Management in Social Care:
A Cause for Concern or an Adapting Professional Identity?

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Abstract

Managers in social care are being relied upon to lead and implement substantial change within the sector. Yet the prevailing view is that the pressure being put on managers by managerialism and the increase in the business aspects of their role is in conflict with social care managers' values, causing concern and challenging managers' identity. Additionally, managers in social care are presented as being part of the same homogenous group as social work managers, a potential misrepresentation, which again has consequences for how managers identify with their role.

This study aimed to explore and explain how social care managers are experiencing their manager identity and how they categorise themselves from a group perspective. This research was undertaken using a critical realist philosophical approach. The key theoretical framework used is social identity theory.

The study findings have achieved the overall aim of the research, establishing that social care managers appear not to be experiencing any conflict in their identities, that managerialism is accepted by managers and seen to be necessary, and that managers' values, formed in childhood, are a key aspect of how they undertake their managerial role. In addition, social care managers are not the same as social work managers, their social identity is a synthesis of the multiple groups they are members of with the dominant group being social care, because of this they cannot be viewed as being within the same homogenous group. Neither is the social care manager role distinctive from manager roles in other sectors, however how they undertake the role is. The significance of the study is the contribution to both the existing social care literature and the literature on social identity theory.

Declaration

I, Rowan Stewart-Steele hereby declare that this work has not been submitted to any other degree at this university or any other institution and that, except where reference is made to the work of other authors, the material presented is original.

Signature: Date:

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CHAPTER ONE: INTRODUCTION

1.1 Social Care

Social care developed over a 100 years ago as a result of an intention to reduce poverty and introduce state financed and run services which addressed the areas of employment, housing and education (Horner, 2009). In the 1940's the modern welfare state came into being as a result of the inception of the Children's Act 1948, the Beveridge Report 1942 and the National Health Service Act 1947. According to Harris (2006) it was these and the National Assistance Act of 1948 which laid the foundations for personal social services in Britain. A service which had at its core the central theme and ethos of a state led and state run provision as being the vital element in the delivery of the British welfare system (Fraser, 2003).

However, since that point a number of changes have taken place, many of which have been influenced by successive government policy, particularly during the 1970's and 1980's. The Conservative government of the 1980's and 1990's introduced a number of policies influencing the delivery of services within social care, focussing upon reducing the state led and run welfare policies previous favoured with those intent on outsourcing service delivery (Evans, 2004; Hill, 1993; James, 1994; Wilding, 1997). The decision to outsource some service delivery was predicated by a lack of confidence in the state's ability to deliver services, a view which was underpinned by the suggestion that large bureaucratic organisations were 'deeply and inevitable flawed instruments' (Wilding, 2007, p.717). The welfare state in particular was seen as one of those 'flawed instruments' and as such a key target for reform, with many services that were currently being provided by the local authorities and the NHS being outsourced to private/voluntary sector organisations (James, 1994).

The effect of this policy of outsourcing was the 'transfer of service provision to the market place through a mixed economy of care' (James, 1994, p.61). This brought

about an element of competition and cost effectiveness that had not previously been present and with this a shift from what could be termed a philanthropic approach to welfare delivery to one which for many was potentially a profit making/cost reduction exercise.

This move to privatise public services was the start of the move away from the original Fabian and Webbian principles of social care and the state run welfare state and marked the beginning of what Lawler termed as being the dismantlement of the welfare state system (Lawler and Harlow, 2005). This privatisation of the welfare system and the corresponding cuts in service provision had an impact on confidence levels in the social care sector with concerns being raised in relation to the quality of service delivery and a resultant impact on workers' values (James, 1994).

This dispersal of service provision continues to the present day, and subsequent Conservative, Labour governments have introduced policies which further devolved the role of the state in social care. In particular, the integration of health and social care and the introduction of the personalisation agenda, both key policies of the current Conservative and SNP governments which continue to influence social care delivery (Christie, 2011). The personalisation agenda is concerned with putting into place a service for individuals which is concerned with meeting their specific needs through access to support across health and social care (Lloyd, 2010). The integration of health and social care supports the delivery of this policy as well as having the objective of improving outcomes for service users by designing a more seamless and responsive service across both areas and utilising existing capabilities in a more effective way, including securing cost savings as a result (Christie, 2011).

The current situation within social care is still one of change and uncertainty as a result of the challenges with these policies and the continuing issues related to discontinuous and variable funding levels, continuity of service provision as well as the need for managers in social care to deliver a seamless service of integration

with health (Christie, 2011; Dutton *et al*. 2013). In light of these challenges the suggestion might be that social care is a sector, which is struggling to cope.

Yet, over the last decade, the social care sector has seen its share of the service sector economy increase significantly. According to the recent Skills for Care Report (2014) on the State of the Adult Social Care Sector and Workforce in England, there are 17,300 organisations with 1.45 million workers involved in the delivery of adult social care. This is a growth of 15% since 2009. This increase in growth is also seen in Scotland with an increase in employment within the sector of 5.3% since 2008, worth 7.7% of the Scottish employment market (Scottish Social Service Sector: Report on 2014 Workforce Data, 2015). These figures demonstrate that the social care sector across the UK is increasing its share of the service sector, and correspondingly its importance to not only the UK economy but to the service users who rely on the services being delivered. This growth is not, however, without its challenges and within this context of growth organisations involved in the sector have also had to achieve improved economic savings, and better quality outcomes for those who use their services along with higher levels of sustainability (McCray *et al.* 2014). These substantial changes are putting pressure on organisations to change, adapt and to grow, and for managers to lead those changes (Dominelli, 2009; Lawler and Harlow, 2005; McCray *et al*. 2014; McCray & Palmer, 2009; van Zwanenberg, 2010).

The impact is that these external environmental changes, and changes within the wider environment such as, legislation, funding and demographics, are driving change internally within organisations and the effect on the management role is significant, putting pressure on managers to do more with less (Hafford-Letchfield, 2006; Hafford-Letchfield *et al*. 2008; Lawler and Harlow, 2005). In essence, manager responsibilities in social care now encompass both a moral and business dimension where managers need to be able to contract for new services, identify and deliver new areas of service provision, as well as managing the delivery of a service that keeps vulnerable people safe. These increased responsibilities, combined with the changes to the welfare state, the increase in the devolvement of social care from the statutory to the private and voluntary sectors, and the drive for efficiency and higher quality requirements in service delivery, mean that not

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only have the activities that social care managers are undertaking become more complex, so has the environment that they work within. As a result of both the environment and the complexity of the role, the argument is presented that managers in social care are different from managers in other sectors (Adams *et al.* 2009; Courtney, 1994; Dominelli, 2009; Lawler and Harlow, 2005; McCray & Palmer, 2009).

To further complicate matters the context within which managers in social care are working is typified in the literature with the suggestion that managers in social care are being micro-managed, resulting in a reduction in autonomy and that managerialism is a major cause for concern for social care managers (Dominelli, 2009). One of the main criticisms directed at managerialism is the focus upon the power of the manager within organisations and the corresponding move away from the power of the professional (O'Reilly and Reid, 2011). Cullen (2010) reinforces this point and the impact on social care, stating that managerialism has had a tremendous influence on professionals within social care, elevating the management task above the professional one resulting in a shift in power from social workers to management. Hafford-Letchfield *et al.* (2008) go a step further and state that not only is the task of management deemed to have the highest value in social care organisations, but the knowledge and expertise of managers themselves often supersedes and is deemed to be of more value than the knowledge and expertise being provided by those in a professional practice role.

As a result, the rise of managerialism means managers are exacting and exercising more power and control (Terry, 1998; Waine *et al.* 2005). The focus is no longer on professional knowledge and practice but on the more tangible rewards provided by a managerialist approach (Walker *et al.* 2011) and shifts towards a new 'state-market-civil society' contribute to that change with the acknowledgement that the provision of welfare services is often mixed in with other provisions such as the provision of employability services, lending itself to the use of a more standardised approach within different welfare delivery models (McQuaid, 2010). Managerialism has often been endorsed through the route of New Public Management (NPM), which according to Williams *et al.* (2012) is 'characterised by the adoption of private sector performance criteria and practices'

(p. 2615). The emphasis of NPM was focussed upon creating a performance orientated culture with a high degree of management control and a "hands on" management ethos. The rhetoric underpinning this was the view of managers having the 'right to manage' along with the associated management philosophy (Rhodes, 1997). Vigoda-Gadot and Meiri (2008) concurred with this view, pointing out that NPM has its focus on performance and a 'business like culture in organisations' (p.113). This is a recurring theme throughout the literature and coincides with the overarching perspective that NPM is primarily concerned with attempting to increase levels of efficiency through the utilisation of specific management techniques (Waine *et al.* 2005).

These management techniques give rise to the central tenant of NPM which is the managerial discourse that underpins its philosophy with managers being encouraged to focus on targets and outcomes aimed at improving performance (Dunleavy *et al.* 2006; Hood, 2000). It is this improvement in relation to performance that is the reward associated with implementing a managerialist approach but which also correspondingly challenges the autonomy and legitimacy of certain professional groups (Hujala *et al.* 2014; Walker *et al.* 2011). This, in turn, creates a potential contradiction for those working in social care, should social care managers be more managerial or should the professional practice elements take priority? Certainly, the situation is such that previously professionals in public sector organisations had substantial amounts of discretion and power in their roles and behaved accordingly (Ellis, 2011; Lipsky, 1980). In social care, the dominant professional role was that of the social worker, however, because of managerialism this is no longer the case (Rogowski, 2010).

The argument being presented by the current literature is that managerialism is having an impact on how managers undertake their roles. In social care managerialism combined with the professional expectations placed upon them, is one of the reasons workers leave social care, specifically, due to a perceived conflict between their social care practitioners' desire to 'make a difference', their social work values and their managerial responsibilities (Adams *et al.* 2005; Cullen, 2010; Hafford-Letchfield, 2006; Hafford-Letchfield *et al.* 2008; Lawler and Harlow, 2005).

Adding to this complicated picture of management of social care, is the pervasive way that some social care literature uses the terms of "social care" and "social work" in a way which suggests that they are interchangeable and consistent in their meaning (see Aronson and Smith, 2011; Graber, 2008; Hafford-letchfield, 2006; Horner, 2009; James, 1994; Longhofer and Floersch, 2012).   This conflation of terms relating to managers is confusing and focuses upon a role title which reflects the minority of social care managers, that is those with a social work professional background, the implications of this for those managers in social care who do not have that background but who, in fact, have a social care practitioner background are significant and are unrepresentative of the majority of managers within the sector, which by association calls in to question the validity of previous research, on identity, within the social care sector.

It is, however, according to Asquith *et al.* (2005) difficult to define social work as there are many different and contested versions. However, for the purposes of this research the definition used is one which has been agreed by the International Federation of Social Workers. Their definition of the purpose of social work is to *'promote social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments.'*   (IFSW, 2012, n.p.). In contrast, the definition of Adult Social Care, according to the Law Commission in England and Wales is that '*Adult social care means the care and support provided by local social services authorities pursuant to their responsibilities towards adults who need extra support*' (Law Commission, 2011, n.p.). By virtue of these definitions it can be seen that social work and social care are not the same yet the literature often conflates the terminology of social work manager and social care manager portraying the suggestion that social care managers and social work managers are members of the same homogenous group.

This portrayal is significant because of the focus on groups and group membership and the subsequent impact on social identity. It raises questions around the groups that managers in social care see themselves as members of, and how membership

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of those groups, given the intricacies of the environment they work within, influences not only how they see the manager role in social care, but also how they identify with it. Combine the issue of identity with the perception that management in social care is different or distinctive, the suggestion that managerialism and values both have a part to play in how managers view and undertake their role, and the situation for managers in social care becomes even more complex and challenging to understand. Yet, is crucial if managers are to deliver on the leadership expectations set for them ((Dominelli, 2009; Lawler and Harlow, 2005; McCray *et al*. 2014; McCray & Palmer, 2009; van Zwanenberg, 2010).

Until now, the literature appears to take a very linear view, addressing each of these factors independently, as opposed to viewing them as inter-dependent, painting a picture which presents a negative view of social care manager's experiences as a result. Yet, these issues, identified so far, do not exist *in se mutuo separatus*. Collectively or individually, they may all be influencing the manager role in social care, but to what degree is unclear. The existing literature states clearly the importance of managers to the future success of social care yet there appears to be more issues being raised than solutions.

This research attempts to explore and unravel some of the issues mentioned using social identity theory as the theoretical lens from which to view them. Social identity theory (SIT) is a theoretical framework which, combined with a critical realist philosophy and approach, provides an opportunity to explore not only what managers are experiencing from a social identity perspective but also to identify the conditions influencing that experience.

1.2 Social Identity Theory and Critical Realism

One of the key characteristics of social identity is that before we can make a judgement about others, we need to decide who we are. Our identity is made up of our personal self or what makes us who we are, and our collective self or our

attachment to other social groupings relative to other social categories (Tajfel, 1982). In other words, we create stereotypes of others and in doing so create a stereotype of ourselves (Ellemers *et al.* 2000). This self-stereotyping is the start of how we see ourselves and how we present ourselves to others, it is what defines us as individuals and what makes us different.

Establishing a social identity requires that individuals categorise themselves as part of a group. The significance of this is how people determine the reasons why they believe they are members of that group (Tajfel, 1979). According to Turner *et al.* (1987) the way an individual identifies with a group is a process of aligning their behaviour and their way of thinking with that group. In fact, how people recognise that they belong to a group that possesses some emotional and value attachment to them (i.e. group salience), gives the way they behave a distinct meaning that reflects something of "who they are", and is underpinned by a sense of belonging (Tajfel, 1979). The ability to understand why managers identify with one group as opposed to another, how they stereotype themselves and others and their reasons for doing so, demonstrates how SIT can provide insight as to what social care managers are actually experiencing in their role of manager, helping to make sense of what is actually happening. Using the theory can help to explain not only "how" but "why" managers categorise themselves in certain ways, which groups managers see themselves as members of and how membership of those groups influences not only their behaviour but how they undertake their managerial role. This is important, as answering these questions will provide some explanation as to what groups managers see themselves as members of, what impact having membership of these groups has on their job role, particularly in light of the changes managers are experiencing, and whether they experience any conflict in relation to those group memberships.

