis. What can key
textbooks in social work and nursing tell us about the responsibility for the whole person?

I will start my exploration by introducing in some more detail the two areas that provide the
context which inspired my study: asylum reception centres and training.
1.1. Asylum reception centres
Asylum seekers applying for asylum in Norway are invited to stay in an asylum reception centre while waiting for their applications to be processed. Thus staying in the centres is not a requirement; the asylum seekers can choose other forms of accommodation. The establishment and running of asylum reception centres in Norway has been the responsibility of the government since 1984. However, the responsibility has been delegated from UDI (the Norwegian Directorate of Immigration) to operators within society such as municipalities, non-profit organisations and private companies. There are different types of asylum reception centres, for example there are separate centres for minors that are run by different sets of rules and laws. There are also different kinds of centres depending on which phase in the process the asylum seeker is. In the first phase they stay in transition centres where their health is assessed and the asylum interview is conducted before they move on to the ordinary centres. When I speak of asylum reception centres in this study I am referring to the ordinary centres for single adults, couples and families.

The number of asylum seekers arriving in Norway can give us an understanding of the size of the issue. In 2012, 9 785 persons applied for asylum in Norway, and the forecast for 2013 was 10 000 persons\(^2\). In August 2013 16 346 persons were living in Norwegian asylum reception centres\(^3\). Asylum seekers are a heterogeneous group which is, however, characterised by more mental health problems than the rest of the population due to widespread exposure to violence and traumatic experiences (Lauritsen & Berg, 1999). There is a particular risk that they develop post-traumatic stress disorder (PTSD) because of their prior experiences. We have seen an increased focus on this group’s mental condition in the last few years as we have

\(\text{http://www.udi.no/Nyheter/2013/Liten-okning-i-antall-asylsokere/}\)

\(\text{http://www.udi.no/Oversiktsider/Statistikk-og-analyse/Statistikk-/Asyl/Beboere-i-mottak/Beboere-i-mottak-2013---fordelt-pa-mottak-}/\)
witnessed several serious incidents where asylum seekers have injured and/or killed other people.

The asylum reception centres are part of the Norwegian health and welfare services and as such are part of the field of health and social services. To ensure that the centres are operated in line with applicable policies and guidelines, several government documents constitute the framework for their operation. Some of the requirements are concerned with the professional qualifications of the people working in the centres: the employees should have the necessary competence to fulfil their obligations and the operators should emphasise higher education for their employees. In addition, the centres should have one person with university college level training in working with children. Centers with secure units should have round-the-clock staffing by at least two people, and in the daytime at least one of the employees should be a health or social worker in addition to a psychiatric nurse. A study of privately run centres found that more than 40% of the people working there have vocational training \(^4\). In 2004 a study found that 88% of the centres had health services located on site. The services were provided either by health professionals who were employed at the centres or by offering community health services with regular office hours on site (Berg, Lauritsen, Meyer, Neumayer, Tingvold & Sveaas, 2005). It has not been possible to find available statistics on how many nurses and social workers are employed in asylum reception centres. However, when working on the abovementioned research project commissioned by Amnesty International Norway, we met both nurses and social workers among the people participating in the study.

Because many asylum seekers have been exposed to violence and traumatic experiences and have complex social and health-related problems, integral professional care is of great importance to this group. Thus one might claim that the need to make sense of the ideal of caring for the whole person is particularly important and challenging for professionals working in this context. This makes the case of great interest for further study.

1.2. Social work and nursing education

Both nursing and social work education in Norway take place at university college level. Both forms of education consist of a three-year bachelor degree, the content of which is set out in the framework plans adopted by the Norwegian Ministry of Health and Care Services. All educations in health care and social work at university college level have a partly shared content which regulates the educations. The purpose of the education is set out in the National curriculum:

“The degrees in health care and social work have as their overarching goal to train reflective practitioners who place the person at the centre, and who can plan, organise and implement measures in cooperation with users and other service providers. The purpose of the shared course content is to train healthcare and social workers who will be able to cooperate in a multidisciplinary manner within the healthcare and social sector, according to the intentions of relevant Acts” (Rammeplan, 2005, pp. 7, National curriculum.)

The framework plan for these degree courses places a particularly strong focus on the person, and how the individual should be met with. It is one of the objectives of the courses that service providers should develop a holistic view of the person. The professional practice of health care and social work has a shared value base. The shared course content should help the students to acquire the necessary knowledge and understanding within a shared framework of reference for professional practice in the health and social services. The degrees should enable the students to develop a holistic view of the person, show respect for the integrity and rights of the person and safeguard the users’ autonomy and right to co-
determination. The shared course content should also provide an opportunity for students to practise their ability to ask questions that develop their knowledge, skills and attitudes.

When they graduate, both nurses and social workers are qualified to work in many types of jobs in the field of health and social services. In 2012, 144,967 nurses were registered as authorised to work in Norway\(^5\). Since social workers do not have such authorisation, there are no corresponding figures for this group. There were a total of more than 245,000 students in higher education in 2012, of whom there were more than 56,000 students of health care, social work and sports science\(^6\).

The size and importance of these two professions to the welfare society, and their shared value base, make them an interesting case for the study of holistic professional responsibility.

1.3. Research questions

Previous research on professional responsibility has contributed to increased understanding, first and foremost of how the people working in the field understand, negotiate, experience and carry out their responsibilities. (See e.g. (Karseth & Solbrekke, 2006; Kroken, 2012; Olsvold, 2010; Solbrekke & Jensen, 2006; Solbrekke & Karseth, 2006). Further, we know that there is a discrepancy between ideals and the work carried out. For example, in nursing this is related to the ideal of holistic nursing and the actual content of nursing work – the everyday nursing activities (See eg. Davina Allen, 2004; D. Allen, 2007), Fitzgerald et al. 2003. What previous research does not focus or elaborate on are what powerful texts in the field offer in terms of conceptual resources of significance for shaping the understanding of those working in the field of health and social services. The work carried out by the


professionals is dependent on the conceptions that exist in the culture, because actions are not performed unmediated (Edwards, 2010). Important sources of mediation are different kind of texts aimed at establishing the “correct” understanding of what is at stake for the professionals and their patients and clients. An important question is therefore what we can learn from such authoritative texts.

The chosen texts are only a few of many texts aimed at steering professional conduct, but trying to cover this amount of material is an impossible task. However, insight can be gained by examining some instances in which such articulations are found (Stake, 2006). Even though such instances are always specific and limited, they are seen as cases aimed at guiding professional conduct in the field of health and social services. These cases are utilised to understand how expectations related to “professional responsibility for whole persons” is conceptualised in the selected texts. The topic is approached through the lens of textual analysis guided by the following questions:

- How is the ideal of addressing people as whole persons in the field of health and social services articulated in the texts?
- What significance do the different sets of articulations have for the understanding of holistic responsibility in the individual cases?
- Can we acquire a deeper understanding of holistic responsibility if we allow the different sets of normative expectations for professionals to meet across the cases?

The cases constitute a multiple case study consisting of separate studies. The scope of the study, three cases, supports the aim of gaining understanding of the phenomenon in depth. In addition it allows for some comparison across the cases (Ragin & Amoroso, 2011; Stake, 2006, pp. 39-41). First, the three individual cases are explored in their own specific context.
Then a cross-case analysis is performed. This is achieved by exploring the complexity of the phenomenon of responsibility for whole persons in order to acquire a deeper understanding. This cross-case analysis also allows for a comparison between the two major professions’ conceptions of the meaning of responsibility for whole persons. The aim of this study is not only to explore how some key texts express this normative expectation, but also to further explore how these expressions influence or affect how we come to understand professional responsibility.

In the following chapter I present earlier research on professional responsibility and holism, and in Chapter Three I present the theoretical framework for my study. Then in Chapter Four I present my research design, the multiple case study and the texts that constitute the empirical material for the study. The data analysis for each individual case is presented in separate sections. Chapter Five presents the material and methods in the single cases. The cross-case analysis based on the findings for the individual cases is presented in Chapter Seven. Further, I explore possible implications of the findings in a scenario in which the separate findings meet across the cases. In the final chapter of this thesis, Chapter Eight, I discuss the findings in relation to the theoretical framework of professional responsibility and Larry May’s communitarian conception of professional responsibility, and suggest potential areas for further research.

2.0. Background and context

This thesis focuses on the ideal of holism as a basic ideal for professionals, and how this is communicated in key texts for those working with vulnerable clients and students who are preparing for membership of a profession. In this chapter I will first describe how the ideal of holism is founded in documents of importance for professions dedicated to helping those who
are in need of assistance and support. Second, I will situate my research within research on professionalism. Being or becoming a member of a profession necessitates reflection on the meaning of professionalism. This is in itself a huge area of research and this chapter will highlight at least some of the key themes in order to describe how professions and professionals are subject to a broad spectrum of commitments and expectations. Third, research about professional responsibility will be presented, since taking responsibility for the whole person is an element of what is generally expected of the welfare professions.

2.1 The ideal of holism
Holism is anchored in the tradition of humanism.

“Humanism is not an academic discipline. It is first and foremost a normative position, a form of human solidarity” (Wackerhausen, 2002, p. 81).

This position is based on a positive conception of the human being. The human being is perceived as a subject, a unique person with the right to freedom (self-determination), dignity and responsibility (Hammerlin & Larsen, 1997, p. 38). The solidarity referred to is about rejecting the subjugation and objectification of the human being (Wackerhausen, 2002, p. 25). Humanism implies that the human being is at the centre of attention (Eide & Skorstad, 2008, p. 159). This indicates that being human is an end in itself, and not a means to other ends.

People working in the field of health and social services are expected to be committed to this humanistic normative position, for example through their professional code of ethics which is based on the Universal Declaration of Human Rights. In order to avoid objectifying and to safeguard the dignity of the patients and clients in encounters with the service providers, the ideal of addressing people as whole persons has been emphasised. This ideal is both a prerequisite and a quality objective for the work performed (Moos, Krejsler, & Fibæk Laursen, 2008; Rønnestad, 2008)
We find the ideal in the ethical guidelines for health and social workers and in the curriculum for the training of nurses and social workers. In the ethical guidelines for social workers one of the principles is “A holistic view of people. Health and social work provides the basis for a holistic view of the person and of how the individual and society influence each other””. And in the guidelines for nurses this ideal is expressed in the statement that the nurse is committed to “maintaining holistic care of each patient” (my translations). The ideal is also continued in the shared parts of the National curriculum for both professions (Rammeplan, 2005):

“Holism

A holistic view of the users is essential for a good service. The individual service provider relates to the whole person with his/her physical, mental, social, cultural and spiritual aspects. In addition, social and health problems should be seen in the context of societal factors of a political and economic nature. The individual person’s problems are bound up with both individual and societal factors.”(p 6)

This excerpt is from the ethical principles for social workers, as stated by the International Federation of Social Workers (ISW):

“Social work is based on respect for the inherent worth and dignity of all people, and the rights that follow from this. Social workers should uphold and defend each person’s physical, psychological, emotional and spiritual integrity and well-being. This means:

...Treating each person as a whole – Social workers should be concerned with the whole person, within the family, community, societal and natural environments, and should seek to recognise all aspects of a person’s life.”

In nursing, treating the patient with respect and dignity is associated with the idea of seeing the patient as a subject. This means that nursing is about individualised caring relationships where the nurse must relate to the patient as a human being and not as an object, by implementing holistic care that respects the uniqueness of each patient.

It is not only in the professional discourse in relation to training and professional ethics that this ideal is significant, but also in the political discourse, where we find references to this ideal in public reports. In such policy reports we find that the solutions to challenges in the field related to the quality of work seem to be based on the ideal of addressing patients and clients who depend on services from the welfare state as whole persons. The ideal has also led to changes at the physical level. We find this in connection with health and welfare services and training, where institutions have been reformed to enhance the services’ ability to meet this ideal. The aim of meeting the whole person by providing holistic services is central to both the Coordination Reform and the NAV (Norwegian Labour and Welfare Administration) Reform. One example is found in the public report “From piecemeal to complete? A coherent health service” (“Fra stykkevis til helt. En sammenhengende helsetjeneste”). The following excerpt is illustrative of this:

“It is often the most vulnerable and difficult patients who have the greatest need to encounter a holistic health service….It is important that service providers in such situations encounter patients with a holistic view of the person and with a service perspective that goes beyond the individual department or institution. (p.17)…. These are patients who, in their encounter with the health services, have a particular need for attention not only to symptoms, but to the whole person” (services, 2005, p. 27)

In the Coordination Reform which aims to increase the cooperation between the various health services, we find that in order to enhance the quality of the services it is “absolutely necessary that service providers encounter patients with a holistic view of the person, and see the patient in a wider context”(Ministery, 2008-2009 nr 47. White Paper).

More recent examples are two reports (White Papers) from the government concerning “Tomorrow’s care” (Morgendagens omsorg)(SIfortingsmelding, 2012-2013b nr 29. )and “Good quality - safe services” (God kvalitet – trygge tjenester) (SItortingsmelding, 2012-
where a holistic view of the human being is emphasised as an important principle when offering care services.

These examples demonstrate the prominent position of the ideal in the field of health and social services. As already mentioned, this is part of the normative expectations for professionals. By studying this ideal, this thesis therefore relates to the broad field of research on professions and professionalism.

2.2 Professionalism
At an overarching level, this thesis deals with research on professionalism. The meaning of professionalism has been debated for many decades (Evetts, 2003b), and different theorists have chosen different approaches to the topic and as such have emphasised different aspects. Professionals are conventionally defined in relation to their knowledge and expertise and the use of discretionary judgement when solving their professional tasks (Evetts, 2003a, 2011a; Freidson, 2001; Saks, 2012). However, the knowledge and expertise of a profession is based on certain ideologies, in terms of being a body of ideas on which the profession has based its jurisdictional claims (Abbott, 1988; Freidson, 2001, p. 105; Torstendahl & Burrage, 1990). These ideas are cultural resources and institutionally held knowledge and expectations that are available for the professionals in their practices. This knowledge is passed on through both formal and informal mediation. Education is part of formal mediation (Edwards, 2010, pp. 8-10), where the professional is introduced to the concepts that at the time are considered the correct way of understanding the profession and professional practice. The concepts operate as dispositions for actions and can be conceptualised as the professional’s readiness to act in specific ways (Wackerhausen, 2002, pp. 61-64). The normative basis for the nursing and social work professions is in values such as justice and quality of life for those they are committed to helping (H Fauske, 2008; Freidson, 2001).
However there are also expectations from other culturally powerful sources such as governments and employers. The professionals are under pressure from many and sometimes conflicting expectations that require consideration in order to act responsibly. These ideas are part of a discourse contributing through educational and workplace socialization to the development of shared identities and shared ways of perceiving clients or patients (Evetts, 2011b; Torstendahl & Burrage, 1990).

