

European Journal of Social Work

ISSN: 1369-1457 (Print) 1468-2664 (Online) Journal homepage: www.tandfonline.com/journals/cesw20

Coping within constrained social care: emotion work, collective rulemaking, and prioritisation in Nordic eldercare

Lea Graff & Mia Vabø

To cite this article: Lea Graff & Mia Vabø (16 May 2025): Coping within constrained social care: emotion work, collective rulemaking, and prioritisation in Nordic eldercare, European Journal of Social Work, DOI: 10.1080/13691457.2025.2503806

To link to this article: https://doi.org/10.1080/13691457.2025.2503806

© 2025 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group

Published online: 16 May 2025.

Submit your article to this journal

Article views: 446

View related articles

View Crossmark data

Full Terms & Conditions of access and use can be found at
https://www.tandfonline.com/action/journalInformation?journalCode=cesw20

EUROPEAN JOURNAL OF SOCIAL WORK
https://doi.org/10.1080/13691457.2025.2503806

Routledge
Taylor & Francis Group

OPEN ACCESS Check for updates

Coping within constrained social care: emotion work, collective rulemaking, and prioritisation in Nordic eldercare

'Coping strategier i en kontekst af marginaliseret social omsorg: følelsesarbejde, kollektive regler og prioriteringer i Nordisk ældrepleje'

Lea Graff [a,b] and Mia Vabø [c]

[a]Centre for Welfare and Labour Research, Oslo Metropolitan University, Oslo, Norway; [b] VIVE – The Danish Center for Social Science Research, Copenhagen, Denmark; [c]Centre for Welfare and Labour Research, Oslo Metropolitan University, Oslo, Norway

ABSTRACT

Despite policies in Nordic countries advocating ageing-in-place and holistic, person-centred care, fiscal constraints have pressured homecare services to prioritise physical and somatic care at the expense of social care provision. This has limited professional caregivers' roles, with practical and emotional aspects of care being largely removed from their remit. This study examines how home care workers use coping strategies to navigate high workloads and the diverse, shifting needs and personal behaviour of clients. Such coping involves both socially negotiated 'collective rules' and embodied forms of 'emotion work'. Our study comprises ethnographic data from Danish and Norwegian home care services. Through shadowing care workers, we observed how they adapt coping strategies to their informal categorisations of clients. In doing so, care workers often prioritise meeting the emotional and social needs of vulnerable clients at the expense of clients perceived by care workers as more resourceful or 'demanding'. The marginalisation of social care and the necessity for informal prioritisations due to time constraints place significant moral burdens on care workers. This not only diminishes recognition of their vital contributions to client well-being but also obscures unmet care needs and moral dilemmas that should warrant open discussion.

ABSTRAKT

Hjemmeplejen er en central del af den universelle nordiske model for ældreomsorg. På trods af politiske visioner om aldring i eget hjem og personcentrerede tilgange presser økonomiske begrænsninger i stigende grad ældreplejen til at prioritere fysiske og somatiske behov frem for social omsorg. Denne forskydning har indsnævret de social – og sundhedsprofessionelles roller og fjernet vigtige praktiske og følelsesmæssige aspekter af plejen fra det offentliges ansvar. Med afsæt i Lipskys teoretiske ramme undersøger studiet, hvordan hjemmeplejens medarbejdere håndterer stigende travlhed, marginaliseret social omsorg

ARTICLE HISTORY
Received 8 August 2024
Accepted 5 May 2025

KEYWORDS
Home care in Norway and Denmark; emotional labour and collective rules; marginalised social care; health and social care workers

NØGLEORD
Hjemmepleje; følelsesarbejde og kollektive regler; marginaliseret social omsorg; social – og sundhedsprofessionelle

CONTACT Lea Graff legr@vive.dk VIVE – The Danish Center for Social Science Research, Herluf Trolles Gade 11, 1052 Copenhagen K, Denmark

© 2025 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group
This is an Open Access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/4.0/), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited. The terms on which this article has been published allow the posting of the Accepted Manuscript in a repository by the author(s) or with their consent.

og borgernes ofte komplekse behov. Studiet bidrager til begrebet coping ved at fremhæve, hvordan coping i offentlige plejekontekster også omfatter socialt forhandlede kollektive regler og kropsligt forankrede former for følelsesarbejde. Baseret på data fra etnografisk feltarbejde i dansk og norsk hjemmepleje viser studiet, hvordan medarbejderne uformelt kategoriserer borgerne og tilpasser deres strategier derefter. Ved at begrænse tid og opmærksomhed til ressourcestærke eller 'krævende' borgere, skaber medarbejderne rum til at prioritere sårbare borgeres sociale og følelsesmæssige behov. Behovet for uformelle prioriteringer på grund af tidspres lægger et betydeligt pres på medarbejderne. Det reducerer ikke blot anerkendelsen af deres vigtige bidrag til borgernes trivsel men skjuler også uopfyldte plejebehov og etiske problemstillinger i den sociale pleje, som nærmere kræver en åben diskussion.

Introduction

The Nordic welfare states are renowned for their comprehensive, publicly funded long-term care services, ensuring universal access to care based on needs, regardless of economic status or family support. This system is characterised by a broad conception of care, a high degree of professionalisation and a high-quality municipal care infrastructure. Due to long-standing *ageing-in-place* policies, home care services, aiming to enhance older adults' autonomy and self-management, are integral to the long-term care system (Rostgaard et al., 2022).