The significance of using SIT is that the research findings, rather than being presented in a linear way, will be looked at more holistically and from a position of exploration and explanation. Using SIT in conjunction with critical realism adds a further dimension, providing the ability to explore how managerialism and values and the environment social care manager's work within influences how they

experience social identity by acknowledging there may be other aspects which might emerge and influence that social identity (Sayer, 2010).

1.3 The Overarching Aim, Objectives and Research Questions

The aim of this current study is to explore how managers in social care experience their managerial identity and what factors support and inhibit that identity experience. This aim is supported by the following objectives and research questions:

Objectives:

1. Understand and explore how social identity, and how managers categorise themselves influences social care managers;
2. Determine whether values influence how managers experience social identity and;
3. Establish the role and the impact of managerialism on managers social identity

Supported by the following research questions:

1. How does social identity influence social care managers?
2. How does social identity manifest itself?
3. How does the managers' social identity influence their decision making and activities?
4. How do managers in social care categorise themselves?
5. What influences that process of categorisation?
6. How do values impact upon the behaviour of managers in social care?
7. Do managers' values impact or influence their social identity and if so, how?
8. What effect is managerialism having on social care manager social identity?
9. How does the organisation support the manager role?

10. What level of autonomy, in respect of decision making and role enactment, is given to managers?

11. What impact do levels of autonomy have on managers?

12. Is the role of the manager in social care distinctive from other manager roles in other sectors?

1.4 Outline and Structure of the Thesis

This thesis is structured into 10 Chapters, which follow on from one another and are closely linked. Chapter 1 is the initial introduction detailing the rationale for the research and the overarching aim. In addition, the outline structure is also detailed within this chapter. Chapter 2 covers the key literature in relation to social identity theory, chapter 3 introduces the literature on values and discusses this in relation to the definition of values and the relationship between values, Bourdieu and critical realism. Chapter 4 covers the key literature on new public management NPM) and managerialism, again in a wide-ranging sense, then discusses these areas in relation to social care. Chapter 5 gives a very brief introduction to the history of social care before chapter 6 moves into discussing the research methods. Chapters 7, 8 and 9 present the key findings in relation to the research as well as being the main discussion chapters, with Chapter 10 containing the overall research conclusion.

CHAPTER TWO: SOCIAL IDENTITY THEORY

2.1 Introduction

According to Tajfel (1978), social identity is a process, which is ongoing and is concerned with attributing both a value and an emotional aspect to group relations. When we see ourselves as a member of a specific group we express certain behaviours that reinforce our membership of that group. It is based on how we stereotype ourselves and the moral and behavioural aspects which underpin how we wish to be viewed, as well as influencing how we view other people and situations (Jenkins, 2008; 2014). To be able to establish a social identity there is a requirement for individuals to categorise themselves as part of a group, and the awareness that we belong to certain groups has an emotional and social significance. This awareness gives us both a sense of status and of well-being that contributes to our self-esteem. This makes us feel distinctive and special (Haslam *et al*. 2009; Turner *et al*. 1994). In other words, we extract value from being members of particular groups and the groups we are members of contribute not only to our sense of self but also to how we relate to others (Haslam, 2004).

This chapter of the literature review considers the relationship between social identity and the behaviour of people in organisations. In particular, it explores how social identity theory can provide insight into how individuals categorise themselves and the subsequent groups they then identify with, discussing how that can change and develop dependent upon different situations and conditions. In addition, consideration is also given to how certain groups behave within certain circumstances and why groups pursue strategies of distinctiveness and social creativity and considers the role of the prototypical member/leader. Finally, critical realism is discussed in relation to SIT explaining the impact of a critical realist philosophical approach on the application of the theory.

The chapter critically appraises SIT by considering the different aspects of the theory. It begins by presenting the definition of SIT, examining how the theory of social identity has developed and discussing the key underpinning concept of self-

categorisation theory. It then goes on to consider and discuss how identity responds and reacts when individuals are exposed to different scenarios and situations, and what type of situations have an impact on group and individual behaviour. Social creativity is also considered in relation to the influence on behaviour, and the key aspects of comparative and normative fit are detailed and then discussed both in relation to behaviour and to our choice of identity groupings. The chapter then discusses distinctiveness and leader prototypicality, exploring how prototypical behaviour influences social identity, concluding with an initial discussion in relation to social identity theory and critical realism.

2.2 Definition of Social Identity Theory

According to Ellemers *et al.* (2000, p.7) SIT has been developing as a theory and is 'being pursued now more vigorously than ever before'. It is a theory that was developed to explain and explore inter-group relations and provide a foundation, on a theoretical level, with which to develop a greater understanding of the relationship that exists between how we conceive our self and our relationship with the collective self (Tajfel, 1979; Tajfel and Turner, 1979; Turner, 1978; Van Knippenberg and Hogg, 2003). How we develop our identity, on a broader level, can shift and change, but identity development is a process that individuals go through and is essential in how we make decisions about who we are, and importantly how we stereotype ourselves (Giddens, 1991). It is about how we develop ourselves within a particular context and over a period of time, and is something which is constantly developing. SIT has been proven, through a number of different research projects, to be a powerful way to explain not only our individual behaviour and the uniqueness of who we are, but also how that behaviour can influence which groups we choose to belong to (Burford, 2012; Tajfel, 1979; Jetten *et al.* 2001).

Reicher (2004) explains that it is our uniqueness in comparison to others that provides us with our personal identity, and our involvement with particular social groupings change dependent upon the salience of the different conditions within which these groups occur. Yet, there is also the need to recognise that 'at the core

of the social identity approach is the assumption that group membership contributes to self-definition' (Van Knippenberg and Hogg, 2003; Haslam *et al.* 2010) and so the argument is made that the relationship between our sense of self and our membership of particular groupings is bilateral in its application with one influencing the other and vice versa.

2.3 How Identity is Formed and the Influence on both Individual and Group Behaviour

So how does this movement from interpersonal to intergroup behaviour impact on how we as individuals operate as part of the wider social world? As Reicher (2004) points out, social identity theory is based upon human social action within a social context, in other words it brings together the action of human agency and the social setting within which this exercising of agency takes place. This view clearly points to the connection which exists between identity and how identity is formed, suggesting that the context for this identity formation and development takes place within the social world. Jenkins (2014) gives us some insight into how human agency informs our identity formation, pointing out that identity has two forms, the first is the view that identity is similar to our definition of identical, in other words the aspect of being the same. The second, is the view that although identity is concerned with sameness it is also concerned with distinctiveness or as he puts it 'distinctiveness which presumes consistency' (Jenkins, 2008: p.5). This effectively creates a paradox; we see ourselves as members of groups which with which we see elements of similarity but it is the pursuit of distinctiveness within the social world that can influence or shift our identity.

The pursuit of distinctiveness resounds with the perspective that identity is formed, but that it also can change over time, and although we look for ways to compare ourselves to others and elements of 'sameness', we also look for ways to categorise ourselves to achieve an element of difference. Self-identity is about how we categorise who we are or our sense of self, and this is different from how we identify with specific groups, which SIT is primarily concerned with. Yet, how we decide who we are is guided by a number of facets, but what is important is that, in terms of behaviour, our personal identity influences how we undertake the

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pursuit of our own goals. Often we are confronted with the possibility of multiple social identities and dependent upon the situation we find ourselves in, those goals can change over time (Burford, 2012; Stets and Burke, 2000). However, as Tajfel (1979) specifically points out, the degree to which people share an aspect of ideological perspective associated with mobility and social change, is what encourages people to form groups, and so there is an argument that it is an ideological perspective that potentially underpins those goals, even though they may develop over time.

It is this group formation and how individuals respond and behave in certain groupings that was the pre-cursor to social identity theory, as it was originally formulated by Henri Tajfel (1970) to provide a basis for the analysis and further understanding of intra-group discrimination. Tajfel came to identify, through a series of studies, that a number of minimal conditions, with the key motivator of increasing self-esteem, effectively lead group members to discriminate in order to identify and relate to what is termed the in-group, their own group effectively, and what is termed the out-group, or those other groups which exist outside of this 'in-group'. These studies, known as 'the minimal group studies', used money as a way for a set of boys to discriminate between groups, giving them the responsibility of allocating money to other members of each group within a strict set of restrictions. The interesting aspect, according to Haslam (2004), is how the study revealed that in-group bias and favouritism was displayed by the boys when allocating this money. Effectively, they gave more to in-group members than out-group members by displaying favouritism to members of their own group. Haslam (2004) goes on to say that further work by Tajfel found that the boys continued to favour strategies that allowed their own group members to benefit, and more importantly to do better than the other group. The important aspect attached to group membership is how, where possible, group members will maximise opportunities to express the value they attach to being members of that group through their own behaviour (Tajfel, 1970).

According to Tajfel (1979) 'the knowledge that we belong to certain social groups, together with the emotional and social significance to us of this group membership' (p.31) is what makes group behaviour significant from a SIT perspective. Haslam

et al. (2009) reiterate this view by highlighting that group status gives us a place in the world as well as a sense of being part of something; the status associated with certain group memberships, creates and provides a sense of security which contributes towards a sense of well-being, making us feel distinctive from other groupings and special.

It is the process of how we build identity, which comes from how we define ourselves, that Ellemers *et al*. (2004) note as being significant. They contend that the process of identity is derived from three main underpinning processes which are drawn from the 'cognitive and motivational framework of SIT' (p.6). The cognitive aspect of SIT is, according to Haslam (2004), the way we seek to understand people's perspectives, as well as analysing to some degree how these perspectives and perceptions of their environment and social interactions, influence and determine how people respond. The motivational aspects are concerned with the desire to increase levels of status through group membership (Tajfel and Turner, 1979). The three process which underpin self-identity development are described as self -categorisation theory, social comparison and social identification (Ellemers *et al*. 2004). In essence, when we define ourselves from an identity perspective, we look to social groups to reinforce our sense of self-identity and then through a process of comparison, which takes place both within and out with the in-group, we continue to build this positive sense of who we are. Jenkins (2008) points out that selfhood, as he calls it, is one of the earliest aspects of the self-identity process and is concerned with self-identification from a primary perspective. It is labelled primary because this aspect of self-identity development is as much about 'paying attention to others' (p.70) as continuing to develop our own sense of self.

The development of self-identity is complex and includes often us, as individuals, continuing to adapt who we are dependent upon other peoples' construction of who they believe us to be. In elaborating on our sense of self we pull aspects of our identity from other people; friends, colleagues, family, all of whom have an influence on who we are. Our self-identity is then developed alongside our environment and the world that we live in, e.g. how we choose to dress and the music we listen to. Our environment, combined with the interactions we have with

others, and the subsequent levels of validation in response to our actions, will go on to influence our self-identity development (Jenkins, 2014).

As our self-identity develops and we consider our social identity, how we identify with certain groups and how we value our membership of those groups, as well as the degree to which the group contributes to our own sense of self, is what is viewed as important (Haslam, 2004). This is significant, because it reinforces the view that social identity theory can assist and further the understanding of collective behaviour, and help us to understand how individuals respond within groups (Tajfel, 1970; Turner, 1979) and further reinforces the importance of social identity theory in understanding how social care managers identify with their role.

The fact is, there have been a large number of experiments which have demonstrated how people can readily discriminate in the in-group/out-group situation, by categorising people into specific groups (Tajfel, 1978). Group selection influences identity formulation (Jenkins, 2008), as group members comprise of those individuals who view themselves as part of the same category (Burke and Stets, 2000). However, to view themselves as members of the same category there has to be limited variation between the behaviour and attitude of group members (Hewstone and Greenland, 2000). In truth, identity is not only concerned with personal identity as Haslam (2004) would have said, this 'enduring sense of self' (p.36), it is also concerned with how we relate to others and how we view the world.

2.4 Self-Categorisation and Social Identity Theory

The research undertaken by Tajfel and Turner (1979) into social identity went on to produce a further set of research undertaken by Turner (1984), which was concerned with exploring in detail the process of self-categorisation theory. Self-Categorisation Theory (SCT) is, according to Ashmore *et al.* (2001), a concept that tries to distinguish one category from another and is a process concerned with distinguishing categories or groups of people. It is a key aspect of Social Identity Theory as it is a way to explain how individuals decide which group they should be

a member of and the rationale for making that choice, as well as attempting to explain why individuals naturally generate bias, stereotype and ultimately display discriminatory behaviour, when deciding which groups they see themselves as belonging too (Brown *et al.* 1999; Haslam, 2004).

It is a cognitive process which is based upon our own views and perspectives of not only who we are, but also our views on who other people are, and its supporting theoretical perspective is that members of groups want to achieve and to maintain a social identity which is positive and beneficial and that to achieve this they need to go through a process of inter-group comparison and self- categorisation (Tajfel and Turner, 1979; Haslam *et al.* 2009). Inter-group comparison happens because as human beings we belong and see ourselves as part of a number of different groupings. We use a process of comparison between what we see as the in-group and what is deemed to be the out-group, specifically to compare one group to another, an important facet of which is the notion of self-esteem and specifically, how our own self-esteem is impacted upon when considering our inclusion within certain groupings (Reicher, 2004).

This comparison between the in-group and the out-group is known as comparative fit and is defined by the principle of 'meta contrast' (Haslam *et al.* 1999, p.803). According to Haslam *et al.* (1999), we are more likely to categorise in this way where a 'given set of stimuli is more likely to be seen as a single entity if the interclass differences between these items and others are seen to be smaller than the interclass differences that are included in any given comparative context' (p.810). A good example of comparative fit might be social care workers who work in the charity sector but work exclusively with children and young people, compared with those who also work in the charity sector but who work exclusively with adults. In interactions with other professionals they are much more likely to categorise themselves as social care workers, acknowledging the similarities of working in social care as opposed to highlighting the differences i.e. social workers who work with children as opposed to those who work with adults.