The professions have been delegated their responsibilities by being granted jurisdiction from the state. Thus, the responsibility is carried out on behalf of society (Abbott, 1988; Grimen, 2009; Molander & Terum, 2008, p. 13; Vike, 2004) and the professions are characterised as collectively oriented rather than self-oriented (Brint, 1994). Some researchers have emphasised that the influence of the state on professional activity is particularly strong in the Scandinavian welfare state. According to Bertilsson (1990) (cited in Torstendahl & Burrage, 1990, p. 115) the extent of freedom to act is more limited. The professionals within the welfare state do not have the freedom to act in the manner conceptualised as “free professions within the liberal state” (Ibid). Being professional in the field of health and social services in the Norwegian (and Scandinavian) context is often equivalent to being employed in public sector organisations or publicly funded organisations (Evetts, 2003a). The professionals work in hospitals, schools, kindergartens, the social services and so on. In Norway the public administration, defence, education, health and social services employed 877 000 persons in 2012. Of this number, 510 210 people worked in the health and social services sector. Among these were 130 441 working in private sector or public enterprises. Thus both

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governmental and municipal organisations comprise the main employers for professionals working in the field of health and social services (Svensson, 2008, p. 139).

Such organisations have been labelled human service organisations and are characterised by dual relations. When professionals are employed in such organisations, the work carried out is largely connected to norms and values at both the organisational and professional level. They are not only committed to their professional codes of ethics, they are committed to the organisational norms and values as well, and need to relate to both government and clients (Svensson, 2008, p. 135). In organisations within the welfare state the professional codes of ethics play an important role (Freidson, 2001; Svensson, 2008, p. 134). This fusion of occupational and organisational professionalism (Evetts, 2011b) implies that the objectives of the organisations and the professions need to be negotiated in everyday work. Furthermore, when the organisation is equivalent to the state, the objectives can also be political (Ibid).

This thesis focuses on the normative basis of professional work. One of the important values constituting this basis is responsibility, which is the focus of the next section.

2.3. Professional responsibility
In contrast to the concept of professionalism, the concept of professional responsibility is oriented more towards appropriate actions, and what it means to act in a professionally responsible manner (Solbrekke & Sugrue, 2011, p. 11). The term “responsibility” can literally be understood as to respond (Kelchtermaeert, 1996:117), and in the field of health and social services it is about responding to the needs of the individual and society. Moreover, responding requires the professionals to be in a specific “mode”, a mode characterised by openness and responsiveness vis à vis their professional obligations. Professional
responsibility is “embodied by professionals as they attend to their work; being a professional is living a particular life” (Solbrekke & Sugrue, 2011, p. 11).

In contrast to this emphasis on being, Thomassen argues in his study of integrity in the health services that integrity cannot be understood only as a psychosocial phenomenon in terms of psychological well-being (Thomassen, 2013, pp. 181-184). This is what he labels integrity-by-being. He proposes an alternative label of integrity-by-doing that is related to the practice of work.

“Professional practice, in this thesis, is understood as an imperative way of working to produce a specific product (including “care”). Further, it is argued that integrity-by-doing is a potentially fruitful concept for initiating workplace discussions on topics related to professional practice. This is significant, due to tendencies shown in the professional controversy. Within the concept of integrity-by-doing, the focal point becomes what one achieves at work, not who one becomes.” (Thomassen 2013:4)

The focus is on what the professionals should do, what they do and why. Responsibility is closely associated with integrity because one affects the other. Such topics are not captured by the major theories (Solbrekke & Sugrue, 2011, pp. 11-12). As such, the concept of responsibility can help to bridge the gap between ideals and praxis by translating the ideas and norms into concepts for actions.

It is argued that the concept of professional responsibility is unclear and we find that the work carried out by professionals is increasingly subject to criticism (Evetts, 2006). Even though the idea of being responsible for whole persons contributes to defining what such responsibilities entail, it is still challenging to grasp what this ambition means when it comes to appropriate actions.
“Appropriate actions” is a normative term, because it implies an evaluation of the actions; they are either appropriate (acceptable) or not. And acting responsibly is about being and acting in ways that are conceived of as morally good. Grimen writes that “X is a moral subject in professional contexts if X is subject to the moral norms and values of the profession or of a particular set of such norms and values” (Grimen, 2006). To be subject to specific values means that the professional must take account of these in the practice of his/her professional responsibility. Professionals who work in the field of health and social services are considered subject to values arising out of the humanistic normative position. So when evaluating actions as appropriate or not, this evaluation need to take into account the specific values of the field. Being aware of the norms and values provides the professionals with a navigational tool when striving to act responsibly (Heggen & Solbrekke, 2009).

However, there is no coherent understanding of such responsibilities that are independent of time and place/space. Englund and Solbrekke argue that it is in relation to values such as civic engagement and social responsibilities that professional responsibility acquires its meaning (Englund & Solbrekke, 2011, p. 58). They elaborate on the different meanings of professional responsibility and emphasise “what is given priority in the rhetoric of professionalism” (Ibid. p. 57). The distinction between responsibility and accountability can shed light on the different meanings of the concept. Whereas accountability is “the duty to account for one’s actions and concerns what it rendered to another, while ‘responsibility’ is a moral obligation assumed by oneself, or bestowed upon a person to be used for another” (Ibid. p. 63).

The two distinct meanings of the concept have quite different bases. While accountability is based on a need for external control, responsibility is based on conceptions of the moral and social ideas of classical professionalism (Englund & Solbrekke, 2011, pp. 64-65). The latter is in accordance with trustee professionalism (Brint, 1994), where the professionals are
committed to responsible decision-making in the interest of both the individual and the society. There is no doubt that professionals have responsibility and are accountable (Heggen & Solbrekke, 2009). The orientation towards appropriate actions should not be understood as reducing professional responsibility to tasks and performativity, producing certain predefined outcomes (Kelchtermæert, 1996, pp. 113-115). The aim is not restricted to getting the work done; it should be done in ways that enhance the dignity of that individual patient. According to Englund and Solbrekke, it requires professionals who “can manage the demanding task of handling the tension between internal responsibilities and public accountability” (Englund & Solbrekke, 2011, p. 65). When being responsible the professional must to be able to use discretion in order to decide the appropriate actions in that specific situation. It is the reflective practitioner (Schön, 1983), who relates to the complexity of the situation, who is able to be responsible.

Edwards argues that the conceptions of being a professional are unclear, in part because the work is located in time and space. And since professional work is about taking responsibility in complex situations that require more than performing prescribed tasks and following routine procedures, the professional needs to be responsive to situations as they arise. It is not possible to determine the one right way of solving future problems in advance. What she labels “the relational turn in expertise” requires an additional layer of expertise. Thus, being an expert professional is about having the capacity to practise “relational agency” which is a responsive and negotiated open-ended way of working where the professional has the ability to negotiate what matters in the situation with others. The others may be the patients or clients, or other professionals (Edwards, 2010, pp. 21-26).

This open-endedness does not mean that anything goes (May, 1996; Solbrekke, 2007). One question is how the elements of the humanistic position are realised in conceptions of actions.
The position may be evident in the professional’s identity in professional life without being realised in terms of appropriate actions (Wackerhausen, 2002, pp. 64-65).

May offers a communitarian view of professional responsibility. According to May, the professionals are placed in a web of commitment, where different expectations are directed towards them. Their professional responsibility and what can be considered appropriate actions are achieved within the professional communities as legitimate compromises. In the process of negotiation, the professional is one of several resources dependent on the conceptual resources available in the culture. Responsibility requires what May calls “the socially responsible self” (May, 1996), based on a communitarian view of the self and its responsibilities:

“My contention is that the professional persona is such an idealized vision of the professional that it is nearly impossible to be actualized. Professional codes, which embody the self-perceptions of the professional communities, contend that a professional should adhere to a unique and much higher standard of morality than that of non professionals.” (Ibid. p. 5)

This idealised vision is based on a conception of the core self. But the postmodern self and identity cannot be captured adequately by the concept of a core essence. The self can best be understood in terms of “a web knit from the various identifications and commitments that one makes with various social groups” (May, 1996, p. 13) and as a result the self is socially embedded. Holstein and Gubrium argue that:

“Today, identity no longer emanates from within, but penetrates us from every angle... As we shall see, the postmodern self is continually assembled from the complex definitional handiwork of these going concerns even as participants cling to the belief in its personal, private recesses.” (Holstein & Gubrium, 2001, p. 2)
So what are considered responsible appropriate actions are a shared responsibility rather than personal obligations (May, 1996). Such a socially responsive self, placed in a web of commitments, take on its responsibilities as legitimate compromises.

In line with Edwards, Moos emphasises the relational aspect of professional work by focusing on what he calls the relational professions (Moos, 2008). These are the welfare professions such as nursing and social work, which mainly work through relationships with other people. Their reliance on the government place them in a position where the clients’ demands are only one factor they have to consider. Requirements from the government, civil society, clients and the profession have to be balanced in ways that require extensive negotiation skills (Hjort, 2001). Moos argues that the traditional competencies of the relational professions were informally mediated in family life, and then developed through education, what Edwards calls formal mediation (Edwards, 2010). However, the negotiating skills are developed in the public space where one has to be able to translate between the different fields and make others understand the professionals’ responsibility in ways that uphold their legitimacy. To reach legitimate compromises is embedded in values and ideals, and the professionals are dependent on concepts that explain what is at stake.

Most of the research on professional responsibility has a normative-philosophical focus that attempts to understand how this responsibility should be perceived, delimited and fulfilled. This study takes another approach by providing a descriptive analysis of how governing texts and textbooks help professionals to make sense of important normative expectations. The scope of this study is not responsibility in general, but is restricted to two selected professional groups: nurses and social workers.
2.4. Professional responsibility in social work and nursing

In the next part of the chapter the focus will be narrowed to research about professional responsibility in social work and nursing, and in the final section of the chapter the following key question will be addressed: What is already known about holistic responsibility? Research related to higher education indicates that when entering the professional community, novice workers do not feel prepared for the complex responsibilities they are expected to assume (Benner, 2010; Halvor Fauske, Kollstad, Nilsen, Nygren, & Skårderud, 2006; Karseth & Solbrekke, 2006; Norvoll, 2002; Smeby & Mausethagen, 2011; Solbrekke, 2007; Solbrekke & Karseth, 2006; Tveit, 2008). One example is the emphasis of nurse training on holistic and psychosocial nursing, while in the work context nurses meet expectations regarding medical knowledge and competencies in specialised health care (Davina Allen, 2004; D. Allen, 2007; Norvoll, 2002). Nurses do not feel adequately prepared for the complex and sometimes conflicting expectations imposed on them (Karseth & Solbrekke, 2006; Solbrekke & Karseth, 2006; Tveit, 2008).

In order to explore conceptions of professional responsibility, Solbrekke based her work on studying the topic as it is presented by senior students (of law and psychology) in their educational communities and novice workers as they enter their working communities (Solbrekke, 2007). The findings indicate that the students feel well prepared for their challenges in the work setting; however, they request a stronger focus on topics like professional ethics and responsibility. Further, they are critical of the lack of integration between theory and practice in the educational programmes. The educational programmes fail to prepare the students for the moral tensions they will encounter.

On this basis, it is argued that the programmes provide only limited opportunities for developing conscious awareness of professional responsibility in their students. In addition,
knowing that the societal dimensions of professional responsibility appear to diminish in most of the novice workers’ orientations, as shown above, it is tempting to ask to what extent professional training has been able to instil in students a moral awareness and consciousness of a civic responsibility that is robust enough to endure in working life (Ibid. p. 100).

The findings from this study are somewhat inconclusive, in that the students on the one hand feel well prepared, while on the other there is reason to question the students’ moral awareness with regard to their civic responsibility.

Others have studied professional responsibility as it is understood, negotiated and carried out in daily work (Kroken, 2012; Olsvold, 2010; Vike, Bakken, Brinchmann, Haukelien, & Kroken, 2002) One common feature is the significance of the degree of proximity to the patient or client. The term “street level bureaucrats” (Lipsky, 2010) seems to cover this dilemma. Those closest to the people in need of the services feel a personal and overwhelming responsibility (Clancy & Svensson, 2007; Kroken, 2006, 2012; Vike, 2004, p. 35; Vike et al., 2002). Although this overwhelming feeling of responsibility is related to the costly ambition of universal welfare, the lack of limits and the weight of responsibility are seldom on the agenda (Vike et al., 2002).

The context in which the work is carried out is another factor that helps to shape responsibility. Olsvold studied individual responsibility within the organisational context of hospitals. This study focuses on how nurses and physicians distributed, avoided and shifted responsibility as they carried out their daily duties, with a particular interest in the responsibility conceptualised as unpredictable and unspecified in this work setting. The findings show that the hospitals have a clear structure in which authority is connected to responsibility, but that there is a distinction between formal responsibility and the ways in which this responsibility is administered. The contradiction between the nurses’ roles as both
responsible and subordinated is of significance when the nurses assume their responsibility. They take responsibility for the things that need to be done, regardless of whether it is formally specified. Their proximity to the patients is of significance because it makes them assume responsibility for tasks that “no one owns”. And in this way they contribute in the efficiency of the hospitals because they promote a holistic and effective way of running the ward through relational competencies (Olsvold, 2010).

Kroken argues in her study of responsibility in child welfare that responsibility can be conceptualised in terms of different subject positions. In her study she found that verbal expressions do not necessarily represent “the reality” but rather an intention to comply with plans and targets. In different situations, the same person can be prescribed different subject positions depending on the prescribed expectations in the particular situation (Kroken, 2012, pp. 106-108).