Contemporary political rhetoric advocates a holistic view of care needs and that older people should be able to maintain active lives in their own homes and communities (Vabø et al, 2022). However, service coverage for health and social care for older adults has steadily declined over the years, driven by the combined effects of austerity measures, growing care demands, and workforce shortages (Rostgaard et al., 2022). In the home care sector, this has led to prioritisation of physical and somatic care while social and emotional needs are less supported through public services and resource allocation (Christensen & Wærness, 2018; Rostgaard et al., 2022; Schönfelder et al., 2020; Sundsbø et al., 2023; Øye et al., 2023). The reduction of social care within public home care has led to a narrowing of professional caregivers' role, particularly in addressing practical and emotional aspects of care – elements widely recognised as central to caregivers' perceptions of meaningfulness in their work (Kamp, 2012; Vidman & Strömberg, 2018).

Efforts to restrict home care provision to the most pressing physical and medical needs have been shaped by overlapping managerial trends and competing care ideologies, each rooted in different understandings of care work. For instance, during the 1990s, as New Public Management (NPM) swept through the Nordic home care sector, professional home care workers were constrained by standards predefining both service content and time use. Since the early 2000s, the NPM trend has been overlapped by more trust – based modes of governance and by care ideologies stressing that traditional home care should be largely replaced by a rehabilitative care model in which older adults are supported in re-gaining functionality and independence in daily living skills (Christensen & Wærness, 2018; Vabø et al., 2022). As a result, care workers are guided by professional norms emphasising help-to-selfhelp and to refrain from assisting clients with tasks that they are perceived to be physically capable of doing themselves (Graff & Vabø, 2024).

Ethnographic research suggests that home care workers often find themselves torn between conflicting policy expectations – on the one hand, efficiency and measurable outcomes – and on the other, their professional ethics that emphasise the well-being of clients (Brenne et al., 2024; Liebst & Monrad, 2008; Sundsbø et al., 2023). These tensions must be navigated in situ, as care workers continually balance the needs of individual clients with institutional demands and time constraints. As a result, home care work involves an ongoing process of negotiation and prioritisation in daily practice (Sundsbø et al., 2023; Sundsbø, 2024; Vabø, 2011).

The aim of this study is to explore how care workers make prioritisation decisions under these circumstances. The study takes a starting point in Lipsky's (2010) theory of street-level bureaucracy. Lipsky argues that frontline workers – tasked with implementing policy in direct interaction with citizens – develop coping strategies to manage the inherent tension between ideal policy goals and the realities of stressful work environments shaped by resource constraints. Recognising the nuanced nature of coping across different frontline work contexts (Tummers et al., 2015), we expand Lipsky's concept by incorporating insights from home care research – specifically, studies that emphasise how care workers cope with high work pressure through collective rulemaking (Kirchhoff & Karlsson, 2009) and emotion work (Leppänen, 2008; Sörensdotter, 2008). By including these perspectives, we aim to highlight how care workers' coping in public care contexts involves both socially negotiated norms and embodied forms of emotion work – that is, emotional expressions and practices deeply rooted in physical presence and bodily performance.

The article begins by outlining the theoretical framework on coping strategies, followed by a description of the empirical foundation – data from cross-national ethnographic field studies conducted in two Danish and two Norwegian home care settings. The results section demonstrates how complex coping strategies shape priority setting in daily care work. In the concluding discussion, we consider the broader implications of these strategies within the political and structural conditions of public home care provision, particularly in light of the increasing prioritisation of physical and somatic needs over social care.

Theoretical framework

Lipsky's seminal work, *Street-Level Bureaucracy: Dilemmas of the Individual in Public Service* (2010) provides a theoretical framework for exploring human service organisations at the point where policy is translated into practice. A core insight in Lipsky's work is that discretionary decisions are necessary because frontline workers operate under limited resources, vague rules, and unpredictable client needs. In such conditions, discretion is necessary for addressing the complexity of individual situations.

Lipsky (2010) argues that, while it is impossible for frontline workers to fully live up to service ideals and professional standards, they typically develop conceptions of their job that focus on good treatment for some clients, rather than inadequate treatment for all. To cope with high work pressure and the tensions inherent in their work, frontline workers develop patterns of practice that help them cope with their jobs. Coping strategies, in Lipsky's perspective, are pragmatic responses used by frontline workers to manage their workload and to reduce the dissonance between ideals and realities (2010). Lipsky gives several examples of coping strategies, for instance, frontline workers ration or limit services by prioritising certain clients or tasks over others, they modify goals by redefining success criteria to match what is achievable, or standardise routines to increase efficiency and manage unpredictability. Of particular interest for this study, scholars have elaborated on Lipsky's work by exploring alternative coping mechanisms and examining how organisational contexts, professional norms, moral values, and client characteristics influence front-line workers' decision-making (e.g. Hasenfeld, 2010; Maynard-Moody & Musheno, 2000; Tummers et al., 2015; Zacka, 2017).

In a systematic review of the literature on 'coping during public service delivery', Tummers et al. (2015) identify three main families of behavioural coping strategies. The strategy *moving towards clients* includes strategies that benefit clients by adapting to their needs, for instance by bending or breaking rules or by prioritising among clients. In contrast, the strategies *moving away from* and *moving against clients* include strategies that serve the worker – for example, routinising interactions or rigidly following rules to manage or deter 'demanding' clients. Tummers et al. (2015) found that the largest single coping category in their review was *moving towards* strategies (43%), suggesting a strong inclination to provide meaningful services despite challenging conditions.