By comparison, there is the notion of normative fit, defined by Haslam *et al.* (1999) as 'the content-related aspects of the match between category specifications and

the instances being represented' (p.811). For example, to view a group of people as social care professionals as opposed to social workers, not only do social care workers have to differ from social workers in terms of their attitudes and actions, the degree of difference has to be consistent with the individuals expectations relating to their beliefs and theories in relation to that category e.g. social workers have a responsibility to undertake certain actions enshrined in law.

This process of comparison and categorisation involves establishing our level of similarity with others, as our social identity is often derived and supported by those groups that we believe we most fit with (Abrams and Hogg, 2006). There are a number of options available to allow this to happen, and categorisation can be based on the fundamental aspects of for example, race, age, nationality and gender (Jehn *et al.* 1999) with these aspects serving as the basis by which the members of that group define themselves, or it could equally be based upon personality traits, behaviour, emotional responses, shared activities or even appearance (Tajfel, 1982;).

In support of this assertion, Abrams and Hogg (2006) make the point of saying that how we self-categorise involves the categorisation of social aspects which fits best with our sense of self. This aspect of best fit is significant as it is our own perception of what we perceive to be the similarities and differences between people, which then informs our categorisation of our self. This process gives meaning to who we are, and it is through this process that the differences between groups become less significant and the differences or the aspects that differentiate one group from another group become more significant, contributing toward stereotyping between different groupings (Abrams and Hogg, 1990).

According to Dashtipour (2012) there are three specific levels of self-categorisation and belonging which individuals experience: superordinate, intermediate and subordinate. The superordinate is concerned with being part of humanity, the intermediate is the aspect of group membership, and the subordinate is how we define ourselves. To some degree this is supported by Burford (2012) who states that due to the number of potential categories available to individuals, people will effectively choose dependent upon the context they find themselves in.

He uses the medical profession as an example, contrasting how doctors might identify with one group, for example; cardiologists, but might also see themselves as a member of the Health Care Profession which he sees as being the superordinate group. These levels are conspicuous in that they demonstrate that individuals consider themselves not only within the group scenario, but on a larger scale, how they develop a shared sense of identity. As Dashtipour (2012) points out, identity because it is shared, is founded on the understanding that we see ourselves as an interchangeable member of each group. However, this still suggests that this is a rationale process that actors engage with, as opposed to one that they might not be conscious of. In addition, it negates the view that this interchangeability might be dependent upon other factors, such as how highly we identify with a particular group (Jetten *et al.* 2001).

What is clear, however, is the influence of the group prototype on how we stereotype ourselves which is pivotal in making the decision on what is the in-group and what is the out-group, as the 'prototype is closer to a representation of the ideal than any typical group member' (Van Knippenberg and Hogg, 2003, p.245). The prototypical member embodies the main characteristics of the group and in doing so maximises the distinctive aspects of the in-group from the out-group, assisting us to stereotype ourselves when considering those different groups. It is through the process of self-categorisation that the prototypical aspects or characteristics of the group which are seen as being wholly representative of that group can, dependent upon how highly we identify with the group, become part of who we are, with attitudes, feelings and behaviours being influenced by whatever the group prototype might be seen to be (Hogg and Terry, 2000; Van Knippenberg and Hogg, 2003). This involves a process of depersonalisation where we assess who we are and to which group we belong (Haslam, 2004). This is significant because as members of that group our behaviour influences our responses and our perception of social situations and is the underlying aspect which influences identity development (Hogg and Terry, 2000). As Jetten *et al.* (2001) note, a large part of our identity is derived from the groups we are members of and not all groups are of equal importance to us, the level of importance proffered upon the group is dependent upon how highly we identify with that group.

Brown and Perkins (1992) attempt to define the importance of behaviour linked to identity and self-categorisation, by suggesting that it is related to our interpretation of meanings which are shared. The significance being the suggestion that "shared" is actually more concerned with influence, and more importantly the need to conform to the group norms and expectations (Hogg and Abrams, 1996). The implications of this is then how these aspects of similarity or perceived difference can, as a result, influence our perspective in terms of in-group and out-group perceptions and stereotypes. In other words, how groups of people see themselves as being similar to individuals in one group and dissimilar to individuals in another (Tajfel, 1979; Tajfel and Turner, 1979).

As Haslam *et al*. (1999) point out, it is how we define who we are in terms of the group membership shared with other members that is important, what is termed social identity *salience*. It is this salience which can and does play a role in stereotyping, whether stereotyping ourselves or stereotyping others. The main element of salience which is important is the notion of 'fit' or how a social category relates to the real life situation being experienced, when considered from a comparative and normative perspective. According to Reicher (2004), we can define ourselves in terms of who we are and what makes us unique as individuals, and also in terms of which groups we see ourselves belonging too. However, this can change and shift and the degree of salience can move, dependent upon the context and situation we find ourselves in. Moreover, as Haslam *et al.* (1999) suggest, the way we determine category salience or 'fit' is subjective, and formed not only by our own viewpoint but also by those aspects that influence our subjective perspective e.g. societal norms, culture and ideology, as well as our own perceptions and expectations. Also it is important to recognise that where any given social identity is salient, then the given group characteristics will be internalised by the individuals who are members of that group. As a result, members of that group are more likely to define themselves in terms of shared attributes that define the social category, as opposed to defining themselves based upon their own personal and individual characteristics (Adarves *et al.* 2008).

It is these aspects of similarity which define who we see as the in-group and who we see as the out-group, the distinctiveness which makes our groups different

(Turner, 1984). The focus is on the 'cognitive and perceptual aspects of the distinctiveness-differentiation relation' (Jetten *et al.* 2001, p.624). This distinctiveness is pursued through the process of self-categorisation, suggesting that we actively pursue the distinction between 'them' and 'us' and that rather than being seen as a negative view, this aspect is necessary to help us to better know who we are and importantly our view of our worth in relation to everyone else (Haslam *et al.* 2009).

2.5 Distinctiveness, Group Behaviour and Prototypicality

Distinctiveness is important in social identity theory as it is a key differentiator between groups. If the degree of distinctiveness between the in-group and the out-group is undermined in any perceived way, then the group will respond accordingly, working to increase its level of distinctiveness seen as necessary because distinctiveness allows an element of positivity to be gained from membership of that group (Jetten *et al.* 1998). Often the way to increase levels of distinctiveness is achieved by reacting to the perceived out-groups, either by being dismissive of their contribution, being disapproving of their role or by attempting to increase the level of differentiation between groups (ibid.). By behaving in this way the in-group attempts to protect itself from seeming too similar to other groups and increases and reinforces its dissimilarity to other groups (Diehl, 1988). Ahmed (2007) suggests that in this sense this is when group membership can have negative results, particularly when the act of disapproving and being dismissive of other groups leads to dislike of those other groups. He points out that there are a number of situations where in-group/out-group bias can occur, talking about discrimination 'arising from the positive consequences of the in group formation' (p.324) which then go on to give rise to bias towards in group members. This response can lead to either no impact on relations between those in the in-group and those in the out-group or it can, in fact, lead to an increase in hostile attitudes towards any group of which that individual is not a member i.e. the out-group *per se*. He then suggests that discriminatory or hostile behaviour might develop as a result of the desire to be seen to be part of a higher status social group (as opposed to being a low status group), which potentially then leads to some advantage in terms of being treated differently over the perceived out-groups.

Brown *et al.* (1986) also considered these potentially negative aspects of SIT and conducted a study looking specifically at workers in the industrial sector. His research highlighted that some groups of highly skilled workers actively worked as a group to prevent their wages being the same as others in order to differentiate themselves from other groupings, often to the detriment of the group's overall wage levels. The conclusion that Brown came to was that it was the context that people found themselves within that influenced their response. Where the groups and the surrounding context held an element of stability and legitimacy and where the context was typified by a socially competitive environment, then groups were much more likely to want to assert their distinctiveness in order to ensure higher levels of differentiation. The positive distinctiveness perceived by the in-group members is seminal to the creation of a positive social identity which can only be established through the development of this aspect of positive distinctiveness of the in-group when compared with a relevant out-group. Where an increase in terms of similarity starts in relation to the out-group the result is that the in-group will feel increasingly threatened and seek to enhance levels of differentiation by whichever means are available to them to develop a clear distinction between their groups and others (Knippenberg and Ellemers, 1990). The rationale for this response is provided by this aspect of self-esteem which is often attached to group membership and can act as a potential driver and catalyst for what is termed in-group bias. In other words, people look for ways to differentiate, to improve their own feelings of self-worth and do this by looking for ways to apply the 'them' and 'us' principle and so see themselves as distinct in some way (Hogg and Abrams, 1996; Tajfel and Turner, 1979). This is a key aspect of social identity theory and highlights the importance of group membership to the conceptualisation of our sense of self, where our status and positive self-image is enhanced by our membership of the group (Prooijen and Van Knippenberg, 2000).

However, social identity is not only about being, it is also becoming more (Reicher, 2004), and the results of the research conducted by Derks *et al.* (2007) demonstrate that 'when low status group members are in situations in which out-group dimensions are perceived as important, valuing in-group dimensions (either personally or contextually) reduces their feelings of threat and promotes higher

motivation, persistence and performance' (p.489). This is an example of social creativity, where those group members are alleviating any feeling of identity threat by valuing the group dimensions of the in-group in order to enhance their social identity, and using it as a strategy to promote self-improvement within the group, effectively raising the groups' status and promoting social change (Reicher, 2004).

The relationship that exists between who we are and our social identity can inform how we feel and how we behave, particularly where a social creativity strategy is being exercised as behaviours are more likely to be informed by the groups values and norms (Adarves *et al.* 2008). This influence on behaviour is equally applicable not only to members of the group but also to those who have a leadership role within the group. As Haslam and Platow (2001) point out, social identity does not only derive from leaders being members of the group or from being seen to be part of the group, it also derives from actually displaying group prototypical behaviours. This display of behaviours is significant in engendering higher levels of identification from those members of the in-group, and those leaders who have come from within the in-group are much more likely to display those prototypical behaviours (Giessner *et al.* 2009). In addition, leaders are often expected by the group to display those behaviours, to not only prove their knowledge and their credibility, but also to promote higher levels of trust, and where trust in leadership is higher it can act as a mechanism enabling that leader to receive higher levels of endorsement from the people who follow that leader (ibid).

The display of prototypical behaviours by the group leader contributes to increased levels of identification with the in-group from other members and can result in higher levels of commitment from those members and correspondingly to the achievement of the groups goals and objectives (van Knippenberg and Hogg, 2003). If those goals and objectives are routinely achieved, then the argument can be made that leaders who display group prototypical characteristics and behaviours, see their effectiveness as a leader increase significantly. This increase in their effectiveness as a leader is attributed, not only to engendering higher levels of commitment and potentially performance from other group members, but is also due to having an increased influence overall, (Van Knippenberg and Van

Knippenberg, 2005). As Giessner *et al.* (2009) note, 'a group prototypical as compared with a less prototypical leader is seen to better represent what defines the group and distinguishes it from other groups […] therefore, group prototypical leaders [….] have more potential to influence their followers, are perceived as more effective leaders, are trusted more and are seen as more charismatic' (p.436). So for leaders who want to increase their effectiveness and influence, there appears to be a sound rationale for displaying group prototypical behaviours.

However, as Steffens *et al.* (2013) discovered in their research, group salience was also significant in impacting upon whether the group prototypical leaders were more effective. The higher the salience, the more likely that leaders displaying group prototypicality would be seen to be more effective and therefore more likely to be accepted. In contrast, where salience was low, expectations of leadership effectiveness were applied equally to both prototypical and non-prototypical members, with the expectation that both would be equally able to carry out the role. In other words, the salience of the group members is important in influencing potentially how leaders behave from a prototypical perspective and is related to the level of distinctiveness that members see as existing between the in-group and the out-group (Ellemers *et al.* 2000). This would suggest that leaders who recognise this or who potentially value those group characteristics, are more likely to continue to display those prototypical behaviours, knowing that having continued access to specific groups may enable them to have more influence as a leader.

2.6 Social Identity and Critical Realism

According to Archer (2000) our sense of self takes place before our social identity begins to emerge, and this emergence takes place when we begin to engage with the world around us. It is the engagement with the social and cultural systems which form part of our environment that can influence, from a critical realist perspective, which social identities are made available to us. Yet, as individuals we have the power to develop and execute strategies capable of influencing those systems, through both reflexivity and agency, in turn effecting social change (Archer, 2003). In other words, people have the ability to change and to improve their position. This is significant from a theoretical perspective as it highlights the

role of reflexivity in enabling agency, which in critical realist terms, promotes the distinction between social and personal identity (Archer, 2003). As Marks and O'Mahoney (2014) point out 'social identity, as articulated through a critical realist lens, is the navigated position between personal identities and the way in which people believe they should be perceived in a social setting. Social identity concerns the actual embodiment of roles and categories that are generated in social structures […] at the interface of structure and agency' (p.72). It is at this interface that social identity can be influenced because of the combination of mechanisms potentially generated from the interaction between agency and structure, such as background, education, values and organisational structure, all of which when working together may have emergent causal powers to influence how social identity is experienced and to provide a further understanding as to why[1] social identity is being experienced in that way.

2.7 Conclusion

Social identity theory is primarily concerned with understanding the relationship that exists between how we categorise our self and how we align our self to particular groupings (Tajfel, 1972; Turner *et al.* 1987; Postmes *et al.* 2005; Jenkins, 2008). Personal identity and social identity are not the same; however, membership of particular groups can influence our personal identity, even though it is our social identity that is primarily seen as the key driver and influencer of our behaviour (Hewstone and Greenland, 2000; Van Knippenberg and Hogg, 2003; Reicher, 2004). Deciding which groups we see ourselves aligned to, means we have to undertake a process of self-categorisation; effectively stereotyping our self into a category (Tajfel, 1972; Haslam, 2004; Haslam *et al.* 2009). The complexity of identity also means that not only is self-categorisation important, our environment and our interactions with other people can also have an influence (Jenkins, 2008). Social creativity is a strategy that can be employed by individuals of low status groups and is concerned with valuing the in-group dimensions when compared with valued out-group characteristics, in order to affect a change in the in-group related to self-improvement.