She found in her study that public sector modernisation in Norway has contributed to a clearer division of work and responsibilities. Management and knowledge operate in new ways where knowledge and economics together operate as a means to realise a universal and equitable child welfare service in Norway. The responsibility is experienced along a continuum, from an overarching institutional level to the specific responsibilities in relation to children and families. Along this continuum the responsibility is transformed. At the overarching level, responsibility is related to finance and efficiency, while at street level the individual childcare worker experiences guilt and responsibility towards the child. The workers are left solely responsible for implementing the goals decided at higher levels in the hierarchy (Kroken, 2012).
2.5. Holistic responsibility

Research addressing the holistic characteristics of care work, such as social work and nursing, emphasises a trusting and close relationship (McQueen, 2000; Nieminen, Mannevaara, & Fagerström, 2011) in order to be able to meet the patients’ and clients’ needs. Studies reveal that a holistic view is well implemented among general practitioners and district nurses and that they consider such a view to be at the core of primary care, motivating them in their daily work. Strandberg et al. performed content analysis based on focus-group interviews with nurses and found that they considered the whole “to be about finding the patient’s agenda and listening to what the patient is actually saying”; it was about dealing with the “gap between illness and disease, i.e. what the patient experiences and what is the medical problem.” (Strandberg, Ovhed, Borgquist, & Wilhelmsson, 2007)

Relating to responsibility in terms of moral responsibility requires the professionals to invest in their relationships with those they are committed to helping. It is about far more than performing predetermined tasks. Nursing students defined moral responsibility as a relational way of being that enables them to do well in terms of responding to their patients and clients in ways that foster respect and dignity. In the process of doing well they were guided by their inner compass consisting of values, knowledge and ideals (Lindh, Severinsson, & Berg, 2007). Such a relational way of being requires time and space to allow the relationship to develop. For example, Furåker (Furåker, 2009) found in her study that nurses spend a relatively limited proportion of their working hours doing nursing. Thus her question is whether the humanistic ideology, emphasising holistic care and human interaction above practical skills taught in the training of nurses, is in accordance with the actual work that nurses carry out.
Several researchers have highlighted the significance of new public control regimes evolving over the last 2-3 decades, creating pressure on the moral responsibility in encounters with patients and clients (Englund & Solbrekke, 2011; Kroken, 2006, 2012; Solbrekke, 2007; Solbrekke & Englund, 2011; Vike et al., 2002). The discourse of responsibility in the sector seems to be restricted to accountability emphasising pre-defined tasks rather than responding to the specific situation in ways involving moral obligations beyond the specific tasks (Englund & Solbrekke, 2011, pp. 58-60; Kelchtermanteert, 1996, pp. 133-134). This involves an increased focus on risk reduction in professional work and the need for control of the work carried out that affects the ways in which responsibility is conceived. “Fractures are visible and measurable outcomes, but patients’ perceptions of their life quality are less measurable and therefore invisible in the performance measurement systems of health care” (Wellard & Heggen, 2011, p. 151)

Extensive research on both nursing and social work textbooks has been conducted. For example, the work of Margolin is based on the study of social workers’ case records and textbooks, pamphlets and article written by and for social workers, and labelled “Under the cover of kindness – the invention of social work (Margolin, 1997). This is a critical study aimed at exploring how the profession uses power in order to construct the troubles that are of interest for social work. Margolin says in the introduction; “As we shall see, the main function of social work is neither to alleviate poverty nor to train useful citizens. Rather, social work stabilizes middle-class power by creating an observable, discussable, write-about-able poor” (1997, p 5). Among her findings of relevance for the present study, is what she calls the “sociological” approach to social work (p. 78) where the social workers conduct community investigations without utilising this knowledge when it comes to assessment. The texts of social work are producing a gap between the profession’s self-image and its actions. The aim of social work is described as empowering the clients, while the actions of social
workers are in fact disempowering. She argues that such failures are not used to question the core of the profession but rather to explain the “core meaning” of it. Then she asks whether social workers are guilty of lying or manipulation and concludes that they are guilty of misrepresenting facts in ways that lead to a gap between the profession’s self-image and its actions (p 179). Uggerhøy argues that social workers do not see the discrepancies between ideals and practice. Because the relationship between the social worker and the client is emphasised as so significant and central to social work, they are unable to be critical and see the power embedded in the relationship. Thus the ideal of the good and helpful relationship can persist and conceal the factual situation (Uggerhøj, 2005).

Specht and Courtney argue that social work has abandoned its responsibility to help the poor and fight poverty and ended up by helping the better-off with their problems. Thus they do not work on the perfectibility of society but rather on the perfectibility of the individual by working in ways that are close to psychotherapy (Specht & Courtney, 1994, p. 7). In addition, Villadsen concludes similarly in his study of the genealogy of social work. The study revealed that the philanthropy originating in the 19th century has reappeared in contemporary social work, constituting poverty as the poverty of thought. In this way social work can address poverty at the individual level by steering the clients’ will to change negative experiences and attitudes related, for example, to the labour market in ways that set the individual free (Villadsen, 2004, pp. 254-256).

Fredriksen conducted a comparative discourse analysis of Danish textbooks for nursing and medical students in the period from 1870 to 1956. The discourse of knowledge related to nursing was characterised by orderliness, while related to medicine it was characterised by scientific order. She found that the nursing textbooks addressed the nurses’ self while this was never the case in the textbooks for medical students. Thus being a good nurse is associated
with who the nurse is, but being a good physician is independent of the person’s characteristics (Frederiksen, 2010).

As shown, this thesis relates to a broad field of research which is only briefly and inadequately outlined above. However, this study adds to previous research in several important ways:

1. Contrary to many studies, the focus here is not normative but descriptive, focusing on how governing documents make sense of normative expectations for professionals.

2. The study differs from others by treating one important aspect of professional responsibility within the field of health and social services, the ideal of caring for the whole person, with an emphasis on how this is understood when it comes to two important professions, nursing and social work.

3. The study also adds to the research field by analysing how important texts governing the training and work settings of the two professional groups make sense of the ideal of holism. Holism may refer to both a general idea and to a tradition of alternative therapies. The focus of this thesis is holism as a general concept associated with humanism.

3.0 Theoretical framework

3.1. Constituting the field – dispositif

The field of health and social services is comprised of a myriad of components, each with different historical and institutional origins that contribute to shaping the field. The components may be seen as parts of what Foucault labels “dispositif” or machinery/apparatus (Villadsen, 2004, pp. 20-22), Raffnsøe and Gudmand-Høyer 2005). The different types of dispositif are social technologies because they constitute social and human relationships. One type of dispositif is based on the rationality of governing (Raffnsøe and Gudmand-Høyer
This machinery has a normative effect in that it makes us see, talk and act in specific ways by producing objects of governance and positions from which we can govern both ourselves and others. In this way a certain landscape is created; in this case the field of health and social services. In this field professionals are not only expected to address their patients and clients’ needs, but this is to be done in certain ways. This makes the field of health and social services a particularly governable space (Rose, 1999):

“Governable spaces are not fabricated counter to experience; they make new kinds of experience possible, produce new modes of perception, invest percepts with affects, with dangers and opportunities, with saliences and attractions” (p.32)

The government of spaces and people becomes possible through discursive mechanisms which render the space to be governed an intelligible one with certain limits and possibilities by presenting to us the subjectivities that are desirable (Ibid).

To govern the individual involves the reflexive self; it is about the individual governing itself (Foucault & Neumann, 2002, p. 14; Villadsen, 2007). Thus individuals are objects of specific kinds of power technologies and simultaneously use technologies on the self in the process of self-governing; the power operates both from without and within (Foucault & Neumann, 2002, p. 75; Villadsen, 2007).

Dean defines government thus:

“Government is any more or less calculated and rational activity, undertaken by a multiplicity of authorities and agencies, employing a variety of techniques and forms of knowledge, that seeks to shape conduct by working through the desires, aspirations, interests and beliefs of various actors, for definite but shifting ends and with a diverse set of relatively unpredictable consequences, effects and outcomes.” (Dean, 2010, p. 18)

Government is therefore an activity using different kinds of techniques aimed at shaping conduct. These techniques revolve around the capacity of individuals to control and therefore govern themselves (Dean, 2010; Foucault & Neumann, 2002; Rose, 1999). This means
restricting their own negative behaviour while promoting positive behaviour in both their own interest and the interest of society. This is a productive rather than repressive kind of power, “working through desires, interests and beliefs” of the actors.

Nurses and social workers come to understand themselves in specific ways embedded as they are in the discourses of professionalism. The relational characteristics of professional responsibility places the professionals in the position of being both “governed” and “governors” (Dean, 2010) because the responsibility acquires its meaning from the relational space that exists between the professional and the people dependent on their services. The self-conceptions of the professionals are inextricably linked to the conceptions of the clients and patients who are constituted as objects for the professionals’ responsibilities and actions. Thus responsible conduct in the field of health and social services is also about assisting patients and clients in their conduct of the self (Järvinen, Elm Larsen, & Mortensen, 2002, pp. 9-15; Järvinen & Mik-Meyer, 2003, pp. 9-24).

In the present study the texts comprising the empirical material are conceptualised as techniques directing human conduct because they are part of the discourses that set particular limits and characteristics on the field of health and social services (Järvinen et al., 2002; Mik-Meyer & Villadsen, 2007; Rose, 1999). The texts presume to know the proper and appropriate conduct of the individuals of whom they speak and constitute “in some way who and what individuals and collectives are and should be.” (Dean, 2010, pp. 19-20)

The three cases consisting of documents governing the operation of asylum reception centres, basic nursing textbooks and basic social work textbooks are part of this machinery in that they are technologies that contribute to the articulatory work of the field. What distinguishes them is how large an area of the field the texts’ statements cover. The figure below is a visual
representation of the texts’ positions in the field. (Although the proportions are incorrect, the figure serves the purpose of illustrating the point):

![Diagram](image179x405_to_479x697)

Figure 1

The figure shows that while the asylum reception centres only cover a small area of the field of health and social services, social work and nursing cover a large area.

### 3.2. Discourse analytical approach

In order to operate as a normative expectation, the ideal of addressing the whole person is dependent on being part of a social practice. According to Laclau and Mouffe “every social practice is (therefore) – in one of its dimensions – articulatory” (Laclau & Mouffe, 2001, p. 113). Such articulatory practices are structured by discourses that limit what can be said in order to be considered truthful or meaningful at the time. Michael Foucault (1926-1984) is known for having developed discourse analysis both in terms of theory and practical empirical analysis (Winther Jørgensen & Phillips, 1999, p. 21). He was a French philosopher
and historian of ideas. He defined discourse as: “Practices that systematically form the object of which they speak.” (Foucault 1972:131). The fact that some articulations are considered true while others are considered false is a result of power and knowledge. This implies that our knowledge about reality is part of a construction rather than reflecting reality itself (Winther Jørgensen & Phillips, 1999, pp. 21-23). This is why the epistemological rather than the ontological is the primary focus for discourse analysts (Neumann, 2001, p. 14); the language comes between the human being and reality. Reality cannot be understood without language; it is the linguistic categories that represent reality to us (Ibid: 23-33).

Foucault’s view is shared by Ernesto Laclau (1935-) and Chantal Mouffe (1943-) (Laclau & Mouffe, 2001, pp. 108-110, 163), two theorists on whom this thesis’ philosophy of science is based. Ernesto Laclau is an Argentine political theorist and post-Marxist and Chantal Mouffe a Belgian political theorist. They are known for their development of discourse theory. In the following, I will elaborate on their theory.

To explain the relationship between reality and language we can divide reality into three levels. The first is the external reality, the second is our interpretations of the first and the third is “a universe of integrated interpretations, our rational reality” (Stake, 1995, p. 100). This implies that we believe in a reality on the first level (rationalist), but the only reality we have access to is the one on the second and the third levels (constructivist) (Ibid. 99-102). However, the second represents the first in ways that makes it hard to understand the difference, and there is an illusion of immediacy (Laclau & Mouffe, 2001, p. xi). The reality we seek and the only one accessible to us is a result of our own making (Stake, 1995, p. 102). It is formed by our perceptions and interpretations, and according to Laclau and Mouffe this social reality is conceived of as a discursive space in which there is an ongoing process of meaning making. The process consists of articulations that aim at limiting, determining and as
such constituting the meaning of the topic being spoken of. Articulation is considered a kind of practice, the practice of fixating meaning. The process of fixating is a discursive struggle aimed at reaching hegemony. Moreover, hegemony is the surface of the discourse, appearing to be objective. However, this hegemonic surface conceals the other possible meanings that have been subordinated (Laclau & Mouffe, 2001, pp. 134-144; Winther Jørgensen & Phillips, 1999, p. 61). This is where Laclau and Mouffe depart from a Foucauldian view. They believe that the social consists of several discourses struggling to fixate meaning in the same time and space, while Foucault’s view was monolithic since he considered single discourses to be present in different historical epochs (Winther Jørgensen & Phillips, 1999, p. 22).

So the basis of the study is an epistemologically oriented philosophy of science, where the topic under scrutiny is seen as variable and constantly changing, dependent on time, place and perspectives (Hansbøl and Krejsler in Moos, Krejsler and Laursen 2008). Thus, what is considered professionally responsible is not carved in stone; it shifts and changes over time and space and is constituted in the process of meaning making. How we come to understand it depends on much discursive work aimed at limiting the possible meanings of the concept (Laclau & Mouffe, 2001, pp. 105-108). It is this infinite social life which we try to understand (Ragin & Amoroso, 2011).

One way of approaching the ideal as a component of this machinery as it reveals itself in articulatory practices, is by utilising a discourse analytical approach. A study on the level of discourse is not about how professional work is carried out in practice. However, this does not mean that such a study has no significance for professionals because, as we have seen, the discourses available for people practising professional work represent an important resource for actions (Edwards, 2010; Foucault & Neumann, 2002; Laclau & Mouffe, 2001). We do not reach the level of concrete negotiations on responsibilities; however, we investigate some key
places where concepts of such responsibilities are presented to the professionals. Thus the present study can give us some answers, but not the answer to the questions we ask. The answers are provided through our readings of the texts. The different textual analytical tools utilised in the single cases are all in accordance with the overarching theoretical approach, which is discourse theory. This will be elaborated on in the presentation of the methods in Section 5.2. The following section presents the key concepts of Laclau and Mouffes’s discourse theory.

**Articulations**
The starting point is that signs do not have any meaning in themselves. However, through articulations certain relations are established between the elements, fixating them in a structured totality, called a discourse. The quote below is how Laclau and Mouffe explain some of the key concepts of their discourse theory:

“..we will call articulations any practice establishing a relation among elements such that their identity is modified as a result of the articulatory practice. The structured totality resulting from the articulatory practice, we will call discourse. The differential positions, insofar as they appear articulated within a discourse, we will call moments. By contrast, we will call element any difference that is not discursively articulated.”(Laclau & Mouffe, 2001, pp. 105, Italics in original)

Within the discourse the elements are given a specific meaning, and as such becomes moments. However the totality of a discourse is only temporary; new articulations can restructure the relations and as such turn the moments into elements again. Thus relations are a main focus in discourse theory, because the elements acquire their meaning through their positions and relations to other elements in the discursive network.

**Nodal points**
Some points in the discourse are called nodal points. They are central moments around which other moments are structured. Such nodal points are understood as especially important elements in the discourse. Furthermore, on some nodal points the floating signifiers are
particularly open to the struggle of determining meaning. Different discourses struggle through articulatory practices to modify their meaning and thus define such nodal points in distinctive ways (Laclau and Mouffe 1985: 105).

I understand professional responsibility in terms of seeing people as whole persons as a nodal point in the discourse of professionalism. However, responsibility has little meaning without those who are expected to assume the responsibility – the professionals. This makes the actors central to the articulations because professional responsibility needs to be tied to those who are expected to assume the responsibility – the nurses and social workers. Thus, I will also elaborate on discourse theory’s understanding of subjects. According to Laclau and Mouffe, the individuals are never a closed subject. They reject the dichotomy between the subjects as constituent and constituted as false, and use the term “subject” as “subject positions in a discursive structure” (Laclau & Mouffe, 2001, p. 115) meaning that the subjects are constituted through the discourse. The individual’s experiences are dependent on the available discursive subject positions and acquire their identity by being represented discursively. So what being a responsible social worker or nurse is about, is related to the kind of subject positions available to the professional. However, because the discourses are constantly under pressure from other discourses, the subject positions are also open to changes. This implies that the discourses are given priority at the expense of the individuals, and that the relations between subject positions are central.