The findings by Tummers et al. are reflected in research on formal home care work. Based on a study of home care from the UK, Brown and Korczynski (2017) label this kind of *moving towards* strategies as 'client-oriented defence of autonomy' and highlight the connection between job

satisfaction, meaningfulness and being able to provide good enough care. Similarly, Nordic empirical research shows how home care workers employ a range of strategies to meet their clients' needs and provide good care *in spite of* time constraints or managerial rules. For instance, they may intensify their efforts, offer social care beyond the scheduled workplan, prioritise emotional care needs over practical tasks, reallocate time between clients, or justify extended visits by framing them as necessary (Kamp, 2012; Kirchhoff & Karlsson, 2013; Liebst & Monrad, 2008; Norvoll et al., 2022; Vabø, 2011). In short, they bend and break the rules to provide what they perceive as meaningful or necessary care and fulfil their engagement in their clients' well-being.

Despite care workers' inclination to employ *moving towards* strategies, they must constantly prioritise between competing needs. As Vabø (2011) observed in her study of home care services in Norway, the competing needs faced by care workers on a daily basis required them to juggle priorities constantly. Faced with limited resources, shifting client needs, and an unpredictable inflow of new cases, care workers were forced to reduce attention on clients they judged to have less urgent needs. Nordic research reveals how care workers may cope with demanding situations by withdrawing emotional responses to clients' needs or refraining to provide care beyond the workplan (Liebst & Monrad, 2008; Orupabo, 2022). Leppänen (2008) identifies coping methods in Swedish home care that fall under the category of *moving away from*, such as avoiding challenging clients by aligning with more cooperative ones or swapping clients with a colleague. Leppänen's findings illustrates the multifaceted nature of coping strategies in home care, where collective responses may diverge from individual care workers' direct engagement with difficult situations.

Coping as a socially embedded activity

While Lipsky (2010) mainly paid attention to individual coping strategies, later scholars have highlighted that coping strategies in home care settings are socially embedded practices, intricately tied to the dynamics of the work community (Kirchhoff & Karlsson, 2009; Leppänen, 2008). Nordic home care research reveals how care workers engage daily in informal discussions and shared reflections within their teams. These interactions serve as vital platforms for sharing experiences and concerns about clients (Kirchhoff & Karlsson, 2009; Leppänen, 2008; Sörensdotter, 2008).

Kirchhoff and Karlsson (2009) offer a compelling perspective on collective coping, suggesting that the care teams' discussions of how to interpret management rules facilitate the establishment of collective rules – informal norms that guide how tasks are performed and distributed. Adhering to such collective rules provides care workers with a way to cope with competing demands, particularly in situations involving demanding or high-needs clients. However, Kirchhoff and Karlsson (2009) also show how disagreements may emerge over what constitutes appropriate boundaries of care, potentially leading to conflicts within the team. While collective rules can promote consistency and reduce friction within the team, they may also give rise to tension when they conflict with individual care workers' professional or ethical judgments.

Coping through emotion work

Although collective coping undoubtedly plays a role in home care, it is important to emphasise that individual care workers typically operate alone and must prioritise on the spot, often while attending to frail older adults with unstable and unpredictable care needs. Building on the work of Sörensdotter (2008), Leppänen (2008), and Guy et al. (2010), we argue that emotion work is a central component of care workers' coping strategies. Emotion work involves the conscious engagement, suppression, or elicitation of emotions that are necessary to complete tasks and influence the actions and reactions of others (Guy et al., 2010). As Sörensdotter (2008) notes, emotion work forms a part of the skillset that home care workers acquire over time by experience. They learn to read clients' emotional states while carefully moderating their own emotional expressions to fulfil their roles as compassionate carers. While emotion work is often associated with the outward

display of emotion, it also involves the s suppression of internal responses, such as frustration or anger, to maintain professional boundaries (Guy et al., 2010; Sörensdotter, 2008). Ethnographic studies of care work have illustrated how care workers shield themselves from emotionally charged situations amid tight time constraints, (Leppänen, 2008; Orupabo, 2022; Sörensdotter, 2008). Despite these moments of emotional tension faced by care workers, Sörensdotter (2008) emphasise that they typically present a professional demeanour during service delivery, characterised by a cheerful and 'happy face' or an 'attentive and concerned' appearance. Empirical studies of home care (Leppänen, 2008; Liebst & Monrad, 2008; Sörensdotter, 2008) suggest that emotion work plays a role in all three coping strategies identified by Tummers et al. (2015). Care workers may *move towards* by lifting clients' spirits, listening attentively and responding with empathy. Conversely, they may *move away from clients* by ignoring requests or avoiding small talk. In more strained interactions, they may *move against clients* – for example, by displaying irritation or adopting a rigid and formal approach.

Materials and methods

The empirical data used in this study was collected in 2018–2019 as part of a cross-national research project examining new care ideals in different national and municipal settings. The research project was designed as a layered case study, enabling cross-case comparisons within and across cases and levels (Patton, 2015). It was conducted as a rapid site-switching ethnography by a multidisciplinary team of ten researchers from Denmark and Norway, who all took part in five days of field work in each municipality (Armstrong & Lowndes, 2018). Denmark and Norway were chosen as national contexts due to their similar welfare models and policy ideals. Since health and social care services are locally managed in both countries, qualitative data were gathered at the municipal level. In each country, two municipalities were selected as study sites that represented differences in settings (rural or urban), in administrative styles and in organisation.

While there are national and local differences in the regulation and organisation of home care provision, the core eldercare services are the same. For this study, the main home-based eldercare services are home care (encompassing nursing, personal care and practical assistance) and reablement (short-term training interventions aimed at optimising older adults' functioning and independence in daily living skills). The services are mainly delivered by registered nurses, licensed practical nurses and skilled health and care workers. In this study, they are referred to as 'care workers', as they all deliver health and social care in the home of older adults.