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[1] Further discussion on social identity theory and critical realism takes place in the research methods chapter

The significance attached to behaviour and membership of particular groups is equally applicable to those who lead groups, and leaders who identify with a particular group will often display prototypical behaviours, allowing them to have more influence over group members. This influence is achieved through increased levels of credibility resulting in increased motivation and performance of group members (Haslam and Platow, 2001).

Critical realism suggests that social identity needs to be viewed through a specific lens. This lens acknowledges that agency and structure are equally important and independent of one another, and that other aspects e.g. values, can impact on social identity. This is significant as it effectively states that social identity does not overshadow the individual aspects that affect our personal identity (Archer, 2003; Sayer, 2010) and that there are in fact other aspects which need to be considered. Using a critical realist approach to explore and research social identity enables a much more holistic understanding of the different levels and entities that may have causal powers influencing social identity experience. In addition, it aids the identification of those aspects emanating from both an agency and structure perspective which may influence how social identity is being experienced. (Archer 2000; Archer 2003; Mason *et al.* 2013; Sayer, 2004).

CHAPTER THREE: VALUES

3.1 Introduction

This chapter explores values, specifically considering how values are formed and how they influence our behaviour and our identity. The definition of values is difficult to articulate definitively due to the number of differing viewpoints and perspectives (Horley, 2012; McCarthy and Rose, 2010; Rokeach, 1973; Seedhouse, 2005). However, to gain some understanding and to agree a definition which sets the tone for the research, the first section of the chapter explores how values are defined by different writers and examines the differences between definitions. The chapter then goes onto consider how values link to both self-categorisation and social identity theory and concludes with a discussion on the relationship between values, the work of Bourdieu and critical realism.

3.2 Definition of Values

Values are believed to have a considerable impact upon how people behave and their response and reaction to certain situations (Rokeach, 1973) and because of this it is important that there is some understanding of what values 'look' like and the aspects and characteristics of their definition. However, due to the number of differing definitions from varying different authors, this can be difficult to achieve, particularly with there being very little agreement as to what values are, where values come from, what function they undertake and what influences them (see Horley, 2012; McCarthy and Rose, 2010; Rokeach, 1973; Seedhouse, 2005). Rokeach (1973) in an attempt to guide what should be contained within a valid definition, helpfully sets out some direction on how to move forward in this regard, when he states that:

> *'Any conception of the nature of human values […] should satisfy at least certain criteria. It should be intuitively appealing yet capable of operational definition. It should clearly distinguish the value concept from other concepts with which it might be confused*

– such concepts as attitudes, social norms and need – and yet it
should be systematically related to such concepts' (p. 8).

This advice from Rokeach (ibid) allows for a conscious narrowing of the plethora of definitions available, enabling a focus upon the difference between the value concept and other concepts, such as attitude and beliefs. This differentiation is important, as values are being considered within the aspect of potential influencers on identity. As such, a narrower scope of reference allows for specific consideration of those definitions which concentrate on those guiding facets, as opposed to including definitions which include other broadening aspects such as attitudes. Attitudes, although in terms of values *per se* are not so relevant when considered from an identity perspective, mainly because of their inclusion of aspects which may fall out with the scope of social identity theory.

Using this scope as the lens through which to view the definition of values, that is a focus on values as opposed to attitudes, a number of definitions have value and are equally valid. According to some authors, values are concerned with identifying what is desirable and making decisions and taking actions based upon that perspective (Athos and Coffey, 1968; Schwartz, 1992; Smith, 1977; Williams, 1979). The definitions put forward by these authors go from the very basic premise 'by values, we mean ideas about what is desirable' (Athos and Coffey, 1968, p.15) to values which are seen as being what is desirable in terms of behaviour, to the more in-depth definitions provided by Williams (1979) 'values are consequentially important conceptions of desirability which influence behaviour and to which conduct is referred for judgements of goodness, appropriateness and the like' (p. 18), or to the definition provided by Schwartz (1992) 'values are referred to as desirable states, objects, goals or behaviours, transcending specific situations and applied as normative standards to judge and to choose among alternative modes of behaviour' (p.25). The commonality and importance presented by these definitions, is their relevance to identity in terms of how they focus on behaviour, particularly the definition put forward by Schwartz (ibid) which highlights values as being those of desirable behaviours and of using standards to judge how to behave. This definition is particularly useful because of its acknowledgement of how values can in fact transcend situations and be used to guide normal behaviour

when faced with other options. Thistlethwaite (2012), adds to the discussion, stating that 'a value can be a belief, a mission, a motivating force, an ideal or a philosophy that has meaning for an individual, community or organisation' (p.2). This is a fairly wide reaching definition which acknowledges not only the influence of values on the behaviour of the individual, but the subjectivity of values to different groups. Additionally, it suggests that different groups can be influenced by not only their own viewpoint, but by the wider philosophical aspects that might explain why they undertake a particular role in a particular way and what they hope to gain by such an approach. This definition again is useful as it describes succinctly how values are often seen to be applied within the social care sector and the organisations which work within it, highlighting the altruistic intention often associated with those who work in social care. For the purposes of this research the two definitions of Shwartz (1992) and Thistlethwaite (2012) have been combined as they draw attention to key aspects influencing and being explored through this research, and so the following definition, by the current author, of values will be used to underpin the research activity:

> 'values can be a belief or a philosophy which guides those
> behaviours which are desirable to us and as such, are used as a
> basis by which to compare ourselves to others, that can have
> meaning for the individual, community or organisation and that can
> act as a motivating force, transcending situations and contexts'

This definition uses key aspects from both Schwartz (ibid) and Thistlethwaite (ibid) definitions, namely the influence of values on behaviours and the normative capacity in relation to comparison with others as well as the subjectivity of values, and how values have meaning and can motivate and transcend situations.

3.3 Value Context and the Influence on Identity

The focus on behaviours and gauging those behaviours in relation to others, identified through the literature on the definition of values, already makes a tentative link to identity due to the evidence that our social identity can provide a basis for the regulation of our behaviour (Tajfel and Turner, 1979; Tajfel, 1982). Thus, if we define values as the standards of behaviour that we use to regulate our own behaviour and compare ourselves to others (Haslam *et al.* 1999; Turner, 1984) then clearly there is an argument to suggest that values influence our self-categorisation and our social identity. Yet, our values are often very personal to ourselves and rarely disclosed explicitly to others in any kind of specific or articulated way (McCarthy and Rose, 2010). However, what our values represent and are presented as, in terms of our behaviour, can and is often shared among groups with whom we have a certain degree of homogeneity, for example social groups such as those found at work or within our leisure activities (Ahmad, 2007). Yet, values, although not specific rules by which we must live our lives, can on occasion, be the criteria which can influence what we decide (Rokeach, 1973; Schwartz, 1992; Thistlethwaite, 2012; Williams, 1979).

This use of values to guide our behaviour then has consequences within the workplace. As Hamington and Saunder-Staudt (2011) point out, people do not leave their values behind when they enter business life, they bring those values with them and use them as a way to make sense of that environment, often choosing a particular job or profession because it fits with their value base (Furnham *et al.* 2013). In fact, there is a body of literature which deals specifically with what is termed 'work values' or how the values we hold as individuals are then applied within the workplace (see Dose, 1997; Feather and Rauter, 2004; Judge and Bretz, 1992; Twenge *et al.* 2010). In addition, there are the values which are prevalent within the organisation or are sector specific. For example, within the public sector there is an acceptance that there are multiple values in evidence, emanating from a number of differing sources. These values all have the potential to impact upon us, particularly where our own intrinsic values may not fit with those explicitly stated within the workplace (Furnham *et al.* 2013). Hood (1991) makes reference to there being three sets of values at play within public management;

those that deal with economy and frugality, honesty and fairness, and security and resilience. Le Grand (1990) talks about equity and efficiency and Weihe (2008) mentions efficiency alongside democratic legitimacy. These values all play a part in influencing managers who operate in the public sector and through the processes of tendering and outsourcing, those managers that work in organisations that deliver on behalf of the public sector, such as many social care organisations.

However, when considering values within a purely social care context, a complicating factor is how social care values are often talked about in the same realm as ethics (Hamington and Saunder-Staudt, 2011). According to Seedhouse (2005) 'ethics is the way we put our values to work' (p.95) and within health and social care, ethics is often referred to as influencing a value-based approach. The complication is that often values are only perceived from an ethical perspective, and because this view is used to underpin practitioner behaviour it utilises the assumption that some identified core values will inform behaviour within the workplace. An additional complicating factor is identifying where these core values emanate from. Baines *et al.* (2012) suggest that voluntary sector ethics are often concerned with altruism, service to others and social justice, as well as participation and fairness. However, these values can vary across social care, and because of the link between health and social care as well as the influence of public sector values and values within social care i.e. social work and organisation specific, the combination of values and the influence of different values on managers is potentially significant, and on the surface the conclusion is easy to make that this influence is a negative one. As Goffman (1984) points out, we present ourselves to others in the hope that they will categorise us in a positive way. This is achieved through social interaction and how others respond can act as an external validation of who we are, both reinforcing our behaviour, and by association, the values influencing that behaviour.

This is further reinforced by the view that although values are not specific rules by which we must live our lives, they can on occasion, be the criteria by which we decide on a particular action, and can be critical for both the judgements that we make and our subsequent choices (Seedhouse, 2005). Rokeach (2008) is even

more explicit stating that in fact we are individuals who employ our values as the standards by which we justify our actions, whether consciously or unconsciously. This is powerful when considering how managers might see the job they undertake, and potentially how different groups and categories can influence what values are enacted and used to inform how the role is undertaken. Thus, when considering this view, in conjunction with social identity theory, a further argument could be made that because we compare ourselves to others when deciding on which grouping we choose to become part of (Haslam *et al*. 1999; Reicher, 2004), our values enacted through our own self-interest, could in fact influence how we categorise ourselves and our subsequent choice of in-group.

It would seem that the pressure on social care managers to adopt numerous different values dependent upon the key influence at any point is the logical conclusion. Yet, our own personal values also play a part, and these values can mediate and inform our choice of social identity group. According to Mason *et al.* (2010), we have our own values and these 'constitute an individual's identity' but our values 'can also be shared by groups of different individuals' (p.73). They go on to give the examples of respect, loyalty, concern for others and justice as potential values which can be shared, concurring with Haslam's (2004) view that social identity can be linked to organisational citizenship behaviours such as pride and respect, both of which emanate from how we define our sense of self as a member of that organisation.

The view that we have our own values but that those values are often shared with others builds a picture of how values, social identity and behaviour are interlinked; our values influencing our behaviour, and influencing or being influenced by our social identity choices and how we categorise ourselves, as well as suggesting that our social identity and our values are linked when we consider how we define ourselves within the organisation that we work. Yet, according to Seedhouse (2005) our values are not static and can change over time, along with how we view them in terms of levels of importance. He talks about how, in different circumstances, some values are more important than others and that often a hierarchy of value enactment exists dependent upon that circumstance. He suggests that inherently we want to believe that we have values which are part of

who we are and underpin our behaviours, however, he challenges whether our values remain consistent when applied to our behaviour, pointing out that the strength of that value enactment can vary, giving the example of equality as a core value whilst still having the will to win and to compete. However, this example presents a very linear picture and the argument could be made that the challenge is not to focus wholly on the outcome, in this case; winning, but to be concerned with how winning is achieved. Equality can still be achieved even where everyone present is focussed on attempting to win the race, the outcome being less important than how our values might influence our behaviour during the race itself e.g. allowing everyone an equal chance to compete.

In opposition to Seedhouses' view, Bourdieu according to Grenfell (2008), believed that what we know about the world often happens as a result of how we perceive the world, and because our primary experiences take place in a value laden environment, our perceptions are thus influenced and grow to represent those values. In other words, they are a product of what has already taken place and because of that they have an element of consistency.

Bourdieu (1977) through the conceptualisation of his theory on habitus and field, talked about 'self' and how habitus is the meanings, beliefs and behaviours that we acquire through practice and making sense of the world when we socialise with others. He relates to it as getting a feel for how things are done or a kind of common sense which he calls 'doxa' (Grenfell, 2008). When we consider Bourdieu's theory of habitus and field in more depth there are further arguments presented which support the possibility that our background influences our values and that our values may in fact influence our choice of social identity. Habitus is defined by Bourdieu (cited in Swartz, 2002) as:

> *'a system of durable, transposable dispositions, structured structures predisposed to function as structuring structures, that is, as principles which generate and organise practices and representations that can be objectively adapted to their outcomes without presupposing a conscious aiming at ends'* (p.62)

When practice and context work together they can produce changes which Bourdieu names as 'cultural fields', defined as 'a series of institutions, rules, rituals, conventions, categories, designations, appointments and titles […] which produce and authorise certain discourses and activities' (Webb *et al*. 2002, p.23). In addition, Bourdieu believed that our practices and activities are motivated in some way by self-interest and that this informs our decision making and our subsequent actions, although, we rarely acknowledge it as such (Webb *et al*, 2002). The argument being presented is that our values are in place from an early age, and irrespective of any other experiences, our value system is established based on our primary experiences and as such will be the lens through which we see the world, and although our values are already present, our motivation comes from self-interest and not an altruistic concern for others.