**Hegemony**
When most of us just seem to know what, for example, a social worker or a nurse is, according to Laclau and Mouffe this is a result of discursive articulations and not because the social workers and nurses are in essence a certain type of people. However, when hegemonic articulations appear, they may seem like objective truths because the struggle becomes invisible.
The aim of the study is to examine the professional discourse related to the ideal of seeing people as whole persons. In terms of discourse theory, providing holistic services is a discourse that is currently dominating the field of health and social services, and one of its nodal points and floating signifiers is “seeing people as whole persons” (Laclau & Mouffe, 2001). This floating signifier is an element especially relevant for those working in the field since they are the people who are fulfilling the political ideals in their encounters with patients and clients. Thus seeing people as whole persons has an impact on how professional work should be performed. Such nodal points have little meaning in themselves and the object of seeing people as whole persons is constituted as an object of discourse. This means that the ideas need to be reproduced and spread to give concrete help and guidance for those employed in the field of health and social services. The way in which such an empty concept is constituted is through articulations. And the articulations are understood as practices that both fill empty terms with meaning and reduce other possible meanings the terms could have. Through such articulations the elements are filled with meaning by placing them in a structured totality of meaning, a discourse (Laclau & Mouffe, 2001).

When we do not question what professional responsibility is about, but seem to know what it consists of, the struggle and the power have, as earlier mentioned, become invisible. Therefore embedded in the hegemony we find Laclau and Mouffe’s concept of power. Professional responsibility is not something that exists in itself, as an essence, it is constituted through a myriad of articulations. The concretisations/articulations manifest themselves in documents and texts aimed at assisting the professional work and helping people in their daily tasks in encounters with their clients, and the study’s material is part of the ongoing articulatory work aimed at determining the meaning of the nodal point. The texts are conceptualised as articulatory practices which constitute the topic as one writes about it. Each case is studied as an articulatory practice aimed at limiting the possible meanings of
professional responsibility. However, not all articulations on the topic are capable of determining or altering the topics of which they speak. The articulations need to be powerful articulations in their field; they need the necessary authority to be of importance. This topic is elaborated in the next section.

3.3. Theoretical perspectives on texts

I use the term “governing texts” to describe the texts on which this study is based. They are often categorised into completely different genres such as circulars and textbooks. However, what they have in common is that they function as powerful texts contributing to constituting and governing the field with its specific subjectivities (Foucault & Neumann, 2002; Moos et al., 2008; Rose, 1999; Vågan & Grimen, 2008) (Rose 1999, Neumann 2002, Hansbøl and Krejsler 2008 in Moos, Krejsler and Laursen, Vågan and Grimen 2008). Thus the articulations found in the texts are part of the ongoing machinery (dispositif).

The analytical approach consists in dissociating the texts from their conventional categories and regrouping them according to their common governing function. The cases were selected for their potential value in elucidating the topic. Conventional genre categories have a tendency to guide our analytical focus. By grouping the texts in new ways, other functions and relations between them may become apparent.

The circulars are produced by the government and are hence quite clearly tools of governance. Thus we can expect the political ideals to be continued with little hesitation or opposition. In the educational field, we find a continuation of the political ideals in the curriculum and further on in the textbooks used in the training of, for example, nurses and social workers.

Unlike the circulars, the textbooks are not produced by the government but by senior professionals and in addition communicate the ideals and the history of a discipline (Selander, 2003, p. 15; Selander & Skjelbred, 2004, p. 142). This implies that the textbooks’
articulations can place the concept in other positions and thereby change its identity.

Nevertheless, the professional discourse must relate to current political discourses in one way or another. The disciplines must relate to political pressure and then in some way merge the political ideals with the ideals of the discipline. Since assessment is a complex task, the textbooks need to be accurate regarding how the ideals and theories should be implemented (Crisp, Anderson, Orme, & Lister, 2006; Stone & Gambrill, 2007; Swärd & Meeuwisse, 2005). In the end the textbooks communicate a coordinated consensus on how things should be done.

A study based on cases of texts assumes some kind of connection between the texts and practice, making such analysis relevant in a wider context. They are considered cultural and institutional images (Foucault, 1977, p. 333). Anne Edwards refers to the work of Vygotsky and his term *mediations* when she accounts for the connections between culture, knowledge and actions related to professional practice:

“The premise is that all action is mediated by the conceptual resources that are available to us in our culture; unmediated action is consequently an impossibility for humans as cultural beings. In formal education settings curricula are mediated through textbooks, classroom tasks and teachers´ interactions with learners... Therefore, mediation is essential to understanding how the knowledge and values that are embedded in practices become passed on.” (Edwards, 2010, pp. 7-8)

Further, she refers to the work of Wertsch on the distinction between implicit and explicit mediation (Wertsch, 2007). In this context it is the concept of explicit mediation that is of relevance. Explicit mediation is the intentional introduction of what and how a topic is to be conceptualised in relation to professional practice. One example of such mediation is education. But unlike Laclau and Mouffe’s concept of articulations that allows us to reveal the power or the political embedded in such articulatory practices, mediation seems to conceal the struggles embedded in the intentional introduction of what responsible practices are about when seeing the patients and clients as whole persons.
4.0. Research design – a multiple case study

4.1 Case versus example
As noted in the introduction, the aim of this study is to gain a deeper understanding of the normative expectations concerning the responsibility of health and social service professionals for the whole person. The cases used in my study are three different texts of which two are textbooks and one is a regulatory text for asylum seekers. The cases are thus not expressions of the same phenomenon but are drawn from different settings. What binds them together is that they help us respond to a common problem or question: What does it imply to take professional responsibility for the whole person? Ravel (In Eriksen, Krefting, & Rønning, 2012) distinguishes between an example and a case, the former being a concrete manifestation of a more general phenomenon (pneumonia is an example of a lung disease) while the latter is a concrete setting in which a given problem is visible (patient A is a case of pneumonia). To put it simply, examples are expressions of a common phenomenon, cases are expressions of a common problem. Based on this view I consider my cases to be different settings in which the question “what does it mean to take care of the whole person?” becomes relevant.

The aim of drawing on several cases is not to look for similarities and differences, as when two or more examples of the same phenomenon are compared and contrasted (e.g. comparison of textbooks, comparison of different professions etc.). Rather, I draw on different cases in order to “dig deeper” into the question. Though different, the selected cases may throw light on each other. All three cases reflect normative expectations of caring for the whole person at different stages of a professional trajectory from education to everyday work. The first case represents expectations for the professionals in a specific work setting (asylum centres). The other two cases reveal expectations that two of the most important professional groups working in asylum centres encounter during their professional training. The educational context is an important
prerequisite for professionals to make sense of the expectations they encounter in a work setting such as asylum centres.

My main interest is not the similarities and differences, but the specific character of each case. The individual character of each case may, however, be more adequately understood by analysing the three cases in relation to each other. Analysing the two educational settings provides us with an important context for understanding the normative expectations expressed in the specific work setting that I analyse in the first case. Conversely, the documents guiding the professional activity in this work setting may throw light on the advice given or not given to the students during their professional training.

4.2 Stake’s multiple case-study design
The study is based on Stake’s case methodology, which fits well with the understanding of case described above. According to Stake, the aim of a case-study design is not to arrive at generalisations or context-free knowledge, but rather particularisations (Stake, 1995, p. 8); the obligation is to understand the selected cases. Thus a case study is an in-depth exploration from multiple perspectives of the complexity and uniqueness of a particular project, policy, institution, programme or system in a real-life context (Simons 2009, p 21 in Thomas, 2011). This is why the approach is called a “multiple” case-study design.

The conceptual structure for building the study and determining the cases is what Stake calls “the quintain” or the common problem (Stake, 2006). The cases may be seen as expressions of a common problem even though they are quite different in character, i.e. belong to different groups, processes or projects.

Furthermore, cases need to be delineated in a way that makes it possible to know what the entity consists of. Texts are clearly limited, in that they are physical entities with a beginning and an end. Hence, they are well suited for Stake’s design.
When composing a multiple case study one starts with the questions: “What helps us understand the quintain?” (Stake, 2006) The quintain is the term Stake uses for overarching research questions (see Section 6.0). There are three main criteria for selecting cases (Ibid. 2006:23):

- Is the case relevant for the quintain?
- Do the cases provide diversity across contexts?
- Do the cases provide good opportunities to learn about complexity and contexts?

These criteria have guided the selection of my three cases. 1) The three cases throw light on the main question or quintain; “what does it mean to take care of the whole person?” 2) The cases provide diversity by representing different stages on the professional trajectory from training to daily work. 3) They are complex by reflecting a) a work setting in which professionals are expected to provide help to people in an extremely difficult situation and b) professional training which is multifaceted by encompassing a whole range of knowledge, skills and attitudes.

According to Thomas, there are several routes to selection of the cases/subjects. One is the researcher’s local knowledge of the case that places him/her in a position to select cases as he/she is already immersed in the field (Thomas, 2011). This was the route to my selection of the first case, the management documents of asylum reception centres. My previous knowledge of the field was essential in choosing this as a case when studying professional responsibility. This case also covers another route, the deviant case that is not such a typical subject, due to the extraordinary status of the asylum seeker. In contrast, we have the route called the key case. My interest in the textbooks of nursing and social work is justified by their central place in the discourse of professionalism. This selection of cases does contribute to providing diversity across contexts and furthermore it provides an opportunity to capture the complexity of the quintain (Stake, 2006). Thus, the selection criteria were not to find articulations representative
of the field in question, but rather to find articulations that are relevant and may help us to thoroughly understand the quintain.

The decision to use different kinds of texts and different kinds of text analysis is accounted for by the opportunity to explore the concept from several angles in order to capture the complexity and possible variation of the different kinds of articulations of the ideal. The analysis can shed light on possible meanings of what professional work is about in the encounters with the whole person. This is a question of importance for both the educational field and the field of work related to helping people who depend on different kinds of services offered by public and private institutions on behalf of the state.

5.0. Material and method

In this section, I will present the material and method – the textual analytical tools utilised in the individual cases

5.1 Material, procedure and data collection

As mentioned above, I wanted the cases to shed light to some of the complexities of the quintain. One of the criteria was that the articulations had to be powerful (Berge, Meyer, & Trippestad, 2003) in their field. Since my interest in the topic grew out of my knowledge from the field of asylum reception centres, the search for articulations in the first case was limited by the field itself. Some of the most powerful texts contributing to the professional discourse are the documents governing the operation of the centres. They are texts from the government articulating and defining the purpose and goals of the work carried out in asylum reception centres, and as such are important for how the people working here are to understand their responsibilities. The table below provides an overview of the circulars included in case 1 of the study.
Table 1

<table>
<thead>
<tr>
<th>Circular 2008-022</th>
<th>Regulations for the Operation of Asylum Centres</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circular 2008-031</td>
<td>Requirements Relating to Accommodation in Ordinary Government Operated Reception Centres</td>
</tr>
<tr>
<td>Circular 2008-033</td>
<td>Requirements Relating to Staffing and Expertise in Ordinary Government Operated Reception Centres</td>
</tr>
<tr>
<td>Circular 2008-034</td>
<td>Requirements Relating to Resident Impact in Ordinary Government Operated Reception Centres</td>
</tr>
</tbody>
</table>

Table 1

Even though it forms part of the health and welfare services, this case is somewhat on the periphery of the field of health and social services and in order to explore the topic further I wanted cases or articulations that are more central to the discourse of professionalism in the Norwegian context. I turned to two key professions which are central to the discourse of professionalism, nursing and social work. One important source of articulations related to these professions is found in basic textbooks used in the training of professionals. These textbooks present to the students the current “definitions” of what the profession is about. Because the study is situated in the Norwegian context, the textbooks had to be written for Norwegian conditions and they had to be on the curriculum at several university colleges.

In nurse training there is a comprehensive body of work regarding basic nursing, while basic textbooks of social work represent a less comprehensive body of work. The table below provides an overview of the nursing textbooks included in case 2 of the study.

<table>
<thead>
<tr>
<th>Title</th>
<th>Author</th>
<th>Publisher/year</th>
<th>Length</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Nursing I-IV (Grunnleggende sykepleie)</td>
<td>Kristoffersen N. J., Nortvedt F. and Skaug E.-A.</td>
<td>Gyldendal Akademisk 2005</td>
<td>1200 pages</td>
</tr>
</tbody>
</table>

Table 2
The lack of a comprehensive body of work on social work led me to select several individual textbooks that are on the curriculum at a number of Norwegian university colleges. The table below provides an overview of the social work textbooks included in case 3 of the study.

<table>
<thead>
<tr>
<th>Title</th>
<th>Author</th>
<th>Publisher/year</th>
<th>Length</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is Social Work? (Hva er sosialt arbeid?).</td>
<td>Levin Irene</td>
<td>Universitetsforlaget</td>
<td>130 pages</td>
</tr>
<tr>
<td>The Art of Helping: Individuals and Families. (Kunsten å hjelpe: individer og familier.)</td>
<td>Shulman Lawrence.</td>
<td>Universitetsforlaget</td>
<td>398 pages</td>
</tr>
</tbody>
</table>

Table 3

Each of the three cases is presented in separate papers that form appendices to this thesis. The quintain was examined using different research questions and approaches in the three cases. In the next section I present a more detailed account of the textual analysis conducted for each of the cases.

5.2 Data analysis: Text analytical tools

The choice of texts provides diversity across contexts and good opportunities to learn about complexity and contexts. The textual analytical tools I have utilised vary across the cases, and can best be described as eclectic (Stake 2005, p 443 in Denzin & Lincoln, 2005). Choosing different theoretical perspectives and text analytical tools for the different cases may not be the most obvious or easy way of performing the study. My justification for doing so is to enhance the case sensitivity as much as possible in the single case analysis. The research
questions asked in the individual cases required different text analytical methods and tools in order to be answered. However, they are all compatible within the framework of Laclau and Mouffe’s discourse theory.

The order of the articles indicates the order of my analysis. In the initial phase in each case I read the whole material several times to familiarise myself with the texts, while simultaneously making “field notes”. The field notes have supported my analytical process and helped me retain the thoughts, associations and ideas that arose during the reading. They also supported the development of the analytical focus.

In the initial phase of the analysis, I utilised Laclau and Mouffe’s tools in all three cases. As I consider professional responsibility a nodal point that is closely connected to the subject positions made available for the professionals possessing the responsibility and the actors “receiving” the responsibility, the clients and patients, I have looked for the agents in the texts and how these are connected to other categories such as verbs, adjectives and adverbs.