Interviewees were recruited using pre-fieldwork selection and snowball sampling during fieldwork. The study's flexible design allowed for more participants than initially planned, with no notable recruitment or dropout issues.

While data collection took place in 2018–2019, the themes and conditions explored in this study remain highly relevant today – specifically the tacit work of coping with time pressure and the ethical imperatives of providing care for vulnerable older people. For example, a recent research report notes that home care services in Denmark are characterised by challenges in recruiting and retaining staff that contribute to creating time pressure and feelings of inadequacy among care workers (Lauritzen, 2024). Recent Norwegian ethnographic studies likewise comment on the increasing pressure on the home care sector, both in terms of time and in terms of more complex ethical challenges, due to the growing number of clients with increasingly complicated care needs (Brenne et al., 2023; Hertzberg et al., 2024).

Data collection

Data collection methods included semi-structured interviews, informal talks and observations of practice from shadowing care professionals throughout their workday. Follow-up interviews helped validate findings. The complete ethnographic dataset of the larger research project consists of over 160 interviews with managers, key informants, health and care professionals, and service

users, along with field notes from approximately 1000 h of observation. Field notes included observations of practice, summaries of informal talks, and methodological and empirical reflections. Relevant written materials were also collected, providing comprehensive data on local and national care policies and service organisation.

Dataset

While drawing on the compiled knowledge from the larger project, this sub-study used selected parts of the empirical data related to our analytical focus on coping strategies in home care provision. We have thus focused on data from observations, interviews, and informal talks with care workers (health and social care professionals and registered nurses) who provided care in the home of older adults, supplemented with interviews with care managers. This dataset includes 60 interviews with 83 care workers and related field notes from shadowing the care workers. Table 1 provides an overview of participants and interviews at each site.

Data analysis

Interviews were recorded and transcribed verbatim in Norwegian and Danish, as were field notes. To ensure the validity of translations, quotes and excerpts from field notes presented in this paper were translated to English by the authors in cooperation after analysis was completed. Interviews were coded into 12 main themes, such as user involvement, loneliness, and work conditions, using NVivo software. The subsequent analysis of interviews and field notes for this sub-study was likewise managed in NVivo.

The analysis evolved through three distinct phases. In phase one, the first author examined observation notes and staff interviews through the theoretical frameworks of Lipsky (1980) and Tummers et al. (2015) on coping behaviours. An open reading identified recurring patterns in how care workers navigated similar challenges. It became evident that the navigation strategies used by care workers differed from the individual behaviours described by Lipsky and Tummers et al, in that we saw both collective practices and individual performances of emotion work. To understand these distinctions, the next phase of analysis linked the data to insights from empirical home care studies and the literature on emotion work. This conceptual alignment informed a more detailed coding process, illuminating the multi-dimensional and interwoven nature of coping strategies. In phase three of the analysis, both authors engaged in iterative discussions to synthesise findings and examine how coping strategies varied with different informal client categorisations.

Ethics

Ethical approval was obtained from the Norwegian Centre for Research Data (Ref No. 128713) and the study adheres to The Danish Code of Conduct for Research Integrity. Written informed

Table 1. Participants and interviews.

	Rural site Norway	Rural site Denmark	Urban site Norway	Urban site Denmark	Total
Occupational group					
Nurses	10	6	12	3	31
Health and social care professionals	12	18	10	12	52
Total	22	24	22	15	83
Interviews					
Group	3	2	3	3	11
Individual	12	16	10	11	49
Total	15	18	13	14	60

consent was obtained from all interviewees. Clients observed during visits received written information on the study and their rights in advance of the researchers visits, and, on the day of their visits, the researchers asked the clients for permission to enter their homes. Pseudonyms were used for all names and locations. Audio files and transcripts were encrypted, password protected, and accessible only to the research team.

Results

Shadowing care workers in their daily work offered direct insight into the complex social interactions between clients and care providers, revealing the extent to which emotion work was central to managing the inherent tensions and dilemmas of service delivery. Care workers pragmatically adjusted their efforts to meet their clients' needs while also striving to stay on schedule despite tight time constraints. In addition to observing how individual care workers used their emotional skills to navigate the different demands of their clients, we also learned about the use of collective rules (Kirchhoff & Karlsson, 2009) – informal norms that helped regulate client expectations and guide worker behaviour. Across all four sites, such collective rules were typically justified with reference to the prevailing reablement ideology. For example, teams might agree not to wash dishes for clients or to refrain from bringing in the newspaper from the mailbox.

During the fieldwork, we became aware that distinct patterns of practice (Lipsky, 2010) were evident across all four sites. These patterns suggest that care workers adapted their coping strategies in response to how amenable each client was to their approaches and routines. Three main strategies in patterns of practice were evident across sites: (1) For the majority of clients who willingly complied with staff instructions or routines, we observed care workers using a coping strategy that we term *task-oriented care with a smile* – using emotion work to cheer up clients, maintaining efficiency and reducing tensions; (2) when encountering clients perceived as lacking social or emotional resources to manage independently, care workers used a strategy of *prioritising attention towards the most vulnerable* – this strategy involved selectively breaking and bending rules to promote the well-being of the client; and (3), when dealing with clients who were perceived as demanding or crude, care workers employed the strategy *coping with 'troublesome' clients* – relying on rigid collective rule-following and emotional withdrawal to reduce tensions and protect themselves emotionally. We elaborate on the three strategies below.