Swartz (2002) goes on to discuss what Bourdieu is attempting to say, making the point that habitus is concerned primarily with what we know and our competence in certain areas, gained as a result of our exposure to certain situations and scenarios in our early formative years. He gives the example of children brought up in a family of athletes, as opposed to those children brought up in an artistic family, presenting the view that those brought up in a family of athletes are much more likely to appreciate what makes a good athlete, and those brought up a family of artists are much more likely to appreciate what makes good art. When this is considered in relation to how we might categorise our self then it would follow that those children from an artistic family might consider their sense of self to be 'artistic' and this may influence their choice of social identity i.e. aligning themselves with artistic people. Yet, the two examples provided by Swartz seem simplified and deterministic, minimising our agential properties and ability to influence and determine our actions as human beings, and our ability to be reflexive and to make our own choices. Nevertheless, there is further evidence provided in support of the influence of habitus and values by Webb *et al*. (2002) when critiquing Bourdieu's theories. They suggest that another key consideration of Bourdieu's work is the way he focuses upon the relationship between 'people's practices and the context in which those practices occur' (p.22). Bourdieu (1977) suggests that context can affect changes in both attitude and practice, with context being explained as an overarching term which includes institutions and values as well as rules and

regulations. This mention of values as part of the context within which people interact and the relationship to habitus through our practices and know-how, strengthens the argument that values can influence how we categorise our self, and ultimately our choice of social identity grouping. Both theories distinctly make it clear that movement does occur, not only in how we categorise ourselves, but also in terms of the groups that we align ourselves with, and that this movement and differentiation can be influenced by a number of factors (Sherif, 1967; Tajfel, 1981), context presumably being one of those factors.

As Haslam (2000) makes clear, our sense of self does shift and change dependent upon context and with whom we are comparing ourselves with and no particular 'self' is more important than any other. If this is the case could the point that Bourdieu makes regarding the fact that we are potentially motivated by our own self-interest be linked to what we already know and are comfortable with, as opposed to purely a need to satisfy ourselves as the phrase suggests. The use of the word 'self' as defined from an identity perspective is very clear, and often the factors influential in determining this sense of 'self' are based upon who we view as the same as us and who we view as different to us, and it is the self-stereotyping process which is important. If self-stereotyping and ultimately categorisation is considered in conjunction with the theory of habitus, then the argument could be made that this self-stereotyping has its roots within habitus, with our background and childhood experiences influencing our values and who we decide we are.

3.4 Values, Bourdieu and Critical Realism

Bourdieu's theory of habitus and its compatibility with critical realism has been explored recently by Decoteau (2015) but is heavily criticised by one well-known critical realist (Archer, 2000, 2003; Archer *et al.* 2007), whose view is that is incompatible with a critical realist ontology. The nature of this disagreement is linked to the view that Bourdieu's theory suggests a central conflation between structure and agency, where both appear to be dependent upon the other and where an 'ontological complicity' exists between both. This is in direct opposition to the critical realist view that there is an 'ontological hiatus between the parts and the people'. Yet, through the concept of emergence, there allows the argument to

be presented that 'structures and agents' have powers of their own (Decoteau, 2015, p.3). The issue, according to Archer (2010), is that habitus because of its movement toward central conflation, effectively rules out any sense of emergence or reflexivity, negating the idea that through reflexivity actors can in fact consider their lives from an objective perspective. This is significant from a theoretical perspective as it highlights the role of reflexivity in enabling agency, which in critical realist terms, promotes the distinction between social and personal identity (Archer, 2003; Marks and O'Mahoney, 2014). However, both Bourdieu's theory of habitus and field and Archers view of habitus and field and its place in a critical realist ontology, was recently critiqued by Decoteau (2015) who came to the conclusion that 'as long as one's analysis maintains a distinction between structural (field) versus subjective causal mechanisms in the analysis of behaviour or social change, one can still posit a theoretically mutual relationship between the social and the self' (p.16). She argues that a reformed Bourdieusian theory, which acknowledges that reflexivity arises from a field position, would better reflect the emergent properties of critical realism by recognising that each individual person through their own personal emergent properties has their own unique field position and trajectory. As a result, the argument presented is that habitus has its own emergent properties which change in light of the dynamics of the field which are always intersecting and related. This reconstruction of habitus in relation to critical realism and social identity theory allows for the relationship between values and social identity to be explored further, opening the possibility that values and social identity are linked through both structure and agency, and that the combination of certain aspects of both have emergent properties which influence both the social identities made available to us and the social identities we choose to align ourselves with.

3.5 Conclusion

Values are difficult to define and multiple definitions exists (see Rokeach, 1973; Seedhouse, 2005; Horley, 2012; McCarthy and Rose, 2010). Yet, there are similarities between definitions which centre upon values being critical influencers on how we respond and react to certain situations, and correspondingly they are seen as being important influencers in guiding our behaviours, particularly those

behaviours which are seen as desirable (Athos and Coffey, 1968; Schwartz, 1992; Smith, 1977; Williams, 1979). The behavioural aspect, particularly in relation to how others might see us and how we gauge our behaviour in relation to others, makes the link between values and social identity. What our values are can have consequences within the workplace particularly where our intrinsic values might not be a match for the explicit values being sought by the organisation or sector that we work within.

In social care, values are particularly prevalent as a key area underpinning practice, yet they are often confused with the term ethics and linked to a value-based approach (Baines *et al.* 2012; Hamington and Saunder-Staudt, 2011) The assumption being made is that there are a recognised and acknowledged set of values in place within social care, yet, where these values exist and are not consistent nor intrinsic to those who work in this sector, complications might occur. Consistency of values is important, and to achieve this values are reinforced through our behaviours and validated by ourselves and others as being desirable (Goffman, 1984). However, there is an argument that our values are not static, that they change over time (Seedhouse, 2005) and that they are not necessarily consistently applied in terms of our behaviour.

An opposing view is presented by Bourdieu (1977) who argues that there is, in fact, an element of consistency to our values, due to their creation as part of our habitus and specifically our formulation of 'self' (Grenfell, 2008). Values are in place from an early age and do inform and influence our behaviour, and so dictate our motivation to some degree to undertake certain activities. A key question though is whether this behaviour is motivated by 'self-interest' and the belief that because of our values we are much more likely to be successful within certain contexts, as Bourdieu suggests (Webb *et al.* 2002).

In critical realist terms when considering social identity, one of the main writers in this area disagrees with the view that Bourdieu's theories have any influence on identity simply due to the view that agents and structures have powers of their own and can exercise those powers, allowing and facilitating actors to change their lives through reflexivity (Archer, 2000, 2003; Archer *et al.* 2007). However, recent work

in this area (Decoteau, 2015) critiques this view and suggest that it is the analysis that is critical when considering the application of Bourdieu. The argument is that habitus has its own emergent properties and these can influence social identity when structure and agency come together. Values potentially form part of habitus and the recognition of the impact of habitus on social identity is important in understanding how values impact not only on identity but also on managers' behaviour.

CHAPTER FOUR: RESEARCH METHODS

4.1 Introduction

This chapter begins by introducing the key philosophical position upon which the research is based, whilst also acknowledging and discussing the different positions available when undertaking social science research. The overall aim of the research approach is to describe and explore social phenomena, with a view to explaining and understanding what this phenomenon is and why it is happening. According to Somekh and Lewin (2005) 'fundamentally social science research is concerned with people and their life contexts and with philosophical questions relating to the nature of knowledge and truth (epistemology), values (axiology) and being (ontology) which underpin human judgements and activities' (p.1). What is important is how each dimension has an impact on how we view the world. As a researcher we bring our views and beliefs, knowledge and expertise with us to the research proposition, however, we are influenced by these underpinning aspects with regard to how we see and interpret the world around us and as a result, the type of research we are undertaking. However, it is the understanding of these dimensions which helps us to position our research and our research approach in the most appropriate way.

In this chapter the different philosophical positions will be explored and then consideration will be given to the choice of methodologies available. The overarching research strategy will then be deliberated, as well as the relationship between the chosen research approach and social identity theory. Then different methods and data collection options, as well as the options for analysis will be discussed and the rationale for choosing a particular strategy will be presented.

The chapter will then move on to consider the analysis in more depth, specifically discussing the strengths and weaknesses of the different methods which can be utilised to support the research approach and reinforce the data being collected. The chapter will conclude by considering aspects of generalisability and validity.

4.2 Research Philosophies

There are, according to Bickman and Rog (2009), three main research philosophies that are available when undertaking research, these are positivism, realism and interpretivism. Saunders (2012) concurs and points out that these particular philosophies are the dominant aspects for consideration. However, in addition to realism there is also critical realism. Critical realism is growing in popularity within the social sciences and spreading throughout academic circles (Baert, 1996), and is the approach ultimately chosen for this research. Although there are others which might be considered, these philosophies have been used extensively within the research fields of business and management and as a result will provide the basis for discussion within this chapter.

According to Travers (2008), there are a number of different varieties of positivism, but the underlying assumption is that positivism is concerned with describing the world objectively and from a scientific perspective. The positivist ontology attempts to equate reality with those events which can be observed and recorded as having taken place (Flick, 2014). The positivist approach to research works on the basis that somehow we try to arrive at an objective reality, and to do that a scientific approach and methodology has to be undertaken to the research itself, using and testing a formalised theory which has the potential to allow the researcher to understand what is happening in relation to that specific theory. The underlying ontological assumption is that certain situations do happen and that through collecting data, a deductive approach can be used to prove the facts that exist and so identify reality in an objective way. The epistemological position is that those aspects of belief, feelings and emotions are not considered as evidence and so are not taken into account during the research (Jankowicz, 2005). However, positivism has its strengths and these are the ability to build applicable theories and then to have the option to use those theories for improvement as well as its linear approach to research which is clear and understandable.

Interpretative social science, by comparison, is an epistemological position that 'prioritises people's subjective interpretations and understandings of social phenomena and their own actions' (Mathews and Ross, 2010, p.28). It takes the view that objective reality cannot be ascertained in any definitive way and that often we cannot reach the 'truth', preferring instead to see research as concerned with knowing enough to understand what has taken place (Jankowicz, 2005). Travers (2008) points out that interpretivists 'believe that the objective of sociological analysis should be to address how members of society understand their own actions' (p.10). Jankowicz (2005) concurs with this view, suggesting that the focus for research should be concerned with establishing an understanding of what is taking place which is 'socially agreed' (p.116).

Interpretivism, has its roots in the hermeneutics tradition and argues that subjectivism is the key aspect rather than objectivism, and that the use of a science based approach (e.g. objectivism and positivism) is not enough as it cannot explore the cultural context in which our social world exists (Mathews and Ross, 2010). Interpretation is one of the key dominant characteristics of hermeneutics and is concerned with understanding human beings. It regards society as a text, the aim being to penetrate the hidden meanings in the text whilst being sensitive and intuitive when considering the multiple layers that make up and construct people's reality (Delanty, 1997). As a research approach its key strength is the focus on the collection of qualitative data rich in detail and description. This allows the researcher to interpret meaning within a specific subjective context, in a way that is empathetic to the social actors concerned, giving the researcher the opportunity to clearly see the situation from the respondents' perspective (Saunders, 2012). Instead of theorising first and then testing the theories through observation and data collection, as would have been the approach in the early years of social research, the interpretive researcher first gets out into the field she is researching and draws theory and meaning from the research results. This is similar, to some degree, with the grounded theory approach, where the logic presented is that although most researchers have some preconceptions before beginning the research that they should draw theory directly from the natural setting and not impose their view in advance, in other words they are attempting to generate a theory (Glaser and Strauss, 1968; Shipman, 1997).

However, realism is the position most frequently used when undertaking research within the social sciences, involving the consideration of not only how things might appear but also attempting to discover any mechanisms or laws, assuming those laws exist, which may influence or explain how people are behaving (Travers, 2008). A sub-set of the realist philosophy is critical realism. There is the link with the realist philosophy but there are also some links to positivism, however, where positivism looks for laws that govern reality, specifically cause and effect, critical realism rejects that such laws exist (Fleetwood and Ackroyd, 2004).

Critical realism is an ontological position that maintains that the social world has a reality that is separate from the social actors that inhabit it and that social actors can feel, hear and see that world (similar position to positivism). However, critical realism also states that there is another dimension that cannot be viewed by the senses but still exists and can heavily influence the way that people behave. Ontologically there are three main areas of reality that critical realism acknowledges: the actual, the empirical and what is referred to as the non-actual. Baert (1996) defines these different domains as the actual, referring to those events which take place, the empirical referring to our experiences of those events and the non-actual as the 'structures, mechanisms, powers and tendencies which govern the events' (p.515) which are taking place in the actual. As Mathews and Ross (2010) point out although those domains are not observable, the impact of their presence is. What is also important with regard to these differing domains are that they are not necessarily synchronised. Baert (1996) uses the falling leaf analogy, explaining that although we know that falling leaves are subject to gravity they are often influenced in that path by other mechanisms such as wind or thermal currents.

According to Danermark *et al.* (2006) and O'Mahoney and Vincent (2014) critical realism is becoming more influential, the reason given is because it fits well with how people view and see the world around them and importantly people can identify with its approach. Those who adopt a critical realist view maintain that the knowledge being gained at any specific point is real at that time, in other words how we are experiencing a certain situation becomes our reality. However, this

experience might shift and change dependent upon both structure and agency (Sayer, 2010). The advantage of the recognition that reality can change and shift, is that it allows the formation of theory to be based upon what is happening at that point in time, whilst acknowledging, from an empirical perspective, that the same outcome may not be achieved in other circumstances. In other words, critical realists argue that knowledge is fallible and can be gained but then it can change. It is objective in that it acknowledges that there is a world that exists independently of people's perception and knowledge, but also acknowledges that there is a subjective aspect to be considered. This subjective aspect is what separates critical realism from some other philosophical positions, which either focus on the purely the objective or the subjective viewpoints (O'Mahoney and Vincent, 2014). Thus, a critical realist approach to research is not determined by theory but is informed by it (Danermark *et al.* 2006), the advantage of which is, allowing for theory to be formed in order to attempt to explain a situation, whilst realising that the theory may change.