I have made several decisions during the work process in order to increase the study’s reliability and validity. When analysing the material I read the whole material using different colours, highlighting in yellow each time the employee, nurse or social worker was mentioned and the following verbs, adjectives or adverbs. The same process was repeated with another colour, this time highlighting each instance that the patient or the client was mentioned. The third category was the mention of the nursing or social work profession in the text. These categories were plotted into tables. This helped me to obtain an overview and knowledge of the material and reduced the risk of randomly selecting which parts I would analyse more thoroughly.
The governing documents are more explicit as a text genre in terms of stating what is expected to be done when running a reception centre. This material is also less extensive. The textbook material is rather extensive and after several readings of the whole material I limited it in terms of selecting the parts that were more relevant to my research questions. These sections were more explicitly about the relationship between the professional and the patient/client.

These sections were analysed again with the help of fairly stringent textual analytical tools in order to increase my analytical focus and thus make the interpretations less arbitrary. These tools make it easier to describe what has been done during the analysis, and as such make the analytical steps more available for the readers. The specific methods of analysis are further elaborated on in the section describing each case below.

The third strategy was to guide the reader through some of the analysis by displaying how it had actually been carried out. Extensive excerpts were included and the reader was guided step by step through the analysis.

I have chosen to separate the presentation of the methods and the results. Thus in this section I will present the methods used in the individual cases. I present the results of these in Section 6 below.

**Methods in Case I**

In Case 1 presented in the article concerning asylum reception centres, the text analytical approach was a discourse analysis in line with Laclau and Mouffe’s discourse theory. The process of analysis started with a thorough reading of the governing texts in order to gain an overview of the texts. I will not give the impression that this initial reading was in any way “objective”; it was guided by my research interest and as such it was a reading from a specific point of view. The governing texts were analysed by looking for the texts’ articulations of the conduct employees must exhibit in order to perform appropriate actions and thus act
professionally. This was done by looking for the different kinds of actions that were connected to the employees. Through these articulations, which can be considered fixed viewpoints, certain acts and conduct are at the disposal of the employees. Because professional responsibility is considered a relational phenomenon (it is always practised in relation to something or someone) the analysis also emphasised the relations between the employees and the asylum seekers. This is of significance because the meaning of being a member of the staff is strongly related to the understanding of the asylum seeker. The two positions contribute mutually to each other’s meaning, and while being filled with one specific meaning, other possible meanings are excluded. Thus it was essential to see how both employees and residents, and the relations between them, were projected in the texts. This analysis was based on the analytical tool from discourse theory; subject positions that contribute to fill the terms asylum seeker, resident, reception centre and nationality with meaning. The subject positions are filled with meaning by being connected to verbs, adverbs and adjectives. One example is when the employees are related to the objective of the centres – an offer of accommodation. This implies that the centres are not conceived of as a home but rather as a temporary place to stay. This temporariness should be done ‘basically’, ‘professionally’ and ‘reasonably’. By connecting such terms to the operating of the centres, the texts indicate and fill with meaning what the responsibilities of the employees are considered to be.

When it comes to a further elaboration on the method, I refer to Section 3.2 Discourse analytical approach, in which I give an account of Laclau and Mouffe’s discourse theory and its central concepts.

Methods in Case II
In Case II, which consists of basic nursing textbooks, the text analytical approach is inspired by Kari Martinsen’s person-oriented professionalism which contributes to safeguarding the
patients’ integrity and dignity because the nurse avoids reducing the patient to an object (Martinsen, 2000). Person-oriented professionalism enables the nurse to see the patient as a whole person and requires a therapeutic relationship and what Martinsen labels both knowledge and humaneness from the nurse. This kind of professionalism requires the nurse to relate to the patient in specific ways guided by a dual gaze: the perceiving and the recording eye. This dual gaze is necessary in order to capture the patient as a whole person. The recording eye is preoccupied with classifications and pre-defined concepts, while the perceiving eye captures the patient’s suffering. Together they represent both humaneness and knowledge in the relationship between the nurse and the patient. Martinsen’s use of gaze in relation to professionalism inspired the analysis, and we wanted to examine how the student nurse is instructed to see the patient according to the textbooks.

Because Martinsen’s concepts are philosophical, we needed to translate her gaze into tools of analysis. Therefore we turned to narratology, the theory of the narrative that is based on the theoretical assumption that telling implies a way of seeing because every story told is dependent on a situated focus (Genette, 1988, p. 74). The perspective in the texts is not neutral because this situated focus directs the reader’s gaze in a particular direction and excludes other possible perspectives. According to Bal, denying this is a dubious political act, because “objectivity is an attempt to present only what is seen or is perceived in some other way (Bal, 2009, p. 145). All comment is shunned and implicit interpretation is also avoided.”

The concepts utilised in the analysis of the empirical material were the narrator, focalisation, and characteristic (Genette, 1988). These concepts are of significance for the construction of the perspective assumed in the text and therefore of significance for how the topic is presented. The narrator is the voice that the reader encounters in the text and must not be mistaken as being the same as the author (Aaslestad, 2007). The author can choose to present
the narrating voice in the first person (a voice in the story) or in the third person (the teller of the story).

Focalisation is about who is seeing, rather than who is speaking in the texts. Genette calls this a restriction of “field”; it is a selection of narrative information done by a selection of focus that “allows passage only of information that is authorized by the situation.” (Genette, 1988, p. 74) There are two types of focalisation, external and internal. When we have internal focalisation “the focus coincides with a character, who then becomes the fictive subject of all the perceptions, including those that concern himself as an object.” (Ibid: 74) One example is that the author can let the patient tell a story in the text (first person) meaning that the patient can tell us everything he or she knows, sees, or thinks in the situation. Then we can, for example, see the nurse through the eyes of the patient, which is internal focalisation; the person telling and seeing is part of the story. In such cases, the patient is both the one who speaks (the narrator) and the one who sees.

When we have external focalisation, the situated focus is placed outside of every character at a point chosen by the narrator (Genette, 1988, p. 75). However, we will not get to know “everything” because the focalisation restricts the information to what is considered relevant for the situation. In the nursing textbooks, the reader will get to know what is relevant for the nurse to know in order to take on her/his responsibilities in relation to the patient. Martinsen’s two gazes have certain characteristics; it is not only about seeing the patient, it is a particular way of seeing. Therefore, it would also be of significance to examine the characteristics of the gazes in the texts. Is it a participant gaze or a spectator’s gaze?

According to Lothe, characteristics can be seen in two ways; through direct definition or indirect presentation (Lothe, 1994). We have direct characteristics when a person is described by the use of adjectives. Direct definition is a presentation of people that includes the use of
adjectives, while indirect presentation characterises people by referring to actions, speech or external features. Both individual actions and repeated actions can give a nuanced picture of the people involved. What people say or think also contributes to providing a specific picture of them. One example is “the nurse is empathetic.” An indirect presentation referring to actions, speech or external features could be; “when the nurse examines the patient, her touch is gentle and her voice is soft” and we come to understand that her way of touching and talking is equivalent to the kind of nurse she is.

By utilising these text-analytical tools we wanted to examine the texts by investigating how the textbooks articulate for the nursing students the correct way of seeing the patients and what this makes the nurse responsible for in encounters with the patients.

Methods in Case III
In Case III, the social work textbooks, we use a text analytical approach known from analysis of newspaper texts, Roger Fowler’s syntax analysis (Fowler, 1991). Fowler’s basis is a type of critical linguistics, emphasising that representations of the world in language, always imposes values. The texts constructively patterns that of which it speaks” (Ibid p 4). It is “an enquiry into the relation between signs, meaning and the social and historical conditions which govern the semiotic structure of discourse, using a particular linguistic analysis.” (Ibid. p. 5) Therefore, what is represented imposes values that are social and economic in origin, meaning that different expressions carry different ideologies. His analysis is based on Halliday’s functional model, emphasising the connection between linguistic structure and social values. Fowler refers to Halliday’s strong notion of function, which is connected to three characteristics:

“In first place, language serves for the expression of content: it has a representational, or, as I would prefer to call it, an ideational function ... [I]t is through this function that the speaker or writer embodies in language his experiences of the phenomena of the real world... In second place, language serves what we may call an interpersonal
function... But there is a third function which is in turn instrumental to these two, whereby language is, as it were, enabled to meet the demands that are made on it; I shall call this the *textual* function, since it is concerned with the creation of the text...” (Fowler, 1991, p. 69)

Fowler emphasises the social determination of interactions through language. His view is parallel to Laclau and Mouffe’s in that the roles of speakers/writers and of listeners/readers derive from the meaning of the discourses. (Laclau & Mouffe, 2001, p. 41)

*Transitivity* is part of the ideational function that can be used as a tool in the analysis of representation; it is “the way the clause is used to analyse events and situations as being of certain types.” (Fowler, 1991) The transitivity of a text is constituted by the following linguistic tools: actions, events and circumstances and active or passive participants. Changes in the world can be portrayed mainly in two ways, either as events or as actions. The distinction between the two refers to the position of the verb in the sentence in relation to the nouns. In linking the verb to a noun the change is portrayed as a result of an intended action, or changes can be portrayed as events by not linking the verb to a noun. This can be done by the use of nominalisation where the verb is converted into a noun – for example by using “development” instead of “to develop”. In this way an action becomes an event and the participants are not only passive, they are absolutely unnecessary. This is what Fowler labels “agentless passive” (Ibid. p. 78) since nobody is responsible for the change that takes place. This form of representation “offers substantial ideological opportunities” (Ibid. p. 80), because implicit in such statements we find power relations.

The participant’s role in the statement can be portrayed as active or passive. We are dealing with an active participant, an agent, when the one taking action is an individual. Participants can also be portrayed as passive recipients of the actions taking place. These are called affected participants.
Our starting point in the analysis was the texts’ presentation of the moment when someone becomes a social work client. The point at which a person passes the threshold of being in a situation that requires a social worker defines the borders of social work. We therefore wanted to examine the texts’ presentation of this moment by looking for how this moment is portrayed, and how the participants are conceptualised. This choice is based on our understanding that the way this is portrayed is of significance for how the social worker can assume his/her responsibility.

5.3 Reliability and validity
In qualitative studies, the validity of the study is based on consistency between the theoretical perspectives utilised and the results developed, in addition to the researcher’s ability to critically consider the interpretations (Kvale 2012). In order to validate my research I have made a conscious effort to disclose the assumptions my research is based on, how I understand the phenomenon I study and how I have approached the material. The starting point has been a rejection of the phenomenon as something with cultural and universal independence (Søndergaard, 2000, p. 62). Performing textual analysis, like any other form of analysis, is no innocent or objective task. It has been a prerequisite that texts have no reader-independent qualities, but the meaning of the texts appears when we read them and interpret them. In line with Krippendorff, a text “emerges in the process of a researcher analyzing a text relative to a particular context.” (Krippendorff, 2004, p. 19) It is not uncommon in research for this to occur when performing textual analysis, for example interviews are also turned into texts during the research process. However, in this study the empirical material is already in textual form and the relation between the texts and the reader is still of significance. Krippendorff’s definition particularly concerns content analysis; however, it is valid for an understanding of texts in general. Further, Krippendorff argues that there is no single meaning inherent in the text; the perspective from which the text is read will influence the kind of
meaning that emerges. The same text can thus be read in many ways and from different perspectives, and the stories told can be quite different. It is also apparent that different stories occur relative to the context and purpose of the reading. Performing textual analysis will always be closely connected to the person reading and interpreting the texts. There is a close connection between the one understanding the texts and what is understood (Haavind, 2000). Further, it is not only the phenomenon studied that is situated in specific historical and cultural contexts, but also the analyser influencing the interpretations. Thus my professional training, my research interest and my choice of methods have an impact on the work carried out through the research process. My interaction with the texts was from the outset guided by my research interest and my position within a poststructuralist perspective supported by the discourse theory of Laclau and Mouffe.

In my view there are similarities between interviewing people and “interviewing” texts; what occurs is a result of the questions I have posted to the text. According to Krippendorff the ordinary readers (here professionals and students) will find different meanings than those of the content analysts of the same texts because they read differently (Krippendorff, 2004, p. 22). The inferences made in this project are a result of the research questions asked when engaging with the texts. For example, no student would read the textbooks as they have been read in this project, because the meaning of the texts is brought to it by the specific questions guiding the study and its purpose. I have, so to speak, interviewed the texts looking for answers to my research question. However, when interviewing the texts I am the one both doing the asking and finding the answers. The “findings” are not found in the texts themselves but are rather a result of my specific reading of the texts. This implies that posing other questions from another perspective could lead to totally different answers. However, in order to validate my work it is of importance that my readers know my starting point, my
considerations and the steps I have taken throughout the process, so that it may be possible to consider the results of my study as “substantiated knowledge proposals” (Andenes, 2000, p. 288). This does not mean that anything goes; the objective is still to perform valid and reliable interpretations. As mentioned earlier (see Section 5.2.), three strategies have been chosen to enhance the validity and reliability of the analysis. First the whole material was examined, while “field notes” were made. Here I utilised Laclau and Mouffe’s tools when looking for the chains of equivalence connected to the agents in the texts. Secondly, when analysing the textbooks I utilised textual analytical tools that captured these texts’ specific contexts. These tools make it easier to describe what has been done during the analysis, and as such make the analytical steps more available for the readers. The specific methods of analysis are further elaborated on in the section describing the data analysis of the single cases (Section 5.2).

The third strategy was to guide the reader through some of the analysis by displaying how this had actually been performed. Extensive excerpts were included and the reader was guided step by step through the analysis. The analysis has to be interesting and inspiring to interest the reader and not alienated from the textual material (Søndergaard, 2000, pp. 88-90). The aim has not been to reveal the correct or the best, but to display possible and reasonable interpretations. Thus, the interpretations can be subject to criticism and other readers might arrive at other interpretations. My reading has been guided by my scepticism of the self-evident use of the term “seeing the whole person.” Would I have been able to see something else or something more if my attitude towards the material had been less critical? In accordance with the discourse theoretical standpoint, the term is in my opinion far from self-evident; it acquires its meaning through extensive articulatory work. Some may find my readings too critical and that they may affect the validity and reliability of my work. Such objections are important and should be considered. However, this does not imply that it is possible to perform such work in an “objective” way. The final test of my work’s validity and
reliability is whether the reader of my analysis can follow my reasoning and reading of the material and find them credible/trustworthy.

### 6.0 Summary of the individual cases/papers

In this section I will give a summary of the results of the individual cases as an introduction to the cross-case analysis. The figure is an illustration of the Quintain and the research questions guiding the individual cases.