Task-oriented care with a smile

Most of the older clients we encountered during fieldwork were cooperative, which made it easier for care staff to stay on schedule. In these situations, workers typically adopted a task-oriented approach – carrying out their duties with a smile. Through strategic use of emotion work, they managed to balance time pressures while maintaining a positive and professional demeanour. This practice aligns with existing literature on emotion work in frontline services (Guy et al., 2010) and highlights how care workers navigate the tension between efficiency demands and relational ideals of care (Sörensdotter, 2008).

A key strategy to create a sense of attentiveness while keeping interactions brief was to adopt a cheerful and friendly tone. One care worker explained: 'If you're really cheerful and smile a lot, and if you use a friendly tone to lift the mood, you'll find you need less time. You know what I mean?' (Care worker, Rural site Norway). As the care worker explains here, her emotional engagement was a way to manage time pressure while making the visit pleasant for the client. Her explanation echoes a core insight from previous research arguing that emotion work is not only about fostering relations and meeting social needs but also about managing workload and regulating the depth of engagement (Guy et al., 2010; Leppänen, 2008; Orupabo, 2022).

Care workers often had to make minor adjustments to the planned tasks. At times, however, they were confronted with more time-consuming unmet needs such as clients expressing emotional

distress. We observed how a routinised cheerful demeanour and small talk could be employed as a diversionary tactic – shifting the conversation to lighter topics or continuing casual chatter to deflect or ignore indirect requests from clients. Hence, small talk and a cheerful approach helped visits to proceed smoothly and served to signal boundaries for care provision, more or less subtly steering conversations away from emotionally demanding or time-consuming topics.

The strategic use of emotion work was also evident in care workers' efforts to end visits effectively. Experienced care workers had developed ritualised techniques – such as shifting body language, making casual remarks about the next client, or physically moving towards the door – to signal their intent to leave without cutting the conversation short. These disengagement techniques resonate with findings from Nordic research showing how emotional detachment can assist in maintaining efficiency (Leppänen, 2008; Liebst & Monrad, 2008; Orupabo, 2022). This allowed care workers to navigate time pressure and emotional commitment. However, it came at the cost of being able to address the deeper emotional needs of clients.

While some care workers expressed that they had a guilty conscience over not being able to offer more social engagement, they rationalised their choices through informal prioritisations (Lipsky, 2010). In our fieldwork, this topic was brought up by a care worker after visiting a client who clearly wanted to talk. The care worker explained: 'If I was the only person visiting him, it would be difficult to leave without guilt, but I'm not. Many clients are just talkative, and there is no need to feel sorry for them all' (Care worker, Urban site Norway). According to the care workers, clients who had family or frequent visitors were easier to leave without a guilty conscience, as they had a social support network attending to their social needs. In contrast, clients without such support were seen as more vulnerable, as their well-being depended more directly on the care workers' presence. This understanding among care workers led to a logic of prioritisation (Vabø, 2011) that allowed them to re-allocate time from clients perceived as more resourceful to the less resourceful clients.

Prioritising attention towards the most vulnerable

While care workers faced strict time constraints and increasing pressures to limit attention to physical and somatic care needs, they occasionally prioritised allocating time to address the psychosocial needs of vulnerable clients who lacked resources and capacity to manage independently. Prioritisation often meant engaging more deeply with these clients; care workers would replace their professional 'happy face' with a more attentive demeanour (see also Sörensdotter, 2008). This also involved selectively bending or breaking organisational rules by providing social care tasks that were officially discouraged, such as taking time to style a client's hair or wash the dishes. When asked, care workers consistently described these informal practices as necessary to provide adequate care tailored to each client's specific situation. This supports Lipsky's (2010) assertion that frontline workers use their discretion to mitigate policy limitations. Our findings extend this understanding by showing how prioritisation within care contexts is shaped not only by resource constraints but also to a significant degree by moral and emotional considerations (Hasenfeld, 2010; Zacka, 2017).

Some care workers expressed awareness of the tensions between organisational expectations and their moral reasonings, recognising the dilemma that their informal practices were both necessary and potentially problematic. From the care workers' perspective, offering extra services could lead to the client distinguishing between 'compassionate' and 'cruel' caregivers, potentially creating friction among staff and burdening the individual care worker. This corresponds with findings from Nordic research showing how providing extra care or attention may cause problems for the next care worker visiting the client (Kirchhoff & Karlsson, 2009; Sundsbø, 2024). Across all sites, the idea of giving extra services was therefore a contested issue among care workers. However, it was sometimes difficult for care workers to refrain from doing something extra for 'favourite' clients, especially when a visit felt warm and rewarding, or when appreciation was clearly expressed. As one Norwegian

care worker explained, providing extra time or attention was also driven by a moral discomfort – it simply felt wrong to leave a vulnerable, lonely client after a brief, task-focused visit:

> Interviewer: Who do you think are the hardest to leave?
> Interviewee: The hardest? Maybe those I have an especially warm heart for. They are alone, they have no social network, and they are very cosy. You can see that they really appreciate us coming.

These informal prioritisations demonstrate how coping strategies are not purely defensive but also involve proactive ethical reasoning, as care workers informally prioritise clients in alignment with their professional and moral values (Maynard-Moody & Musheno, 2000; Zacka, 2017). Importantly, this also highlights a key paradox in contemporary Nordic home care provision: as we observed in our study, while rule-bending was a common response to restrictions in care provision, it risks reinforcing inequities by making access to social care dependent on individual worker discretion rather than on institutional support (see also Schönfelder et al., 2020; Øye et al., 2023).

Coping with 'troublesome' clients

Care workers adopted specific approaches for managing 'troublesome' clients – those who displayed demanding or inappropriate behaviour. These strategies included the forming of informal collective understandings, rigid rule-following, and emotional withdrawal, which represent both proactive and reactive forms of coping (Guy et al., 2010; Leppänen, 2008; Tummers et al., 2015).