As an epistemological approach the critical realist approach is one which starts from and acknowledges the contribution of the positivist approach, by noting that there is a reality which is external to the researcher (Travers, 2008). Because of that there is an opportunity to use research approaches that are similar to those used in natural science e.g. observation and hypothesis testing. However, a critical realist would go further and suggest (as mentioned previously) that the apparent social reality of the social actors is underpinned and influenced by mechanisms and structures that may or may not be visible and so a multi-method approach may have to be used in order to support the research (Easton, 2010). According to O'Mahoney and Vincent (2014), 'for critical realist researchers, reality is a stratified, open system of emergent entities' (p.1). The significance of this is the consideration of both the open system and the word *entities*. Entities are those aspects of the universe which interact with, and potentially have a causal impact on those behaviours which are observable (Mason *et al.* 2013). They often have a set of powers attached to them e.g. the power of water to soak or the power managers have in organisations (the entity) to dismiss. However, they have to be considered and understood in relation to the prevailing environment. Organisations are open systems which are also complex and this complexity is what can

effectively influence the potential predictability of any results gained through research (Ackroyd and Karlsson, 2014). A critical realist approach from a research perspective would seek to identify the key structures/entities in an attempt to offer an opportunity to change and/or negate those structures, which are viewed to be having a specific affect. According to Mathews and Ross (2010), the main aim of critical realists are to identify those hidden mechanisms and the observable effects, specifically those which seem to determine what the social actors do or think. Mechanisms are an important consideration in critical realist research, according to Bhaskar (1978, p.14), 'mechanisms are nothing more than the ways of acting of things', put simply they are the ways by which entities, due to their powers, can act and cause events to take place.

As such, the critical realist approach is one that inspires the researcher to look beyond what is being presented by the subject's reality, and to explore the different mechanisms and structures that may influence how the subjects construct and believe their reality to be. It encourages change and action and exploring those aspects of the subject's reality that may not be fully observable, but may still inhibit and influence how the subject acts. As a researcher adopting a critical realist view the focus of the research would be on uncovering the different power relations in play, the beliefs that actors have which underpin their day-to-day activity, and then going on to use the findings to develop a plan of action for change.

4.3 Critical Realism, Social Identity and the Research Strategy

Research using social identity theory has been criticised in the past for being overly simplistic and reliant on the view that identity is predominantly determined by our membership of particular groupings (see Hogg and Williams, 2000). The suggestion is that our own personal identity is of little or no consequence within a group setting, as our individual characteristics are in effect overshadowed by that of the group (Archer, 2003). A critical realist approach to researching identity attempts to overcome that weakness by exposing and exploring how different mechanisms and structures, such as our sense of self, can influence our social identity (Marks and O'Mahoney, 2014). Critical realism employs what is known as a stratified and emergent ontology. Stratification is concerned with the view that

below the superficial layer of reality there are a number of other structures and mechanisms which belong to different layers of reality which potentially cannot be seen. As Danermark *et al.* (2006) point out, 'the world is not only differentiated and structured, it is also stratified' (p.59). When these structures and mechanisms come together or are reliant upon each other to exist, then emergent powers can take place, impacting upon how events are experienced e.g. social identity. Within social identity research, using critical realism provides an important differentiator to the other philosophical options available, namely the recognition that there may be other aspects, within different strata's of reality and not readily identified, which might emerge and influence our identity, such as our emotions, our history or our current state of mind (Sayer, 2010). Additionally, the identity influence of 'self' is also reflected in critical realisms concept of how it is we, as individuals or as part of a group, can change prevailing structures (Archer, 2003). Consideration of these aspects in relation to managers in social care, and what either helps or hinders their identification with the role of manager, exposes the requirement to not only focus on the empirical but also to explore in what situations and circumstances, and as a result of what events, might that manager experience the role differently from what has previously been researched. Social identity has been noted as becoming apparent at the point where structure meets agency and that is where key influences take place (Archer, 2003). If this is the case then critical realism allows for more depth of analysis in relation to the research as well as the acknowledgement that there are potentially unseen factors influencing social identity.

The sectorial and organisational context, the culture, rules and policies and the associated procedures can, as potential mechanisms, provide insight into the question of managers' social identity in social care. Social care is a complex environment that requires a study which perhaps exposes a number of different aspects in order to avoid using a naive view and producing a simplistic and one dimensional perspective. As such, this research is focussed upon attempting to identify the causal mechanisms as well as entities and structures, which may be hidden within other stratus that potentially, when exposed, can offer a substantial explanation of how managers in social care, experience social identity, and importantly how they manage potential value conflicts inflicted by their

organisational managerial role. The research strategy and approach acknowledges the complexity of the research by utilising both qualitative and quantitative methods.

4.4 The Research Strategy and Approach

The majority of business research involves the collection and analysis of data (Ticehurst and Veal, 2000). The question is whether this data is analysed from a quantitative, qualitative or mixed methods perspective (Saunders, 2012). The quantitative approach relies, to some degree, on numerical and statistical evidence from which to derive certain conclusions or to test whether or not two or more variables can influence a specific outcome, as such it is perceived as being more objective than qualitative research as it allows for a more scientific approach to the research to be undertaken (Ticehurst and Veal, 2000). However, this research is concentrated on trying to understand, in more depth, how managers in social care are experiencing their manager identity and what factors support and inhibit that identity experience. The use of only statistical techniques would limit the quality of the overall outcomes through lack of depth and understanding (Sayer, 2010), and so qualitative techniques were also deemed to be important, to add an element of depth and identify potential layers of understanding, that a quantitative approach would not achieve on its own. Both aspects have a number of similarities as well as differences, but it is the similarities which allow us to combine both approaches and it is this combination of approaches which allows for multiple forms of data to be collected and used; using different techniques to cross-check results and so provide a suitable explanation in respect of the data being analysed (Jankowicz, 2005).

As such, the prevailing research strategy has focussed upon the use of both a qualitative and a quantitative approach with a number of different research methods and techniques being used to facilitate a focus on three key questions 'what are the entities that define our research field? What is their relationship? And what are their powers?' (Easton, 2010, p.120). In addition, due to adopting a critical realist approach there is also the option to develop key themes and explore the different layers of reality as the research unfolds (McEvoy and Richards, 2006).

This approach, in terms of suitability, is significant when considering this research. Its specific advantage over the other approaches already identified, is how it allows for a subjective yet dynamic approach to examining social identity theory and self-categorisation theory. It not only allows consideration of how managers align from a group perspective, but also provides insight into the mechanisms and structures influencing that alignment. It is these mechanism and structures influencing an event that leave traces in the empirical, which can then be traced back through the other domains, presenting an opportunity to understand in more depth, the causal relationships that exist and to explore identity in light of different entities and structures (Johnston and Smith, 2010; Mason *et al.* 2013). As Easton (2010) points out 'the fundamental aim of critical realism is explanation [..] what caused these events to happen?' (p.121).

To expose these differing layers and to provide the ontological depth required of a critical realist study, a case study approach has been employed as the main method of research. The case study approach is applied to two typical organisations representative of both the local authority and not for profit social care sector. This allows for the case studies to be looked at in depth and gives the ability to 'capture the process under study in a very detailed and exact way' (Flick, 2014, p.122). In critical realist studies a case study approach is useful to be able to compare and contrast, or in fact to correlate, differing situations and scenarios and their outcomes and to expose the entities and structures which might influence those outcomes (Danermark *et al,* 2006). According to Yin (2009), case study research has a part to play in helping to understand what it is that has happened and importantly why it has happened. It provides assistance in understanding these issues within the context of reality, whilst allowing a range of different data collection methods to be used to support that level of understanding (Gillham, 2000). It is this context of reality and what has actually taken place that makes its usefulness invaluable when undertaking critical realist research (Easton, 2010).

4.5 The Research Process

The research process when undertaking a critical realist study is not as well defined as other philosophical approaches, and when considering how the process of research should be undertaken it became obvious from the outset that due to the complexity of critical realism that a straightforward qualitative approach such as that put forward by Yin (2009) or Gillham (2000) would not support the depth required. In addition, a critical realist approach to identity research is seen to be influenced by some clear distinguishing factors such as the link between personal and social identity theory and the interactions between structure, culture and agency (Archer, 2003). As such the research approach, although containing some underpinning principles, can be guided by a number of theoretical models.

A key underpinning facet is how a critical realist approach to research is concerned primarily with seeking to 'demonstrate the stratified nature of the social world and to show how causal mechanisms can, and do, operate on these various levels' and how 'social reality is context dependent, and causal mechanisms are contingent on time and location' (Thursfield and Hamblett, 2004, p.115). Archer's morphogenetic model acknowledges these requirements and more through the central propositions of stratification, analytical dualism, temporality and mediation. Again there is the recognition that reality is layered with different levels of stratification, but it is the concept of dualism and the view that structure and agency have equal weighting which in turn gives rise to the concept of emergence, that is significant. The important point being made is that agency is not determined by structure, but what it can be is either constrained or enabled by it. This is supplemented by the view that it is at the intersection of agency and structure that a process of morphogenesis takes place. This is the mediating point which acknowledges that not only role, but also the situation and the context that people find themselves in, can influence social identity (Archer, 2003).

The application of this approach clearly has methodological implications which need to be addressed. O'Mahoney and Vincent (2014) identified a number of steps which critical realist researchers should undertake when carrying out the literature review and the subsequent analysis. These steps include identifying the key theories surrounding the phenomena being researched and distinguishing those

theories in terms of what theory may be more realistic, then identifying the mechanisms and the context within which the phenomena operate and which might merit further exploration. Bygstad and Munkvold (2011) went further and through their research developed a research methodology for critical realism application in the form of what they call a 'stepwise framework for critical realist data analysis' (p.5). This framework covers 6 key areas; description of events, identification of key components, theoretical re-description (abduction), retroduction or identification of candidate mechanisms, analysis of selected mechanisms and outcomes and validation of explanatory power. However, its application was designed for use within an Information Systems environment which is more specific and linear in terms of both potential causal mechanisms, and the identification of specific components, as well as being weighted toward the interplay between the socio-techno aspects of research, as opposed to the purely social focus required of this research.

Yet, in terms of a methodology for conducting critical realist research, Bygstad and Munkvold's model has some key aspects which concur with O'Mahoney's and Vincent's view and take into account Archers morphogenetic approach; namely the recognition that reality is structured in layers and the importance for mechanisms to be identified throughout the research process by using both an abductive and retroductive approach. Mingers (2004) concurs with the view that abduction and retroduction are key aspects of critical realism research, making the point that critical realist research relies on the methods of abduction and retroduction, as opposed to a deductive or inductive approach. Abduction being a process by which researchers move between the theory and the data and then back to the theory, trying to make sense of what is happening as the research unfolds, and developing new understanding of what is taking place and why (Suddaby, 2006) and retroduction involving the 'moving from a conception of some phenomenon of interest to a conception of a different kind of thing (power, mechanism) that could have generated that given phenomenon' (Lawson, 1997, p.236).

This movement of abduction/retroduction describes, in critical realist terms, the identification of the events in the empirical and the actual. Both approaches note

how the researcher, through subsequent analysis/data collection, tries to identify the mechanisms and structures with causal properties which are influencing the 'why' and 'how' these events have occurred, and importantly why research participants are experiencing the event in that way (Mingers, 2004; Mason *et al.* 2013). This movement through the different domains by abduction/retroduction is demonstrated in the diagram below:

Figure 1: The Three Domains of Reality
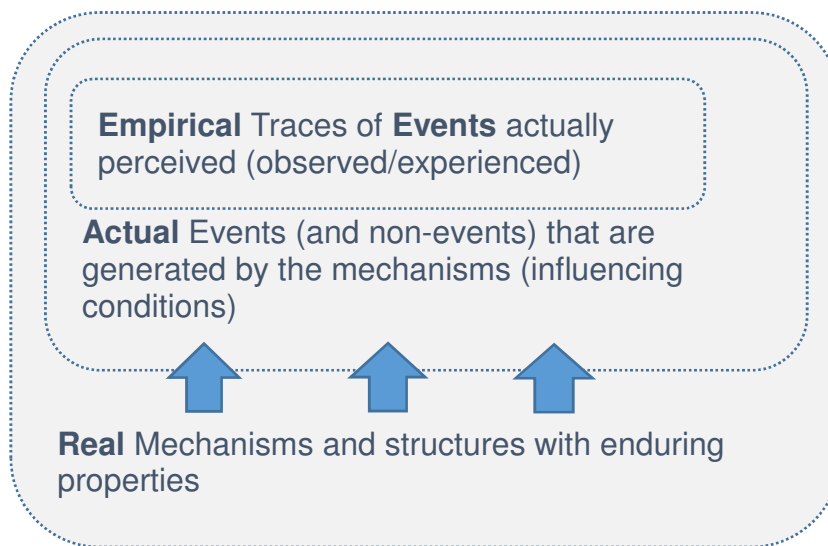
Source: Adapted from Mingers (2004)

As Easton (2010) suggests, when undertaking critical realist research the process of abduction and retroduction happens as almost one movement when it is applied in practice. However, what is important is that a cycle of continuous reflection takes place as the research is taking place, ending with the identification of one or more mechanisms which can be seen as having caused those events to take place. The methodology developed to undertake the research acknowledges this iterative aspect and is based upon Archer's morphogentic model and the basic step wise framework proposed by Bygstad and Munkvold. It utilises aspects of both models and builds upon them, the rationale being that there is a need to not only identify the mechanisms which have, when working together, emergent causal powers, but

that there is also a need to identify the conditions necessary for the event to have occurred and to have been experienced in that particular way. Bygstad and Munkvolds' model acknowledges the former and Archer's model the latter, but neither model acknowledges both.

The CRA model (**Figure 2**) was designed and implemented by the author of this thesis in an attempt to demonstrate how data collection and analysis can be undertaken from a critical realist perspective and in response to a current gap in the critical realism literature, that is, an accessible model which is practical and universally acknowledged as a way of undertaking applied critical realist research (Fletcher, 2014).