**The Quintain**

**Responsibility for whole persons**

- **Case I**: How is professional responsibility projected, and how should the professional worker relate to his or her responsibility as it is defined in the documents?
- **Case II**: How do the textbooks conceptualise/present the ideal of the holistic view of the patient? What does the presentation make the nurse responsible for?
- **Case III**: How do the textbooks contribute to the deconstruction of the ideal of holistic responsibility; the responsibility for addressing both the individual AND the societal?

- Management documents
- Nursing textbooks
- Social work textbooks

for asylum reception centres

Figure 4
**Paper I – Professional responsibility and human rights at asylum reception centres**

This paper focuses on articulations of professional responsibility found in Norwegian government circulars governing the operation of asylum reception centres and is published in the Nordic Journal of Human Rights (3-4/2010).

The people living in the centres have applied for asylum in Norway on the grounds of being persecuted in their home country. As a consequence many of them have traumatic experiences of being exposed to serious breaches of human rights before arriving in the country, in terms of having witnessed or been subjected to violence and torture (M. Jacobsen at al 2007: 8). However, arriving in Norway and being in exile does not mean the absence of further negative experiences. We know that violence, abuse and sexual harassment also occur in Norwegian asylum centres. Women are particularly at risk (Lauritsen & Berg, 1999; Skogøy, 2008). (The Norwegian Refugee Council, 1999) As part of the health and social services the centres are obligated to help and protect the people living there.

The circulars state the purpose of the centres and are for that reason an important framework and governing tool for the work carried out. An important source for exploring the concept is connected to the type of needs the employee should relate to and be responsible for according to the circulars.

The findings in this study suggest that the circulars define the centres as having dual objectives: ‘a normal place of residence’ and ‘a place providing opportunities for growth’.

These two objectives are conceptualised in the analysis as two discourses attempting to define this field. Due to a focus on the asylum seeker as a resident and a customer, the special situation of the resident becomes irrelevant. Consequently, the antagonism is eliminated by the hegemony of the customer’s discourse, and the responsibility is restricted to a focus on practical arrangements such as routines, rooms, beds and access to a telephone in order to
meet the customer’s need for accommodation. The residents become responsible for their own opportunities for growth. This transfer of responsibility seems to involve a restriction of responsibility. Responsibility is linked to a requirement that routines should exist; however, no stipulations regarding the content of the routines are given. But whether the residents are truly safe or are in a situation where growth is possible seems to fall outside the boundaries of the responsibility. I will give some examples of the analysis leading to the findings:

“In Circular 2008-031 ‘Requirements Relating to an Offer of Accommodation in Ordinary Reception Centres’, we find a more detailed description of what is involved in the responsibility of professionals associated with an offer of accommodation: ‘An ordinary government reception centre shall be basic, but a reasonable offer of accommodation that shall secure the residents their basic needs and the individual’s need for security’. Basic needs and security are important elements in relation to the responsibility of the employees. Thus, it also becomes clearer what basic and reasonable involves. Operation becomes unreasonable if the residents do not feel safe in the reception centres.”

We see that the adjectives basic and reasonable are connected to the running of asylum reception centres in order to meet residents’ basic needs. The next example shows how the term reasonable is filled with meaning in the governing documents:

“Each resident is entitled to, among other things, ‘a bed to sleep in, access to a bathroom and toilet with locks, as well as a communal area for socialising adapted to age and gender’. Moreover, residents shall have ‘living conditions with satisfactory hygiene and access to cost- free washing machines and drying facilities for clothes’. They shall also be able to ‘make their own food or be offered nutritional, varied and culturally adapted catering’. Under ‘Communal Areas’, more specific requirements are stated with reference to what they should include to satisfy the provisions: ‘a sufficient number of kitchens, bathrooms and toilets for women and men’. There shall be communal areas for instruction, social gatherings, contemplation, areas for children and safe outdoor recreational areas.”

This way of filling the term reasonable with meaning is of significance for the understanding of the employee’s responsibility; it is connected to physical conditions like beds, bathrooms and satisfactory hygiene. The topic is further elaborated on in article number one.
Paper II Nursing textbooks’ conceptualisation of the nurses’ responsibilities related to the ideal of a holistic view of the patient – a critical analysis

This article is submitted in Nursing Educations Today. The analysis is based on the ideal of holistic nursing embracing the patient as a whole person with mind, body and spirit (McEvoy & Duffy, 2008), and Kari Martinsen’s concept of person-oriented professionalism (Martinsen, 2000). She argues that seeing the patient as a whole person requires a person-oriented professionalism consisting of a dual gaze that enables the nurse to focus on both the diagnosis and the person. Research has revealed that training can only up to a certain point prepare professionals for the complex responsibilities they meet in the workplace (See e.g. Halvor Fauske et al., 2006; Norvoll, 2002; Smeby & Mausethagen, 2011). Being professional includes many and sometimes conflicting obligations, and training falls short in relation to the complex expectations imposed on nurses in working life (Karseth & Solbrekke, 2006; Solbrekke & Karseth, 2006; Tveit, 2008). Previous research has focused on the importance of the nurse’s conceptions of the patient when it comes to safeguarding the patient’s integrity. The conceptions are of significance for nurses to promote or violate the integrity and dignity of the patient through either being caring or uncaring (Halldorsdottir, 2008; Heijkenskjöld, Ekstedt, & Lindwall, 2010; Söderberg, Olsson, & Skär, 2012; Widar, Ek, & Ahlström, 2007).

The findings in this study suggest that this idea is continued in the textbooks because both the medical and the human aspects of the patient are presented. However, there is a lack of integration between the two aspects since they focus separately on the medical condition of the patient and the patient as a human being. The texts do not conceptualise how the nurse can integrate the two gazes in order to capture the whole of the patient. On the one hand the responsibility is restricted to physical diagnoses and body parts, and on the other hand when dealing with the “core” of the patient, the responsibility becomes limitless. Due to this lack of
integration, addressing the patient in terms of a person with a diagnosis remains an ideal without any conceptualisation of how the nurse can act in a responsible manner in relation to this ideal.

I will give some examples, the first representing the perceiving eye and the second representing the recording eye:

When the nurse directs attention to the patient’s life world, the diagnosis is of little interest and the gaze is one of perceiving rather than recording:

“Led by what the senses tell about the patient’s condition, the nurse directs the attention to the patient’s life world when talking to him.... By allowing the senses to control the attention in the interaction, the nurse can be liberated from the biomedical spectacles that guide the gaze in a defined direction and that make no allowances for the patient’s individuality. The nurse uses her/his senses and skills of empathy to reveal important aspects of the patient’s experience of illness… (Basic Nursing, Chapter 2, 65-66).”

When the nurse is focusing on the patient’s medical diagnosis, the perceiving eye becomes prominent and the patient’s life world is of no significance:

“When you take another person’s pulse, you must not use your own thumb. You then risk counting your own pulse in addition to the patient’s, and the result will be a wrong measurement. In cases where it is difficult to feel (palpate) the pulse with the fingers, or if you are in doubt about whether there is any circulation to an area, it can be an advantage to use a Doppler apparatus (see Figure 8.7, page 31). (Chapter 8, 17/2 – author’s translation)”

We see that it is the medical condition of the patient that is in focus in terms of what can be measured with the use of the fingers or a Doppler apparatus. The figures following this text show only the hands of both the nurse and the patient. Thus the whole person is not of significance.
The third case explores the articulations by analysing basic textbooks of social work. Social work is, along with nursing, a subject at the centre of the field of health and social services. The core of the work is carried out in encounters with people/groups in need of help. In social work a holistic view is based on a conception of the individual as embedded in his/her context, captured in the term “person in environment” or “person in situation”. As a consequence of this concept of holism the social worker is to be responsible for promoting change and reducing inequalities at both the individual and the societal level (Hare, 2004; Margolin, 1997, pp. 2-6; Payne, 2006; Specht & Courtney, 1994, p. 11). Based on this the research question was: How do the textbooks portray the relationship between social responsibility and responsibility for the individual client? The purpose was to find out which conceptions of professional responsibility come to light in the texts. Through the analysis we would not only show what is produced of meaning for professional responsibility, we would also show how this is done. And since the textbooks constitute guides for actions, the entry to the research question was through a focus on articulations of actions and events. The analysis was performed using Fowler’s transitivity analysis with its focus on how texts articulate changes in the world. Basically such changes can be presented as actions or as events. Unlike events, actions need agents to be carried out. Being responsible involves seeing the situation as approachable and being able to carry out the necessary kinds of actions. I will give one example from the analysis of Kokkinn’s textbook. This is an example of textual analysis focusing on the texts’ use of nouns rather than verbs. This is of significance for how the professional responsibility is filled with meaning:
Why some people are affected, thus becoming clients, is portrayed as follows:

“Large-scale social upheavals due to technological development – particularly in connection with work and education – have a huge effect also on ordinary normal people. Marginalisation or exclusion from the labour market has always been one of the causes of individuals experiencing being stricken by social problems (Halvorsen 1994, 2001, 2004). Others are stricken by debt crises, either as a result of economic fluctuations or of modern attitudes to and the use of loans for consumer goods.” (Kokkinn 2005, p. 120)

The client is created by being passively exposed to external forces in the form of social upheaval and technological development. By converting the verbs “to marginalise” and “to exclude” into nouns, it becomes unnecessary to link them to agents. Exclusion and marginalisation become forces that appear natural and inevitable. What makes it seem as if these are forces that emerge quite inevitably “out of nothing” and also strike ordinary people, is that conflicts of interest and power are not made relevant. Even in the last sentence there is no agent, since there is a force called “the debt crisis” that strikes them. This is linked to economic fluctuations – cycles that occur at irregular intervals. So the definition of the problem rests on the societal level. However, the social worker has no solution to such problems. It is not possible to address the causes of “the crisis striking”, and thus the social responsibility of social work is excluded.”

The findings reveal that the texts continue the dual focus of social work when it comes to the definition of the problem, the understanding of the person. However, when it comes to the solution to the problem, only the person is addressed; the professional discourse excludes the social responsibility and what remains is the responsibility on the individual level. In this way a gap between the understanding and the solution appears, and the exclusion has important consequences for social work because what initially required a social worker, “the social problems”, does not require a social worker to solve the problem. The problem can be solved just as well by other welfare professions.
In the following section the cross-case analysis will be presented with a focus on some themes that operate as cross-cutting topics contributing to a further elaboration of the quintain.

7.0 Cross-case analysis
As explained in the method section, the aim of this study is not comparison in a traditional sense. My cases are not examples of the same phenomenon. What binds them together is that they help us answer the same overall question or what Stake calls the quintain: What does it imply to take professional responsibility for the whole person? How is it possible to stay sensitive to the particularities of each case and at the same time learn something more about the quintain from the totality than we might learn from each case alone? The solution to this challenge is, according to Stake, to identify cross-cutting topics which reflect different aspects of the quintain (Stake, 2006, pp. 39-48). My cross-cutting themes are based upon the theoretical framework of the thesis, the discourse theory, and were developed after reading the individual case reports (here each article). The themes chosen were:

1. Framing “the whole” in the individual case
2. The positions offered for the patients and clients (concerning the question of subjects or objects)
3. The positions offered for the professional
4. The relations between the professional and the client/patient conceptualised

Theme one is a necessary condition and framework to establish in order to explore the other themes. The themes concerning the positions offered for both the professional and the client embrace an important element in relational work; it is about encounters between people. The relation between the professional and the one in need of their services is constituted by the positions offered to each of them. In addition, these positions constitute each other, because without the former the latter would have no meaning and vice versa. Further, the relation
between the professional and the client/patient can add an additional layer of meaning or adjust the initial content of each position. This analysis is carried out in accordance with the discourse theory of Laclau and Mouffe (see previous presentation, Section 5). The cross-case analysis is performed based on the findings in each article; however, this time the findings are analysed with an explicit focus on the selected themes in order to shed light on the quintain.

The cross-case analysis is carried out in line with Stake’s recommendations, in a way that maintains the individual case findings to a greater degree than other tracks of cross-case analysis. In the following the themes will be presented and elaborated on one by one, connected to the individual cases. The separate presentation of these positions and relations is a simplification of a complex interplay. However, in order to preserve the individuality of the cases and allow an exploration of the quintain, such a separation of the cases is required. After a separate presentation of the separate findings, they will be integrated in a final discussion of the possible implications for professional responsibility. In the words of Stake, this is where one makes assertions about the quintain. The findings are presented in tables which are an adaption of the tables recommended by Stake (2006, pp 42-51).

7.1 Theme one: Framing “the whole” in the individual case

A prerequisite for exploring what responsibility for whole persons means, is to establish what the wholeness implies in the individual case. This constitutes the context of the individual cases. What the whole consists of is illustrated in Figures 5, 6 and 7. These illustrations are simplified representations and as such a reduction of the complexity associated with professional relations.
Asylum reception centres
In the first case, the study of management documents for asylum reception centres aimed at steering the people working in the centres, the idea of the whole acquires a unique meaning in this context; that of the asylum seeker as a tenant and as a human being with the ability for personal growth. This wholeness is associated with the objectives of the reception centres: to be a normal offer of accommodation and a place for individuality and growth opportunities for people in an abnormal situation. The abnormal situation is that of being a refugee applying for asylum in a foreign country, and waiting for the application to be processed.

![The whole in asylum reception centres](image)

Figure 5. The person in an abnormal situation and the resident in a normal place of accommodation

Being responsible in this context should involve being responsible in terms of relating to the asylum seeker as a human being in an abnormal situation, in addition to a person in need of a normal offer of accommodation.

Nursing
In the second case consisting of basic nursing textbooks, the whole is conceptualised as the totality of the patient. “Holistic nursing care embraces the mind, body and spirit of the patient, in a culture that supports a therapeutic nurse/patient relationship, resulting in
wholeness, harmony and healing (McEvoy & Duffy, 2008). A holistic conception of the patient is a prerequisite for good nursing. The emphasis on wholeness is justified by the aim of avoiding violation of the patient’s dignity (Halldorsdottir, 2008; Heijkenskjöld et al., 2010; Söderberg et al., 2012; Widar et al., 2007). According to this conception of the whole, the responsible nurse addresses these aspects in encounters with the patient.

We find that the nursing textbooks reflect such a holistic view of the patient because both the medical and the human aspects of the patient are emphasised. However, these two aspects do not appear simultaneously in the texts. There is either a focus on the medical condition or a focus on the human aspects of the patient.

Figure 6. The whole person; body, mind and spirit

Social work
In the third case consisting of basic social work textbooks, we find the holistic understanding of the client in the term “person-in-situation”.