Clients labelled as 'demanding' often voiced expectations or demands that surpassed available care resources or were seen as capable yet unwilling to engage with the reablement help-to-self-help approach. Some were perceived as manipulative, openly comparing care workers' performance to suggest that certain staff provided additional services or were more lenient in promoting self-sufficiency. To manage 'demanding' clients, care teams collectively agreed to adhere strictly to rules and service procedures. Danish care workers for instance recounted how an elderly client, unable to use one arm following surgery, disagreed with the care workers' assessment of her capabilities and resisted their efforts to encourage her independence. From the care workers' perspective, the client's complaints and defiance were attempts at manipulation and made the care visit draining. Consequently, the care workers collectively agreed to rigidly follow the reablement plan when tending to her, refraining from tasks such as making her bed or drawing the curtains, as they believed she was capable of performing these activities independently. These findings align with Tummers et al.'s review (2015) in that rigid rule-following was employed to manage 'demanding' clients and with Kirchhoff and Karlsson's findings (2009) regarding the role of collective rulemaking in reducing tensions within care teams. Additionally, our findings highlight the importance of collective rulemaking in supporting the individual care worker in setting boundaries for care provision and reduce tensions with clients.

Clients were mainly categorised as 'unpleasant' when perceived as exhibiting crude, aggressive or otherwise inappropriate behaviour. To manage interactions and shield themselves from distress when visiting 'unpleasant' clients, care workers mainly tried to detach themselves emotionally. Observations revealed that in such instances, care workers replaced their usual cheerful demeanour with a neutral approach, focusing on completing the tasks while minimising their engagement with the client.

This was evident when shadowing a care worker visiting a client who regularly caused uncomfortable situations for the care workers. During the visit, the client, an eccentric, overweight, ungroomed man in his 60s, cracked dirty jokes and talked incessantly to the observing researcher. Meanwhile, the care worker silently focused on providing medical care for the client's legs. As she used a cylindrical tool for his support stockings, he made lewd comments, praising her for her skill in handling a 'hard-on'. She ignored his inappropriate remarks, finished her tasks, and asked if he needed anything else. When asked afterwards how she felt about his crude remarks, she replied, 'I don't mind, I play along', seemingly distancing herself from the situation by emotionally detaching. This form of detachment aligns with the Nordic research on use of emotion work in care professions, where frontline workers may suppress their emotional responses to navigate

difficult situations (Liebst & Monrad, 2008; Leppänen, 2008; Orupabo, 2022). However, emotional withdrawal has consequences for clients, particularly those who rely on care workers for social interaction. For clients living alone, being categorised as 'troublesome' risks reducing caregiver engagement, potentially exacerbating their isolation. This highlights how coping strategies aimed at shielding caregivers from emotional strain can inadvertently harm the very clients who most need social interaction.

Concluding discussion

In this section, we discuss the broader implications of the complex coping strategies in play in light of the structural and political conditions for public home care provision, particularly the marginalisation of social care.

Coping is often conceptualised as an individual response to workload pressures (Brown & Korczynski, 2017; Lipsky, 2010; Tummers et al., 2015). Our study demonstrates that coping strategies in home care contexts are not merely individual responses but also socially embedded practices influenced by informal discussions and shared reflections within the work team, professional ethics and organisational constraints. The collective coping mechanisms help maintain consistency in addressing clients' needs, manage workloads and reduce conflicts within the team or with clients (Kirchhoff & Karlsson, 2009). Moreover, the study shows how coping is intertwined with emotion work (Guy et al., 2010). Care workers use emotion work to cheer up clients, create a sense of attentiveness and reduce the perceived rush, despite time constraints. Emotion work is not only employed as a relational tool but also as a rationing strategy (Lipsky, 2010) that allows care workers to manage time pressure and set boundaries for care provision (Leppänen, 2008; Sörensdotter, 2008). Managing a diverse roster of clients with varying personalities and needs, care workers must continually adapt their coping strategies while prioritising competing demands within strict schedules. To navigate time pressures, they try to maintain more professional boundaries with clients who have support from family or friends, which allows the care workers to provide extra care to vulnerable clients who lack social support. This logic of prioritisation (Vabø, 2011) aligns with the altruistic narrative of street-level workers seeing themselves as citizen-agents (Maynard-Moody & Musheno, 2000), *moving towards* clients to provide meaningful public service (Tummers et al., 2015). However, observations of care practices also revealed how priority setting was driven not only by moral considerations but also by care workers self-interests, such as personal satisfaction derived from enjoyable social interactions with favourite clients. Attempts to ease work pressure were also evident in situations with 'troublesome' clients. In these situations, care workers applied *moving away from* strategies, for instance by collectively agreeing to rigidly follow rules or by distancing themselves emotionally.

The care workers in this study did not simply react in response to time constraints but actively managed them by making informal prioritisations between clients based on perceived needs, personal characteristics and degree of compliance. While aiding in workload management, such informal client categorisations reflect underlying moral judgments about the perceived moral worth of a client's character or capacity for change. Thus, care workers' moral decisions, which may reflect biases, both justify and shape the services a client receives (Hasenfeld, 2010; Lipsky, 2010; Maynard-Moody & Musheno, 2000; Zacka, 2017). These implicit biases can thus potentially affect service quality and equity for clients. An illustrative example is the use of collective rulemaking to manage clients informally categorised as 'demanding' due to their reluctance to embrace the help-to-self-help principle. Considering the political and organisational imperatives of reablement-based care, collective rulemaking may be seen as a strategy to narrow the gap between policy ideals and the realities of daily care practice (Lipsky, 2010). From the dependent client's perspective, however, this strategy may be perceived as neglectful or as a sign of mistrust regarding their self-assessment of capabilities. For clients who are categorised as 'unpleasant' or with 'less urgent needs', emotional withdrawal or reduced service provision by care workers risk exacerbating these clients' social isolation, as the social contact with care workers is essential for clients living

alone (Schönfelder et al., 2020). This may in turn affect such clients' health and well-being (Norvoll et al., 2022) and their ability to age in place, while also unintentionally reproducing social inequalities by leaving the most socially vulnerable clients inadequately cared for.