Figure 2: The critical realism application model (CRAm)
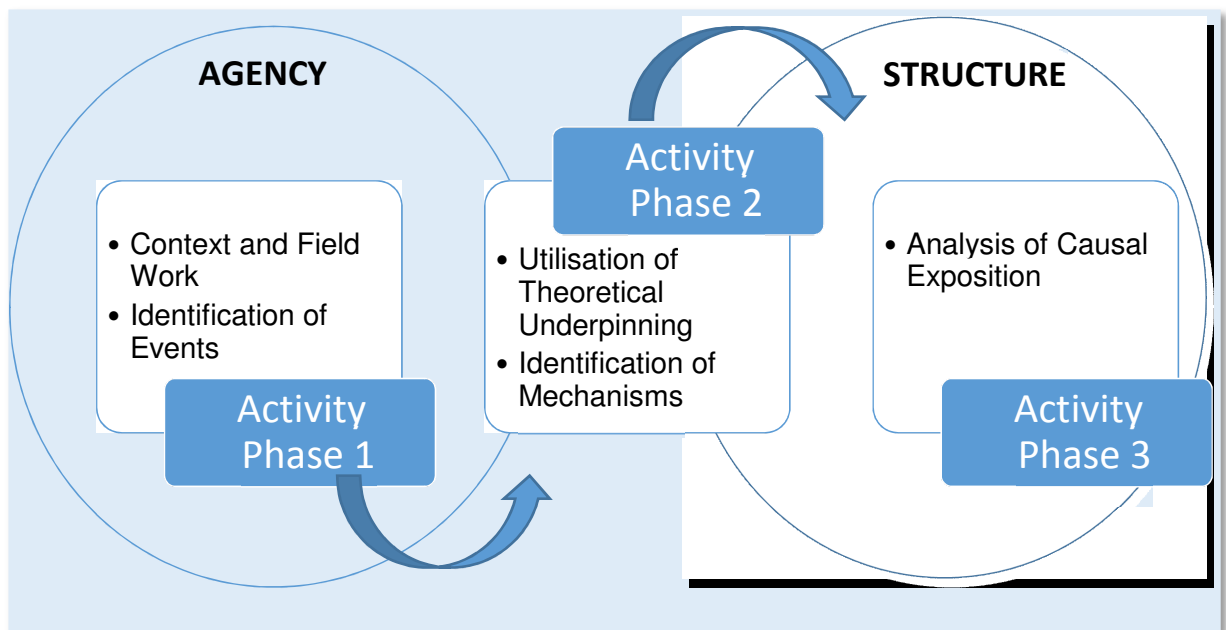
Source: Rowan Stewart-Steele (author)

The model components are collectively named the Critical Realism Application model (CRAm) and there are three activity phases, described below[2].

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[2] NB: these are not necessarily distinct phases and can run concurrently as the model suggests.

Phase 1

Context and Field Work: This aspect of phase 1 relates to the consideration of context and groups of information gained through the literature and the field work at both a macro and micro level that are identified as potential influencers on the research outcome. This phase also includes the design of the research and the data collection methodology and undertaking the field work.

Identification of Events: This aspect is concerned with the identification of the events being experienced by the data subjects in relation to the areas being researched with the focus on those events being experienced in the empirical and actual domains.

This is the key data collection phase of both primary and secondary data, as well as the start of the data analysis.

Phase 2

Utilisation of Theoretical Underpinning: This aspect of phase 2 is concentrated upon identifying key themes as they emerge. Also in this phase, key theory is being explored and different perspectives sought to explain the events being experienced, and to understand in more depth the "why" and the "how" those events are being influenced and shaped by the theory.

The Identification of Mechanisms: As the themes and the theoretical underpinning are being explored, related mechanisms and entities are being identified in the real domain by working through the events identified in the previous phase and existing in the other two domains of the empirical and the actual.

This phase is the key analysis phase that considers all of the data gathered, both primary and secondary, and forms the basis of the research findings and initial discussion. This phase is supported by the use of key templates, developed to support the data analysis work (see **Appendices 7, 8, 10 and 11)**

Phase 3

Analysis and Causal Exposition: This phase involves the corroboration of findings across all of the events being experienced and across all three domains, to build a picture, using causal diagrams, of the identified mechanisms, structures and conditions impacting upon the events identified through phase 1 and 2.

This is the final phase and contributes to both the discussion and the final conclusions of the research.

The details of each aspect of the model and which activities where undertaken at each phase are contained within **Table 1** below:

Table 1: CRA model and its application within the research process

CRA Activity Phases 1-3	Research Study Application
Phase 1	
Context and Field Work	Literature review of key areas and identification of gaps requiring further exploration and designing of the conceptual framework. Development of criteria and Terms of Reference for research organisations. Establish overarching aim and research objectives and developing research rationale. Select and contract with case study organisations Design research instruments suitable to the context; online questionnaires, vignettes, semi-structured interview questionnaires and set up appropriate coding based on conceptual framework and templates to aid data collection and analysis. Undertake field work and data collection through; Online questionnaires, vignette completion, face-to-

	face interviews, review of key policies and procedures.
Identification of Events	The identification of the events, during the data collection phase, experienced by managers within the empirical and actual domains and grouping them across the key areas of social identity, values and managerialism. Identifying the potential conditions necessary for these events to take place.
Phase 2	
Utilisation of theoretical underpinning	As events emerge, identify the key theories and different perspectives to explain the events taking place and to understand in more depth the 'why' and the 'how' those events are being influenced from a theoretical perspective, identifying further potential conditions as understanding develops.
The identification of mechanisms with generative powers	As the events and the theoretical underpinning are being explored, related structures or mechanisms are being identified at both micro and macro level and being attributed back to each event, using retroduction to work back from the empirical through the actual and the real domains to build an overall picture of what is potentially taking place.
Phase 3	
Analysis and causal exposition	The corroboration of findings is considered across all of the information areas identified. Attributing and analysing which findings across the case study organisations support or correspond with one another. Using the findings to build causal diagrams to expose which mechanisms within structure and agency that when working together have emergent

	properties and following on from that the final conditions necessary for the events being experienced to take place.

4.6 The Research Application

Utilising the multiple case study method as suggested by Yin (2009), involved the identification of case study organisations which were representative of a traditional social care value base, and which specifically employed managers from a range of backgrounds and with varying levels of experience within social care. Employing a case study approach to the research allows for a full consideration of the issues affecting social care managers, as it is concerned with using multiple sources of evidence to understand what is taking place (Gillham, 2000). Using multiple sources of evidence provides the overall depth and opportunity, to identify the different layers of reality necessary for a critical realist study (Archer, 2010). In addition, case study research is geared towards answering key questions with regard to the what, the who and the why (Farquar, 2012) and as such it lends itself favourable to a critical realist approach, that by its very nature is attempting to answer those questions.

The prevailing sectorial context is that the social care sector has three different types of organisations operating within Scotland; Local Authority organisations, Voluntary Sector Organisations and Private Sector organisations. It was decided to focus the research on the first two types of organisations. This allowed for the selection of organisations who have a long history in the delivery of social care provision in Scotland and which, as a result, would allow for greater access to managers with the same longevity of practice/managerial background within an established set up.

To generate interest in the research, a general notice for local authority and not for profit organisations to participate in the research was advertised within the Scottish Social Services Council newsletter. This led to the two research organisations which eventually decided to take part. The criteria for choosing these two

organisations was based upon the criteria contained in **Table 2** below, and also their availability to take part within the timescales required. In addition, it was decided to use organisations which were located near to a major city and in densely populated areas, the rationale being that organisations located in a busy areas of Scotland would be more likely to have a wider service user base and therefore managers with a wider social care experience than those working in rural areas. The diversity of managers' experience and backgrounds within the case study organisations was important as it adds to the depth ontology required of critical realism, in other words, the ability to look beyond the empirical data.

Table 2: Criteria for case study selection

Criteria	Justification and Reasoning
1 Local Authority Organisation	Local authority organisations historically delivered all social care services in Scotland and still deliver many services on a direct basis. They have a history of delivery and an organisational set up that has been developed in response to delivery needs as well as often being at the forefront of the implementation of managerialist initiatives such NPM due to their local government status.
1 Not for Profit Sector Organisation	Voluntary sector organisations have been involved in the delivery of social care services in Scotland for over 30 years and so many organisations have a history of delivery, in addition, voluntary sector organisations have their own values which underpin their activity and their organisational structures (design and policies) have often been developed with those values in mind and so provide a good comparator to the local authority sector.

Longevity of service delivery in Social Care	The organisations selected need to be able to display longevity of delivery in social care service provision in Scotland, allowing for a depth of understanding of what works in social care and who doesn't and adequate reflect of this within not only the structure of the organisation but in the management capability.
Adult care provision status	Social care is normally divided into two distinct areas; children and adult social care provision. To avoid any potential ethical issues relating to working with children and to widen the selection pool, adult social care was focussed upon.
> 100 employees	To allow for the selection of managers, organisations selected had to have over a certain number of employees. Therefore, allowing for a greater number of managers to be available for consideration.
Scotland based and located near to a major city	The social care system in Scotland and the local government set up has some differences in comparison to the rest of the UK and so organisations based in Scotland were focussed upon to allow a more accurate comparison and analysis of the issues to take place. Location near a city was also a factor to try to ensure managers had a wide knowledge/experience of social care.

Two case study organisations were identified that fit with the criteria specified; one local authority and one not for profit organisation. In addition, both organisations were based within the west geographical area of Scotland. The selection of managers was based upon a purposeful and nonprobability sampling approach

(Bickman and Rog, 2009), with the focus on identifying managers who were seen to have an operational remit to deliver adult care services and who were either 1st or 2nd line managers within the case study organisations. Both case study organisations preferred to allow managers to volunteer to participate, which was agreed to. The advantage from a research perspective in agreeing to this request was that managers would be more likely to engage, openly, in the research process, thereby supporting the validity of the outcomes (Saunders, 2012).

In addition, the Head of Operations (or someone with those responsibilities) was also interviewed in each organisation as was the Head of HR and the Head of Learning and Development (where present). These managers were interviewed primarily to gain an insight into the organisation in terms of policy, procedures and overall philosophy, toward not only social care but management *per se* within their organisation. The research was undertaken between the periods of May 2012 and September 2015.

4.6.1 The Case Study Organisations

Case Study 1 – Loretto Care

Loretto Housing Association has been in existence for over 35 years and was initially established as a specialist housing association. Loretto Housing Association Limited is a non-for-profit housing association and a registered society under the Co-operative and Community Benefit Societies Act 2014[3].

Loretto Housing also has a subsidiary company, Loretto Care, established specifically to provide care services to those in need. Loretto Care provides a range of care and support services across western and central Scotland working with people who have experienced or are experiencing homelessness, mental health and/or addictions issues. They work in partnership with seven local authorities

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[3] It has recently been acquired by the Wheatley Group. However, this acquisition was undertaken after the majority of the research was completed.

across Scotland providing housing support, care at home or specialist care home services. Within the group there are over 470 core staff and over 35 managers spread across various services and Head Office.

The research was undertaken within Loretto Care which had recently undertaken some restructuring work (immediately prior to the research) to de-layer their management structure. As a consequence, the senior management team were sensitive to the organisational context at that point and the recent changes experienced by managers. The researcher gained access to line managers, but as a direct consequence of the sensitivities regarding the restructuring, the senior manager facilitating access was keen that only managers who wanted to take part would be asked to participate and it was pointed out from the outset that not all of them may wish to participate in each aspect of the process. The final agreed Terms of Reference (TOR) for the field work activity is attached at **Appendix 1**. In total 10 operational managers participated in the research spread across a variety of Loretto Care services. 3 additional senior managers were also interviewed to provide the organisational perspective and viewpoint, 2 of whom had a social/health care background.

Case Study 2 – Local Authority Organisation X (LAX)

The second organisation asked not to be named in any publications and so will be referred, from this point onwards, as case study LAX,

Case study LAX is a local authority based in south central Scotland. It has over 10000 employees across a number of different departments, including the Social Care and Health Department. Social Work Resources employ over 2000 people of which there are over 250 managers. They provide a range of services to adults which includes, residential care, day care and home care support. They operate across a number of different areas within the local authority geographical boundary, and have multiple sites, 10 of which were involved in the research. The department had recently undertaken some restructuring work and new positions had been created and responsibilities adapted. As a consequence, there had been

some changes in staffing as well as additional changes to structural levels. The details of the full re-structure are unknown but generally covered a reduction in care managers and a re-allocation of duties to the deputy care managers.

In direct response to the recent re-structure, the senior management team were sensitive to the organisational context. The researcher gained access to line managers but again, as a direct consequence of the sensitivities regarding the re-structure, the senior manager facilitating access, was keen that only managers who wanted to take part would be asked to participate, and it was pointed out from the outset that not all of them may wish to participate in each aspect of the process. The final agreed Terms of Reference (TOR) for the field work activity is attached at **Appendix 2.** In total 10 operational managers participated in the research interviews, split evenly between what is known as residential service provision and day care or care and support service provision. 1 additional senior manager was also interviewed to provide the organisational perspective and viewpoint.

This research was undertaken with the following aim:

To explore how managers in social care are experiencing their manager identity and what factors support and inhibit that identity experience

With the utilisation of social identity theory as the lens through which to understand and to provide answers to that central question, as stated above.

The data was collected using four main methods; semi-structured interviews, vignette scenarios and an online questionnaire, as well as the analysis of key planning documents, such as the learning and development plan, finance plans, operational plans and procedural documents such as recruitment and promotion policies. This multiple method approach is consistent with a critical realist philosophy, specifically the acceptance that a number of different structures can exist and to access those structures a number of different research methods might be required (Syed *et al.* 2010).

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The research and data gathering process was guided by the following research questions:

1. How does social identity influence social care managers?
2. How does social identity manifest itself?
3. How does the managers' social identity influence their decision making and activities?
4. How do managers in social care categorise themselves?
5. What influences that process of categorisation?
6. How do values impact upon the behaviour of managers in social care?
7. Do managers' values impact or influence their social identity and if so, how?
8. What effect is managerialism having on social care manager social identity?
9. How does the organisation support the manager role?
10. What level of autonomy, in respect of decision making and role enactment, is given to managers?
11. What impact do levels of autonomy have on managers?
12. Is the role of the manager in social care distinctive from other manager roles in other sectors?