This concept reflects the ontology or a world view about the individual and the social as interrelated. As Gordon Hamilton argues: “A social case is a living event...and consists of
person and situation” (Hamilton, 1951, p. 3), meaning that the individual is embedded in larger and smaller contexts which he/she both affects and is affected by. This core concept impacts upon the social worker’s responsibility; it requires a holistic approach in terms of a focus on both the individual and the contextual when dealing with social problems. This is what makes social work “social”, and according to the international code of professional ethics (IFSW), “Social workers have a responsibility to promote social justice, in relation to society generally, and in relation to the people with whom they work.” 9

![The whole in social work](image)

**Figure 7** The whole; the person-in-situation

The responsible social worker addresses both the individual in his/her situation and the social, in terms of helping the clients with their problems and in addition addressing societal problems affecting the individuals. According to the case findings there is a distinction between the conception of the reasons for people becoming clients of social work, and the solutions to this situation. In relation to the reasons for people becoming clients we find that the texts emphasise the social conditions in which the clients are embedded as one important

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element. However, when it comes to the solutions the social conditions disappear and the only level in focus is the individual.

This section reveals that the conceptions that overlap to the greatest degree are those of asylum reception centres and social work. Both focus on the individual (the person) and the situation, while in the nursing texts the wholeness primarily relates to the individual, independent of the situation.

In order to be able to make assertions about conceptions of responsibility across the cases and within the different kinds of “whole”, it is of interest to examine how the different actors are positioned within the cases. The term positioned refers to the subject positions made available for the professional and the patients/clients. Equally interesting and important are the positions excluded for the respective actors because these contribute to constructing what falls outside the professional responsibility. I will start with the positions concerning the people in need of help.

7.2 Theme two: Positions offered to people in need of help.

In this section I shall explore what the texts offer regarding positions for the asylum seekers, the patients and the clients in the field.

In the documents guiding the operation of asylum reception centres, the asylum seeker is visualised as a resident voluntarily living in a centre; they are tenants or customers on the housing market. Embedded in such conceptions is the asylum seeker as an autonomous individual with the free will to live wherever he/she wants. In accordance with the customer analogy asylum seekers are free to accept or reject the services offered by the centres. They are also considered to be people with resources, experience and knowledge, who should participate and contribute in the best interests of the residents, the centres and the community.
This is a potentially powerful position because dissatisfied customers will seek other providers. Nevertheless, the texts’ emphasis on the residential conditions helps subordinate the abnormal situation of the residents and their reason for living in the centres: their situation as refugees with possible traumatic experiences, living in a new and unknown country. Thus being conceptualised as powerful customers can be far from the reality for many of the tenants. They may be in need of assistance in order to be able to make use of their resources and achieve the personal growth mentioned in the objectives of the centres. However, there are no positions available for the vulnerable refugee, only for the customer in the housing market.

In the nursing textbooks, the patients are offered less powerful and less participatory positions. They are conceptualised as passive objects that become visible through the gaze of the nurse. What is rendered important is the depth of the patient, in terms of either their physical condition or the “real aspect” deep within the patient. These two positions do not appear simultaneously. When the real aspect of the patients is at stake, the sick body parts/diagnoses disappear and vice versa. Either way, the patients are left with few opportunities except their position as passive objects. This is because it is the nurse, not the patient, who conveys the information. Where the patients have the ability to express themselves it is a result of the nurses giving them this opportunity by “allowing the patient to have his/her say”. This conceptualisation of the patient is in opposition to one of the premises of holistic nursing: that it is patient-led (McEvoy & Duffy, 2008).

The social work textbooks were explored looking for the requirements for becoming a social work client. The moment someone becomes a client represents the borders of social work. Either you are qualified as a client or you are not. The analysis revealed that at this moment the clients are offered positions as victims of external/structural factors. They are unfortunate
members of disadvantaged groups or there has been a rupture in the relation between the individual and the society. These positions seem to be characterised as passive because they do not occur as a result of the client’s actions; they are not to blame for their situations.

However, what seems to be the problem is that the individuals do not tackle the situation they find themselves in. Therefore, in addition to being victims, the clients’ positions are also portrayed as being people with deficiencies; they do not have the right abilities and characteristics to handle the situation. Thus, the solution to the clients’ problems is for them to step out of this passive position and take on active positions where they come to understand and tackle their situation in new and different ways.

Table 4 The respective positions offered to people in need of help

<table>
<thead>
<tr>
<th>The asylum seeker</th>
<th>The patient</th>
<th>The client</th>
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<tbody>
<tr>
<td>Passive object of the nurse’s gaze: thus a passive recipient of the nurse’s diagnosis and care</td>
<td>Either: The patient as a human being – the inner feelings, no interest in the diagnosis Or: A diagnosis, with no interest in the human being</td>
<td>Passive recipient of external factors Does not tackle the situation and as such is a person with deficiencies</td>
</tr>
<tr>
<td>Subordinated position: the capable and powerful client and the client without the (hidden) personal resources to become active</td>
<td></td>
<td>Subordinated position: the refugee</td>
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<tbody>
<tr>
<td>Active participant</td>
<td>Passive object of the nurse’s gaze: thus a passive recipient of the nurse’s diagnosis and care</td>
<td>Passive recipient of external factors Does not tackle the situation and as such is a person with deficiencies</td>
</tr>
<tr>
<td>Voluntarily resident, tenant, looking after themselves</td>
<td>Either: The patient as a human being – the inner feelings, no interest in the diagnosis Or: A diagnosis, with no interest in the human being</td>
<td>Subordinated position: the refugee</td>
</tr>
<tr>
<td>Person with resources, experience and knowledge</td>
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<tr>
<td>Has impact in the centres</td>
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<tr>
<td>Autonomous individuals and customers on the housing market</td>
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<td>Subordinated position: the refugee</td>
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</table>
7.3 Theme three: Positions offered to the professional

The positions offered the professionals are complementary to the positions offered their patients and clients so that they help to give meaning to each other.

The employees in the reception centres are positioned as service providers and facilitators in a housing market, and relate to the asylum seekers as customers. In this way they can be conceptualised as landlords operating on behalf of the government. They offer housing that covers the basic needs of a resident. Basic needs shall thus be met through the organisation of material facilities specified in terms of beds, bathrooms, kitchens and so on. They are also customer advisers guiding the residents of the centres. These subject positions do little to promote relations that have a therapeutic function, thus the refugees’ abnormal situation is excluded from the professional’s responsibility.

The nurses are offered contradictory positions. The first position is characterised by an impersonal approach in encounters with the patient. In this position, the nurse is task-oriented and the patient as a person is of little concern. It is the diagnosis that is of interest, and the patient is constituted in terms of the diagnosis. The nurse is as such a good technician. The other position is characterised by an emphasis on the nurse as a person. What matters is who she/he is, rather than the nurse’s skills. In this position the nurse focuses on the patient as a human being, but the diagnosis is not of interest. These two positions seem to be separate, but they have something in common: the nurse’s ability to read the patient as an object without the patient participating in the relationship.

The positions offered the social workers are less clear. They are not obviously linked to tasks or obligations. However, the distinction between the causes for becoming a client, and the solution to this situation renders the relation very important. The position offered the social
worker can be conceptualised as a kind of change facilitator, a catalyst. The term “change agent” seems too strong because this implies that the social worker is actually the one doing the change work, and as we have seen this is a position made available to the client. However, when facilitating change the social workers are guided to focus on the characteristics of the clients rather than these external factors. Despite social work’s focus on the whole person in terms of the person-in-situation, the situation is not of significance when the social worker facilitates change.

Table 5 The respective positions offered to the professionals

<table>
<thead>
<tr>
<th>The asylum reception centre employee</th>
<th>The nurses</th>
<th>The social workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client manager and service provider in a housing market: landlord</td>
<td>A powerful expert able to diagnose the patient in terms of either being personal and focusing on the patient as a human being or being impersonal and task-oriented, focusing on the sick body (parts)</td>
<td>Facilitator of change at the individual level</td>
</tr>
<tr>
<td>Adviser and guide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facilitator</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7.4 Theme four: the relation between the two
The relation between the professional and the person in need of services acquires its meaning relative to the positions offered to each of them from the space that opens up due to the differences between their respective positions.

When the asylum seeker is constituted as a customer in need of accommodation, it is the professional who offers such services. The employees become landlords operating on behalf of the government, and the relation between them is a short-term customer relationship in the
housing market. Such short-term relationships are not sufficient to develop a relation that allows or opens up for the asylum seeker to appear as a whole person.

The relation between the patient and the nurse is seemingly more complex because of the dual focus. However, because the patients’ positions are passive in terms of being objects of the nurse’s gaze, a gaze with the ability to penetrate below the surface of the patient, the nurse can handle her obligations without the participation of the patient and the relation becomes somewhat unequal/paternalistic, like the good parent taking care of a child. Thus, the nurse’s gaze prevents the patient from appearing as a subject and is a barrier to a relationship of equals.

Despite the social work textbooks’ emphasis on the relation between the social worker and the client, it is challenging to describe it. The relation can be described as a means to facilitate change at the individual level. The focus is directed towards the individual client. However, what the social worker should actually do in order to make the client capable of handling the external factors/problems by which he/she is affected remains unclear. We learn that the relation is of great significance; but in what way it is significant is very indistinct.
Table 6. The respective positions and the relation between them: a summary of points 2-4

<table>
<thead>
<tr>
<th></th>
<th>Positions offered to the client/patient</th>
<th>The relation</th>
<th>Positions offered to the professional</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Asylum reception centres</strong></td>
<td>Customer/tenant</td>
<td>Short-term business-like relationship</td>
<td>Customer manager and service provider</td>
</tr>
<tr>
<td><strong>Nursing</strong></td>
<td>Unable to manage own affairs</td>
<td>As a means to other ends: the nurse’s diagnosis.</td>
<td>A powerful expert</td>
</tr>
<tr>
<td><strong>Social work</strong></td>
<td>Disadvantaged people who do not utilise their resources</td>
<td>As a means to affect the client in ways that leads to change. Relationship is essential (without any obligations expanding this)</td>
<td>Change facilitator Catalyst</td>
</tr>
</tbody>
</table>

7.5 Summary of the cross-case analysis

Based on the individual case analysis we have three main findings concerning the quintain:

First, all the cases have in common a continuous reference to the idea of seeing people as whole persons, though that whole consists of different elements in each context. The first two cases, asylum reception centres and social work, have most in common in that they both include the situation of the individual as part of the whole, while in nursing the whole refers to the whole of the individual. Second, the ideal of seeing people as whole persons is deconstructed throughout the texts in ways that make “seeing people as whole persons” remain an ideal and not part of the professional responsibility. This is because the texts contribute little to bringing further clarity to how this ideal can be met in the daily work.

Third, the way in which the texts do operationalise the professional responsibility, namely by addressing only parts of that whole, represents a restriction of responsibility.
In the first case, the ideal of seeing the asylum seeker as both a person in need of a normal place to stay and a person in an abnormal situation is connected to two potentially contradictory discourses defining the objectives of the centres as normal places of residence and as places with opportunities for growth. However, the contradiction is revoked due to the customer relationship between the professional and the tenant that restricts the responsibility to prescribed indicators concerning the accommodation. Since the refugee is excluded in the documents, the employees can restrict their responsibilities to the requirement that routines should exist.

In the second case the nursing textbooks continue the ideal of holistic nursing care that embraces the mind, body and spirit of the patient. One prerequisite for holistic nursing is that it should be patient-led. Thus the patient should be in the position of an active participant in the encounters with the nurse. However, the analysis reveals that the position offered to the patient is somewhat passive. The lack of integration between the medical condition of the patient and the human aspects of nursing does not render the responsibility holistic. The responsibility is either limited to the diagnosis, where the nurse is task-oriented and does not focus on the patient as a human being, or the nurse becomes responsible for the patient’s essence, without the diagnosis being of significance. This way of seeing the patient renders the responsibility limitless. It becomes almost impossible to restrict or draw up boundaries for the extent of the responsibility; how does one decide when the whole of the patient’s essence really is safeguarded?

In relation to social work, the concept of seeing the whole person is expressed in the claim that the uniqueness and the ideal of the profession is to promote change at both the individual and the societal level. We have seen that the situation is of little concern when it comes to the solution to problems. The problems occurring on the individual level are influenced by the
situation, the societal factors. However, the situation falls outside the sphere of responsibility when it comes to the solution to the problems. This can be considered a kind of restriction of responsibility: the client is not conceptualised as interconnected with his/her environment but rather as a person with the power to control their situation.

Table 7. The ideal, the responsibility and what is excluded from the whole - across the cases

<table>
<thead>
<tr>
<th>Ideal of wholeness</th>
<th>Asylum reception centres</th>
<th>Nursing</th>
<th>Social work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ideal of wholeness</td>
<td>A person in an abnormal situation –and a resident living in a normal place of accommodation</td>
<td>The body, mind and spirit</td>
<td>The person and the situation</td>
</tr>
<tr>
<td>Responsibility</td>
<td>Responsible (accountable) for: technical procedures</td>
<td>Responsibility limited to the sick body: measuring, bathing or a limitless responsibility for the core/essence of the patient</td>
<td>Responsible for promoting change at the individual level. Societal problems at the individual level (deficiencies of the individual) Responsible for addressing the person through a focus on the relation between the professional and the client. The client is responsible for any potential change</td>
</tr>
<tr>
<td>Excluded</td>
<td>The vulnerable asylum seeker in need of expansion of the customer relation.</td>
<td>The patient as an equal human being capable of promoting his/her own needs.</td>
<td>The capable client still in need of social services of some kind or the client without the ability to act by tackling the situation</td>
</tr>
</tbody>
</table>
A question which arises as a result of these findings is whether this has any significance for the work to be performed. Will the professionals not do their job and assume the responsibility that they should? The theoretical perspective of this study regarding professional responsibility is one in which the professional is placed in situations where he/she must take a position on what may be considered legitimate compromises, and thereby appropriate professional conduct in that particular situation. This assessment is based on available concepts, and the findings may thereby contribute to a deeper understanding of the complexity of such assessments. In the next section I will examine more closely the possible significance of these findings.

7.6 Possible scenarios related to the findings

In this section I shall look at the significance of the conceptions detailed in point 7.1-4 for the conceptions of responsibilities by looking at some hypothetical but possible scenarios that may occur when the different conceptions meet across the cases. I will do this by elaborating on what legitimate compromises can be achieved based on the conceptual framework available in the texts included in this study. It is the more general expectations directed towards the professional nurse and social worker, regardless of their work context, that meet the more specific expectations of a limited field, namely the asylum reception centres.

The tentative scenario that I will explore is the hypothetical but quite feasible case of a nurse and a social worker in a reception centre. Asylum reception centres are part of the health and welfare services, and as such are one possible employer and workplace for nurses and social workers. The expectations that emerged from the present three cases are part of the discursive resources available to them, because they will have to relate to the requirements in the management documents as an important source guiding their work, in addition to the
expectations of their respective professions. The aim is to explore the different kinds of compromises of professional responsibility which seem possible based on the conceptual framework available in the governing texts studied here. In a real-life working context the situation is much more complex, because many other factors of significance, such as the personal and private concerns of the professional, will also have to be considered (May, 1996; Solbrekke, 2007) (May 1996, Solbrekke 2007). According to May’s account of responsibility, the professionals are placed in a web of commitments and need to reach legitimate compromises based on the different expectations and commitments directed at them. According to Solbrekke there are indications that the disciplinary knowledge and the employer/workplace expectations are dimensions of importance when novice workers consider their responsibilities. (Solbrekke, 2007, pp. 98-99) The significance of the employer and workplace are conceived of as greater at this point in their career than as senior students, while disciplinary knowledge and the needs of their clients are strongly emphasised, both as senior students and as novice workers. This change during the transition between education and working life indicates that the expectations from the workplace and the employer are seen as significant when reaching compromises.