Care teams may disagree when categorising and prioritising clients, leading to tensions between collective and individual coping strategies. For instance, while some team members might view a particular client as demanding and advocate for a strict adherence to rules, others may believe that spending a few minutes on providing compassionate emotional care helps to soothe the client. The implications of the informal categorisations of clients and the divergence in viewpoints and approaches among care workers raise ethical concerns about how care resources are distributed. However, as policies and administrative efforts continue to prioritise physical health needs, the social and emotional dimensions of caregiving risk being overlooked. Care workers must navigate these ethical challenges on their own or within their teams, but often without formal guidance or institutional support. This underscores the necessity for home care organisations to enhance support structures that facilitate critical reflections on care practices and ethics (Hertzberg, 2024). Additionally, it is imperative for such organisations and policies to acknowledge and promote the significance of emotional care as a component of professional care work (Hanlon, 2023).

The informal redistribution of care that seeks to meet otherwise unmet social and emotional care needs indicates the enduring importance of social care in supporting dependent older adults. However, the lack of formal recognition of social care needs in policies and care plans makes it the responsibility of individual care workers to decide whether and how social care needs are addressed (Schönfelder et al., 2020; Øye et al., 2023). Care workers often feel obligated to address unmet needs for social care on their own terms despite organisational constraints (Brenne et al., 2024; Brown & Korczynski, 2017; Kamp, 2012; Kirchhoff & Karlsson, 2013; Liebst & Monrad, 2008; Vabø, 2011). The marginalisation of social care places both professional, moral and emotional burdens on care workers, often compelling them to address clients' social and emotional needs through informal or hidden efforts. While these efforts demonstrate the dedication of care workers, they risk reinforcing the structural invisibility of social care needs and placing them outside the realm of public responsibility. The informal nature of these efforts not only hides unmet social and emotional care needs, but also diminishes recognition of the care workers' vital contributions to enhancing the well-being of clients.

In line with recent Nordic research arguing for increased recognition of social care (e.g. Norvoll et al, 2022; Schönfelder et al, 2020; Øye et al, 2023), our findings show there is a need for a more comprehensive approach to health and social care – one that incorporates the social and emotional dimensions of caregiving, acknowledges the complex moral landscape that care workers navigate daily, and recognises the role of social care in enabling older people to remain in their homes as long as they wish (Graff & Vabø, 2024). In the long run, reducing investment in social care may prove to be a false economy, potentially leading to increased costs elsewhere in the health care system and diminishing the quality of life for older adults.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

The study is a part of the research project 'Creating Integrated Person-Centred Care in Different Settings (CONTEXT)', funded by the Norwegian Research Council [grant number 273696].

Notes on contributors

Lea Graff is senior research analyst at VIVE – The Danish Center for Social Science Research and is currently finishing her PhD studies in Social Work and Social Policy at Oslo Metropolitan University in Norway. Her research field is eldercare, focussing on health and social care and reablement in different contexts.

Mia Vabø is a professor at Oslo Metropolitan University. She has initiated and led numerous major research projects focusing on the lived experiences of care workers amidst evolving policies and governance structures. Her current research interests explore how political, cultural, and institutional changes influence the daily work and learning environments of care workers.

ORCID

Lea Graff http://orcid.org/0000-0002-2400-831X
Mia Vabø http://orcid.org/0000-0002-8612-1836

References

Armstrong, P., & Lowndes, R. (2018). *Creative teamwork. Developing rapid, site-switching ethnography*. Oxford University Press.

Brenne, B. A., Hedlund, M., & Ingstad, K. (2024). Nurses' professional discretion in the purchaser-provider split in home care in Norway. *Journal of Advanced Nursing*, *80*(2), 612–627. https://doi.org/10.1111/jan.15828

Brown, K., & Korczynski, M. (2017). The caring self within a context of increasing rationalisation: The enduring importance of clients for home care aides. *Sociology*, *51*(4), 833–849. https://doi.org/10.1177/0038038515608112

Christensen, K., & Wærness, K. (2018). Long-term care services in Norway: A historical sociological perspective. In K. Christensen, & D. Pilling (Eds.), *The Routledge handbook of social care work around the world* (pp. 15–28). Routledge.

Graff, L., & Vabø, M. (2024). Unravelling the dichotomization of care and reablement: An ethnographic exploration of contradictions between policy rhetoric and practice in Danish and Norwegian eldercare. *International Journal of Care and Caring*, *8*(4), 691–707. https://doi.org/10.1332/23978821Y2023D000000001

Guy, M. E., Newman, M. A., Mastracci, S. H., & Maynard-Moody, S. (2010). Emotional labor in the human service organization. In Y. Hasenfeld (Ed.), *Human services as complex organizations* (pp. 291–310). Sage Publications, Inc.

Hanlon, N. (2023). Professional caring in affective services: The ambivalence of emotional nurture in practice. *European Journal of Social Work*, *26*(3), 441–453. https://doi.org/10.1080/13691457.2021.1997925

Hasenfeld, Y. (2010). The attributes of human service organizations. In Y. Hasenfeld (Ed.), *Human services as complex organizations* (pp. 9–32). Sage Publications, Inc.