As we have seen, the analysis revealed some level of wholeness through the three cases, and there seems to be little conflict between the different conceptions on the level of ideals. If we imagine that a nurse employed in the centre is working to fulfil the dual objective of the centre, that of being a normal offer of accommodation in addition to a place for individuality and growth opportunities, it seems reasonable to think that the nurse addresses the resident in terms of body, mind and spirit. The totality of the patient will come into consideration and the two conceptions are not in any way in an antagonistic relation to each other. Likewise if we imagine the social worker with an emphasis on the person-in-situation, it is reasonable to think he/she would take into account the specific circumstances of being a refugee applying
for asylum when working to fulfil the centre’s objectives. Thus the abnormal situation of the resident will come into considerations in encounters with the asylum seekers. And the opportunities for individuality and growth are in accordance with social work’s conceptions of the client in need to develop the capacity for tackling the situation they find themselves in.

How would this look like if we look at the texts’ operationalization on the ideal and consider the different meanings given professional responsibility in the texts? This is where, according to the findings, the wholeness is falling apart in different ways across the texts. The management documents’ expectations meet the expectations of the nursing textbooks and the social work textbooks. The scenario can be considered a construction of a web of expectations found in the different texts that the professionals must commit to, in line with Mays’s conception of responsibility as a web of commitment.

In all three cases we have seen that the lack of “wholeness” restricts the responsibility in one way or another. The governing texts for asylum centres are more precise, and stipulate what the work should entail to a greater degree than the textbooks. This is not really surprising, given that the text genres are different. However, when newly trained professionals (in this case, nurses and social workers) encounter such precise and clear expectations and predefined tasks, this also means that the textbooks are less helpful in providing clear concepts for how they should take responsibility in a manner that takes account of the profession’s normative expectations with regard to the holistic view. This may have consequences for how they take responsibility. Moreover, according to the findings, the textbooks do not contribute to clearer conceptions for solving dilemmas that can occur when different expectations are directed towards the professional.

If we return to our thought experiment, according to circulars for the operation of the asylum reception centres the nurse in her daily work will be expected to act as a service provider and
guide with a focus on procedures, routines and practical arrangements in encounters with the tenant. The question is, what will a legitimate compromise look like if and when these expectations meet the expectations in the textbooks? The possible contradiction lies in the different antagonistic positions available for both the nurse and the asylum seeker, and this is where the nurse will have to compromise between addressing the responsible and coping tenant and the passive patient. In a real-life setting the tenant is possibly a refugee in need of help that is not only restricted to guidance related to accommodation.

Let us consider the following case: a female tenant approaches the nurse in the centre. She is not feeling well and wants to see a doctor. The nurse knows her previous history, in which she was exposed to sexual violence and lost her husband in the violent conflict in her home country. According to her role as a guide the nurse would explain to the woman how to call the GP herself. This conceptualisation of a restricted responsibility will meet the textbooks’ conception of the task-oriented approach to nursing in relation to the passive patient; however, the textbooks’ conceptualisation of the task-oriented nurse requires the nurse to take the responsibility a step further by phoning the GP and making an appointment for the patient. These two ways of handling the situation are not greatly opposed to each other.

On the other hand, we have the textbooks’ conceptualisation of being a nurse, which would require the nurse to take on a limitless responsibility for the patient’s condition. The patient would be considered unable to promote her own interests and the nurse would know what the patient needs. Taking responsibility in this situation could mean calling the doctor for her and even coming with her to the doctor. The result would then entail going beyond the mandate of a guide and would require the nurse to develop a relationship with the women that exceeds that of a customer.
If we now imagine a social worker at an asylum reception centre, we can see how he/she must reconcile the role of guide with the role of facilitator of change in the encounter with the resident. The resident being “the responsible and coping customer” and “the passive client affected by external factors, who does not have the qualities needed to adequately deal with the situation”. The textbooks present the social workers’ responsibility in a way that limits responsibility for the situation and focuses on the individual with insufficient capacity to deal with his/her situation. This can result in the social worker seeing the asylum seeker as an individual in need of a normal offer of accommodation, by diverting focus away from the situation and its abnormality. The expectations in the governing documents of being a facilitator and guide are not very different from the expectations in the social work textbooks of being a facilitator of change, because guiding the residents may be synonymous with facilitating change. The different expectations are also compatible, in that they both focus on the level of the individual. So that even though the positions ascribed to the resident as capable of actively managing his/her affairs and as passive are seen as being in opposition to each other, this does not prevent a fairly similar approach by the social worker to the resident in either case. This means that although the social worker may have preconceptions that the client is passive and affected by external factors, the solution to this problem lies in relating to the client as a customer who, following advice from the social worker, can take personal responsibility for the necessary changes. Put simply, it can be said that it is the encounter between the social worker and the client that constitutes the actual change mechanism, not what the social worker takes responsibility for doing. This in contrast to the nurse who, based on the ascribed patient positions, should take responsibility for the patient in some way or another.
8.0. Summary and concluding discussion

The research questions guiding the individual cases were discussed separately in each article. In this section the discussion is aimed at the overarching questions, the quintain. Here I will summarise and discuss, as an extension of the foregoing scenario, possible implications for the professionals but also in a wider context, for the welfare state. The texts that constitute the empirical material of this thesis have as their purpose to constitute the field of health and social services and its subjects and relations in specific ways. By making us understand and govern ourselves in specific ways, the texts are a type of dispositif that is based on the rationality of governing. The purpose of the thesis is to investigate how what we take for granted or view as a matter of course is constituted (Søndergaard in Haavind, 2000, pp. 68-69), and to pave the way for further reflection on the normative expectation of encountering people as whole persons and the possible implications for professional responsibility. The focus on texts means that a focus on the individual practitioner is avoided, and is instead directed at conceptual resources available for the professionals.

There is generally a heavy reliance on professional practitioners in contemporary society, and this is particularly prominent in the encounter between the welfare state and its users within the field of health and welfare. It is expected that problems can be solved, and that this will be done in ways that are referred to as professional (Molander & Terum, 2008). This is about being professional, and taking professional responsibility. Based on the discourse theory of Laclau og Mouffe which is the starting point of this thesis, professional responsibility is to be understood as a mutable designation that different discourses struggle to fill with meaning. Thereby professional responsibility is not objectively given; its meaning must continually be “talked into life”. Through innumerable utterances from many quarters, an understanding is constituted over time of what it means to take professional responsibility. However, in spite of
a certain slowness, such understandings will continuously move and change; it is only a question of temporary locks in meaning (Laclau & Mouffe, 2001). We can therefore only talk about professional responsibility as we currently understand it, knowing well that this changes over time.

 Amid all these utterances with demands and expectations from many quarters, the professionals stand in their “web of commitments” and must try to take responsibility that manifests itself as legitimate compromises. In this thesis, responsibility has been associated with needing to encounter people who are dependent on help as whole persons. Although this is not the only normative expectation directed at the professional in this field, it is a meaningful one. As we have seen, it expresses itself in many contexts. Further we have seen that what holism consists of changes from place to place. The purpose of this thesis has not been to take a position on whether this normative expectation contributes to “the best” way of taking responsibility, but rather to explore how a significant expectation helps to give meaning to professional responsibility in selected texts. Another delimitation has been associated with the focus of the thesis on the discursive level, but on the condition that the discursive level deals not only with linguistics, but is always interwoven in the material and concrete circumstances. Notwithstanding, the study cannot comment on how the responsibility is taken at the point of contact between the professional and his/her users, but only on how the responsibility is constituted in a few selected textual sources that the professionals must relate to when the actual responsibility is to be taken.

 The findings indicate that the single cases do contribute to articulations of what “holism” is about in the different contexts. We find a continuation of the idea of seeing people as whole persons; however, these conceptions are of little help when it comes to gaining an insight into the nature of professional responsibility within the framework of what the expectations are about.
Thus, the imperative does not explicitly inform the professionals in terms of how and what they ought to do in order to live up to the expectations.

In the management documents the fairly clear articulations of the dual objectives of the operation of the asylum reception centres are in accordance with a holistic view of the residents. They are ideally to be met as tenants and as human beings with the ability to grow and develop. However, when it comes to appropriate actions, the holistic view is deconstructed and a restriction of responsibility comes into play. While the textbooks help to connect the quality of work to the ideal of holism, there is a lack of language when it comes to HOW the ideals can be translated in terms of responsibility. One example is that the nursing textbooks constitute the “core” of nursing, in contrast to the physicians who do not take the whole of the patient into account, in terms of mind, body and spirit. Nevertheless, the textbooks are unable to articulate that “core” in ways that integrate the different aspects of nursing.

In the social work textbooks the whole consists of the person and the situation. But the social worker’s responsibilities related to this wholeness are not easily captured in the textbooks. The professional is not responsible for addressing the situation, and when addressing the person the responsibility becomes restricted in unclear ways to the relationship. Since the different kinds of texts do not offer any conceptualisation of how to assume the responsibility in relation to the different kinds of whole, the professionals find themselves in a web of commitments related to the normative expectations of seeing people as whole persons, with few notions of how to reach legitimate compromises that safeguard the ideal.

A dilemma thereby arises: When can the professional know that the whole is being accounted for? Is it possible to capture such wholeness? Is it possible to imagine situations in which
having to live up to such an ideal may be difficult or, indeed, inappropriate, both for the professional and for patients and clients?

As in the previously mentioned scenario of a nurse employed in an asylum reception centre, having to take responsibility in a way that takes account of the whole person can impose heavy demands on resources. This means that it can conflict with other values in the field, such as assuming responsibility in ways that ensure efficiency and competitiveness (Englund & Solbrekke, 2011, p. 62). Furthermore, research shows that the newly trained are rapidly consumed by the daily workplace tasks (Solbrekke, 2007, p. 94) and that they would like more focus on ethical dilemmas during their training (Solbrekke & Karseth, 2006). When the texts contain the ideal of a holistic understanding of people in need of help, but at the same time deconstruct this when it comes to how responsibility for that wholeness should be assumed, it may be difficult in situations with conflicting expectations and ethical dilemmas for professionals to know how legitimate compromises should seem. This combination may lead to it being seen as neither desirable nor possible to take a critical stance vis à vis the expectation, but neither will it be possible to say what it means or where the borderlines are drawn for the professional’s responsibility. Furthermore, it is difficult and appears undesirable to oppose ideals that should ensure qualitatively good treatment. We know that the professionals in this field, the so-called street level bureaucrats, experience their obligations to live up to normative and ethical expectations in relation to their clients and patients most strongly (Kroken, 2012; Lipsky, 2010; Olsvold, 2010; Vike, 2004; Vike et al., 2002).

Because being professionally responsible “involves regarding oneself as personally accountable for the effects of one’s judgements and actions” (May, 1996, pp. 109-110), the responsibility is experienced as something personal. The normative expectation can therefore function effectively as part of the internal logic of the government dispositif by making the
professionals understand themselves and their patients and clients in specific ways. But the way in which they should live up to the expectations is left to the individual to solve. This is presumably reinforced by the fact that within the relational professions there are unclear distinctions between the profession and the person, which contributes to strengthening the obligation towards such values, since it is impossible to do a good job without doing it in a manner that is simultaneously both personal and professional (Fibæk Laursen & Weicher, 2003; Nygren, 2004). The moral responsibility for patients and clients is associated with who the professional is, not only what she/he does (Lindh et al., 2007; Moos, 2008; Nygren & Fauske, 2004), which contributes to a privatisation of the responsibility to realise the ideal within the frameworks that are unrelated to the ambitions (Vike, 2004). This becomes particularly evident in the case of the nursing textbooks, because nursing is so clearly associated with who the nurse IS.

However, a privatisation of responsibility may also mean that the normative expectation remains only an ideal. We are constantly reading in the media about patients and users who feel themselves poorly treated and received by employees in the health and welfare services. A privatisation does not necessarily mean that the professional goes above and beyond what the given framework dictates that she/he should do; it may also mean that such normative expectations are not seen as relevant when assuming professional responsibility. This also concerns the perceived increase in the needs in the field of health and social services, while access to resources is limited. Despite an increased focus on the tension and opposition that arises, it appears that the objectives and ambitions of the welfare state still stand firm, while there is an increasing focus on efficiency and “more health for every krone” (Heggen & Solbrekke, 2009; Vike, 2004) (Solbrekke 2012). These forces pull professional responsibility in the direction of accountability (Englund & Solbrekke, 2011; Wellard & Heggen, 2011), whereby the professional should be responsible for pre-defined indicators, and responsibility
in the sense of moral responsibility is placed under pressure. In the case of the governing documents from asylum reception centres, we see that professional responsibility is restricted to responsibility for procedures, while the moral responsibility falls by the wayside.

In this narrow space between conflicting expectations and strong normative guidelines that are associated not only with what must be done, but also with how the tasks should be performed, stands the professional. Because the key governing texts perpetuate the normative expectations without being able to articulate what these should entail for professional responsibility, there is little offer of a conceptual framework from which the professionals can gain an understanding when they are in situations that place conflicting demands upon them. They will be less well equipped and have fewer pre-conditions for critically weighing up the different demands and knowing what legitimate compromises entail.

In this study I have examined very different texts as examples of how important texts in the field of health and social assistance give meaning to the ideal of encountering patients and clients as whole persons, and what meaning this may be said to have for the understanding of professional responsibility. One objection to this type of design might be that this is only a very small selection of texts, and furthermore that it says little about how the work is actually performed “out there in the field of health and social assistance”. My reading has also had a critical approach and has not been a naive reading of the texts. Such a criticism would be well placed if my purpose had been to find the answer, rather than researching a phenomenon with the purpose of trying to understand more than has been understood previously, and furthermore, to encourage reflection in the encounter with an ideal such as the one I have examined here.

It appears that there is a need for further research and discussion related to the ideal of encountering people as whole persons, when it is so difficult to associate this with what it
should mean for professional responsibility. Although this study is based on a few selected cases, the findings show that the link between expectations on the one hand, and professional responsibility on the other, is very unclear. Furthermore, it seems relevant to pose the question of whether this is a meaningful ideal. May (May, 1996, p. 7) claims, in line with his communitarian conception of professional responsibility, that the professional needs norms and rules that are compatible with the reality within which they work, and which do not expect them to assume responsibility that is not a product of the social factors of which the professional forms a part.
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