Hertzberg, C.K., Heggestad, A., & Magelssen, M. (2024). Blurred lines: Ethical challenges related to autonomy in home-based care. *Nursing Ethics*. *31*(6), 1156-1171. https://doi.org/10.1177/09697330231215951

Kamp, A. (2012). Meaning of work in elderly care in Denmark: Fragile reconstructions. In A. Kamp, & H. Hvid (Eds.), *Elderly care in transition – Management, meaning and identity at work. A Scandinavian perspective* (pp. 107–132). Copenhagen Business School Press.

Kirchhoff, J. W., & Karlsson, J. C. (2009). Rationales for breaking management rules – the case of health care workers. *Journal of Workplace Rights*, *14*(4), 457–479. https://doi.org/10.2190/WR.14.4.e

Kirchhoff, J. W., & Karlsson, J. C. (2013). Expansion of output: Organizational misbehaviour in public enterprises. *Economic and Industrial Democracy*, *34*(1), 107–122. https://doi.org/10.1177/0143831X12439113

Lauritzen, H. (2024). *Fuldtid i ældreplejen – Muligheder og barrierer for at få flere social- og sundhedsmedarbejdere til at arbejde på fuldtid*. VIVE.

Leppänen, V. (2008). Coping with troublesome clients in home care. *Qualitative Health Research*, *18*(9), 1195–1205. https://doi.org/10.1177/1049732308321739

Liebst, L. S., & Monrad, M. (2008). Imellem empati og depersonalisering – en følelsessociologisk analyse af tayloriseringens konsekvenser for hjemmeplejere [Between empathy and depersonalization – consequences of Taylorization for home care workers]. *Tidsskrift for Arbejdsliv*, *10*(1), 56–71. https://doi.org/10.7146/tfa.v10i1.108648

Lipsky, M. (2010). *Street-level bureaucracy: Dilemmas of the individual in public service* (30th anniversary expanded edition). Russel Sage Foundation.

Maynard-Moody, S., & Musheno, M. (2000). State agent or citizen agent: Two narratives of discretion. *Journal of Public Administration Research and Theory*, *10*(2), 329–358. https://doi.org/10.1093/oxfordjournals.jpart.a024272

Norvoll, R., Øye, C., & Skatvedt, A. H. (2022). Like a social breath: Homecare's contributions to social inclusion and connectedness of older adults. *Journal of Social Inclusion*, *13*(2), 1–14. https://doi.org/10.36251/josi271

Orupabo, J. (2022). Enacting efficient care within a context of rationalisation. *The Sociological Review*, *70*(1), 57–73. https://doi.org/10.1177/00380261211052390

Øye, C., Kamp, A., & Dybbroe, B. (2023). Når sosial omsorg bringes til taushet [The silencing of social care]. *Tidsskrift for Omsorgsforskning*, *9*(1), 1–15. https://doi.org/10.18261/tfo.9.1.6

Patton, M. Q. (2015). *Qualitative research & evaluation methods* (4th ed.). Sage Publications, Inc.

Rostgaard, T., Jacobsen, F., Kröger, T., & Petersen, E. (2022). Revisiting the Nordic long-term care for older people – still equal? *European Journal of Ageing*, *19*(2), 201–210. https://doi.org/10.1007/s10433-022-00703-4

Schönfelder, W., Eggebø, H., & Munkejord, M. C. (2020). Social care for older people – a blind spot in the Norwegian care system. *Social Work in Health Care*, *59*(9–10), 631–649. https://doi.org/10.1080/00981389.2020.1847747

Sörensdotter, R. (2008). *Omsorgsarbete i omvandling: genus, klass och etnicitet inom hemtjänsten [Care work in transformation: Gender, class and ethnicity in home care]*. Socialantropologiska Institutionen.

Sundsbø, A. O. (2024). Vi er ingen selskapsdamer": Førstelinjeansattes legitimering av nedprioritering av omsorg i hjemmetjenestene ['We're not companions: Front-line workers' legitimization of down-prioritizing social care]. *Tidsskrift for Omsorgsforskning*, *10*(2), 156–175. https://doi.org/10.18261/tfo.10.2.11

Sundsbø, A. O., Fagertun, A., & Førland, O. (2023). Contested care: Gendered renegotiations of care needs for the frail elderly population in Norway. *European Journal of Politics and Gender*, *6(*2), 205–221. https://doi.org/10.1332/251510821X16806176929352

Tummers, L. L., Bekkers, V., Vink, E., & Musheno, M. (2015). Coping during public service delivery: A conceptualization and systematic review of the literature. *Journal of Public Administration Research and Theory*, *25*(4), 1099–1126. https://doi.org/10.1093/jopart/muu056

Vabø, M. (2011). Changing governance, changing needs interpretations: Implications for universalism. *International Journal of Sociology and Social Policy*, *31*(3), 197–208. https://doi.org/10.1108/01443331111120618

Vabø, M., Zechner, M., Stranz, A., Graff, L., & Sigurðardóttir, S. H. (2022). Is Nordic elder care facing a (new) collaborative turn? *Social Policy & Administration*, *56*(4), 549–562. https://doi.org/10.1111/spol.12805

Vidman, Å, & Strömberg, A. (2018). 'Well it is for their sake we are here': Meaningful work tasks from care workers' view. *Working with Older People*, *22*(2), 111–120. https://doi.org/10.1108/WWOP-09-2017-0024

Zacka, B. (2017). *When the state meets the street: Public service and moral agency*. Harvard University Press.