4.6.2 Data Collection Methods and Rationale

There were 4 data collection methods utilised within the research; online questionnaire, semi-structured interview, vignette completion and analysis of key documents relating to both the organisations and the overarching social care professional body, the SSSC. The data collection was targeted at two different groupings within the research process. The operational social care managers (*n19*) and the senior managers (*n4*). In total, 23 managers were part of the research process across both organisations. A distinction was made between operational and senior managers, in both the types of questions asked in the semi-structured interview and also their involvement in the vignette and online questionnaire of the research methods. All research participants were interviewed, however, only the

operational managers were asked to complete the online questionnaire and the vignette. The rationale for this approach was to acknowledge the difference relating to the overall objectives of the research. In terms of the operational social care managers, the overarching objective was to gather data to explore and to understand how the experience of the managers and their relationship with the organisation influenced their role as manager and subsequently their social identity. By comparison, the objective relating to senior managers was focussed upon exploring their views on the "how" and the "what" key organisational policy was trying to achieve, and to discover through discussion, any other potential mechanisms which might influence the overall outcomes of the research.

The analysis was undertaken from the beginning of the data collection phase using the CRA model (see **Figure 2** and **Table 1**) as a guide to undertaking both elements (the data collection and analysis). This began with the literature review and the development of the conceptual framework. The framework was then used to identify potential entities, mechanisms and structures influencing social care manager identity thus providing the basis for the research questions. The broad areas of the conceptual framework identified from the outset were values, managerialism, social care history and social identity, and these were used as the main analysis areas throughout the research.

Online Questionnaire

Initial data was collected via an online questionnaire using 10 short questions, sent to the operational managers for completion prior to the semi-structured interview.

The questions asked covered 3 main areas; experience levels, educational qualifications and initial social identity association (see **Appendix 3**). The purpose of the online questionnaire was to uncover some of the more obvious mechanisms and structures which might have an influence on manager social identity. In addition, this approach allowed the answers to those questions to be analysed prior to the semi-structured interview (a delay to the time horizon was built in to accommodate this) where they could be further explored. This method follows an abductive reasoning approach, where the data might lead to a research finding

which needs further exploration in subsequent data collection activity (Van Maanen *et al.* 2007). 19 managers responded to the online questionnaires which was 100% of those that were asked to participate.

Semi-Structured Interviews

Semi-structured interviews were undertaken with all of the research participants (*total n=23*). The semi-structured interview method of data collection has a number of advantages, the main advantage according to Saunders (2012) being the opportunity to collect in-depth data and explore different experiences. In terms of a critical realist approach, the semi-structured interview provides an ideal opportunity to explore, not only how managers are experiencing certain events in the actual domain, but also provides a chance to uncover what is taking place within the other two domains i.e. the mechanisms, structures and conditions creating and influencing this event. In addition, and as mentioned previously, two different sets of questions were developed, one set specifically for operational managers (**Appendix 5**) and one set specifically for senior managers (**Appendix 6**). **Table 3** below shows the case study 1 managers (pseudonyms) involved in the research, detailing their service, their title, their name and their functional level.

Table 3: Managers involved within the research – case study organisation 1: Loretto Care

No.	Service	Title	Name	Level
1	Springburn	Deputy Service Manager	Gary	1st Line Manager
2	Stirling	Service Manager	Elsie	1st Line Manager
3	Whiteinch	Deputy Service Manager	Laura	2nd Line Manager

4	Stirling	Deputy Service Manager	Sam	1st Line Manager
5	Fordneuk	Deputy Service Manager	Janine	1st Line Manager
6	Castlemilk	Service Manager	Lucy	2nd Line Manager
7	Anderston	Deputy Service Manager	Omar	2nd Line Manager
8	Tollcross	Service Manager	Mike	2nd Line Manager
9	Fordneuk	Service Manager	Sandy	2nd Line Manager
10	HQ	Head of HR	Cathy	Senior Manager
11	HQ	Head of Operations	Mason	Senior Manager
12	HQ	Service Development Leader (Older People Services)	Grant	Senior Manager

The Case Study 1 managers were interviewed within their home service or HQ and each respondent was asked if the interview could be recorded for transcription purposes. All respondents agreed and a set of interview questions, developed on a semi-structured basis, were used to guide the interview. The managers interviewed were a mix between Deputy Service Manager and Service Manager. Both roles have full management responsibility for the day to day running of the service they manage, however, Service Managers also have responsibility for other managers within that service (2nd Line managers). **Table 4** below, details the case study 2 managers involved in the research by their service area, name (pseudonym) and functional level within the organisation.

Table 4: Managers involved in the research within case study organisation 2: LAX

No.	Service Area	First Name	Level
1	Care and Support	Elizabeth	2nd Line Manager
2	Care and Support	Jillian	1st Line Manager
3	Care and Support	Lenora	2nd Line Manager
4	Care and Support	Alison	1st Line Manager
5	Care and Support	Jan	1st Line Manager
6	Residential	Jemima	1st Line Manager
7	Residential	Jack	2nd Line Manager
8	Residential	Michael	1st Line Manager
9	Residential	Keith	2nd Line Manager
10	Residential	Siobhan	1st Line Manager
11	Head of Performance	Mhairi	Senior Manager

Managers again were interviewed within their service with only 1 manager requesting that the interview take place at the recognised HQ. Each respondent was asked if the interview could be recorded for transcription purposed. All managers agreed to this.

Day care managers or care and support managers within LAX, as they are generally known, undertake a variety of task as part of their overall responsibilities and are most often responsible for services which either provide an outreach service to vulnerable adults, or provide day care services where vulnerable adults attend a central point for respite and support. Residential managers are by comparison, those managers that are responsible for the provision of care home

facilities for vulnerable adults, whether those facilities are aimed at older people or at those adults with disabilities. This can be a mix of care home and/or sheltered housing service provision, dependent upon the services being offered. There is a mix again of 1st and 2nd line managers.

In total 23 managers across two case study organisations were involved in the semi-structured interviews. On average each interview lasted for approximately 80 minutes.

Vignettes

The use of vignettes as a data collection method has its advantages in its ability to utilise scenarios which are specific and real to the individual completing the vignette. They are constructed from practical knowledge and situations, and allow for interpretation and decision making on that basis (Taylor, 2006). According to Finch (1987) vignettes 'provide a valuable technique for exploring people's perceptions, beliefs and meanings about specific situations' (p.105). They have been used for a number of years in social research circumstances and are increasing in their usage, in part, as a response to the limitations of questionnaires when trying to understand and assess people's attitudes and underlying beliefs (Hughes and Huby, 2002; Spalding and Phillips, 2007).

In this research their value is in exploring managers responses to certain situations with which they will be familiar. The vignettes were developed to explore how their management and social care practitioner identity and their value base, influenced their response when presented with a difficult management situation. In addition, the scenarios presented, also allowed for a further understanding of how their decision making and actions, reflected what they believed their values and identity to be, therefore, allowing an element of comparison with the interview and online survey results.

Two vignettes were developed. However, only the 10 managers in case study 1 completed both vignettes. Case study 2 requested that their managers only completed the first vignette. Both vignettes are contained within **Appendix 6**.

The managers for each organisation (predominantly) completed the vignettes in one room and at the same time under 'exam' type conditions. They were given the vignette scenario and allowed 30 minutes to read and answer the questions posed in relation to each vignette. The rationale for this was two-fold:

a. To limit any collusion or discussion with regard to the vignette scenario and response, and;
b. To put the managers in a pressurised situation, allowing for limited thinking time and encourage a more immediate response, based on their normal behavioural patterns, and to;
c. Create conditions which would encourage a more natural response.

Key Documents

The use of documents to collect data and importantly to uncover mechanisms and compare aspects of the research findings can be important data sources (Saunders, 2012). In addition, and critical to this research is the need to understand how certain policies and procedures reflect the values and philosophy (managerialist or otherwise) of the organisations and so act as a potential mechanism influencing how managers experience the role of manager.

Documentation such as policies relating to learning and development, equal opportunities, supervision of staff and promotion as well as overall strategy documents/value statements and action plans, were gathered for further consideration, these documents were taken from both within and out with the case study organisations e.g. those produced by the SSSC (Scottish Social Services Council).

4.6.3 The Analysis of the Data

The Overarching Approach

The data analysis approach is influenced by Phases 2 and 3 of the CRA model. Due to the iterative nature of the abduction/retroduction approach the analysis was undertaken as the data collection was taking place and so the process of analysis was ongoing, using the templates developed as part of Phase 1 of the model as the basis for each stage.

Broadly, the analysis consisted of the following iterative stages, supplemented by both thematic (as an overarching framework) and quantitative analysis (specifically in relation to values):

1. Identify the events being experienced by managers within the themes identified through the conceptual framework (see **Appendix 7** for event identification template);
2. Gather the data from each research method and attribute the data to those events using the stage 1 analysis template (**Appendix 8**);
3. Identify the entities, mechanisms and conditions across the three domains, potentially influencing the occurrence of these events using the stage 2 analysis template (**Appendix 10**);
4. Develop causal diagrams to explain and demonstrate how these entities, mechanisms and conditions can generate that influence (**Appendix 11**).

Online Questionnaire Data

The data collected from the online questionnaires was analysed using a frequency table approach by means of Microsoft Excel. The name of each research participant (pseudonym) was entered onto the spreadsheet along with their response to each question. The frequency of responses was then analysed on a question by question basis and the results compared across both case study organisations. The data findings were considered independently, as both a way to identify any specific events being experience by managers, and as a stand-alone

indicator of potential mechanisms and structures influencing managers' social identity. In addition, the data was also used to inform areas requiring further exploration in the semi-structured interviews. Events identified were then populated within the event identification template (**Appendix 8**).

Semi-Structured Interview Data

The semi-structured interviews were initially analysed thematically under the overarching themes of values, managerialism, social care and social identity, directly related to the research questions asked. Then, as with the online questionnaires, any events (additional to those already identified) being experienced by managers were populated within the event identification template (see **Appendix 7**). At this point, the data/evidence relating to each of the events was recorded using the stage 1 analysis template (see **Appendix 8**). To assist with the categorising of the data, an open coding system was used (see **Appendix 9**). The coding system reflected the overarching themes and the initial data findings of events within each theme[4] and was used to guide the collation of data in respect of each initial event identified.

A separate exercise was also undertaken to analyse the values aspect of the data. This again involved the use of frequency tables to identify the different values named, and the number of times they were named by each manager interviewed. This was undertaken by individual and by case study organisation.

Vignettes

The data gained from the vignettes was used to supplement the interview data and also to compare individual managers' responses, particularly in relation to their social identity choice and their values. Each vignette was type written and coded

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[4] As the analysis progressed and re-considered in line with further data collection and findings the events changed and merged to be more reflective of the final conclusions.

using the coding system in **Appendix 9** then the data was input into the stage 2 analysis template for each event[5].

At this point, the in-depth analysis of managers' individual values could also take place. Again a frequency table approach was utilised using Microsoft Excel, firstly to analyse the values named in the interviews, then to define which values were named by which individual managers, and finally a comparison exercise was undertaken, to detail which values named by managers were evident within their own vignette responses.

<u>**Key Documents**</u>

A number of key documents were considered as part of the analysis, with the specific purpose of gathering data in relation to the thematic areas of values and managerialism but also to gain an understanding of what other potential entities/mechanisms might have causal powers influencing the events identified. These key documents[6] are shown in **Table 5** below:

Table 5: Key Documents List

Organisation Specific	Sector Specific
Learning and Development Policy Recruitment, Selection and Promotion Policies Strategic/Financial/Operational Plans	SSSC Codes of Practice SSSC Reports: Part 1-4 Building a Skilled and Professional Workforce Care Inspectorate: Excellence in Care leaflet

The documents contents were analysed to assess if any further evidence existed in relation to values or managerialism, and this data was attributed back to the identified events. Again it is important to note that the process of analysis was iterative, going back and forwards through the different data sets with the purpose

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[5] Analysis template already in place as a result of the previous data analysis of the questionnaire
[6] These documents were targeted specifically, however, the organisations (named) websites and numerous other reports mentioned in the thesis contributed toward understanding the context

of supplementing existing findings with new findings as they emerge, using an abductive/retroductive approach as recommended for critical research (Easton, 2010; Mingers, 2004; Syed *et al.* 2010).

4.7 Generalisation, Rigour and Reliability

The research study is based upon a case study approach. According to Miles and Huberman (1984) case study research has two basic criticisms in relation to its use namely the internal and external validity of the data collected and its resulting analysis, particularly in relation to establishing a cause and effect type relationship. Critical realism is a depth ontology and seeks to offer an explanation as to what is taking place (Easton, 2010) and so the focus is on depth over breadth and the opportunity through the research to explore and explain, through a number of different research methods, what is potentially taking place.

This research has a focus on using the theory to generalise the findings and attempt to explain what is taking place and in what circumstances the findings are likely to be experienced. It is the theoretical inferences and reasoning gained from the data and subsequent analysis, as opposed to the sample size, which is essential (Bryman and Bell, 2015). There is no recognised minimum number of case studies, the objective should be to determine an approach that allows for depth to be achieved (Gillham, 2000; Miles and Huberman, 1984).

This research uses two case studies, a number of managers at differing organisational levels and multiple data collection methods to ensure the rigour of the findings i.e. online questionnaires, semi-structured interviews and vignettes as well as analysing a number of key documents. Also, the research approach involved a constant process of abduction and retroduction, comparing and contrasting experiences with the theory, to assess areas of replication and thematic patterns (Suddaby, 2006; Van Maanen *et al.* 2007) utilising multiple research methods to obtain data in different ways. In addition, and as advocated by Miles and Huberman (1984) there is importance attached to having a process from which to build theory and to assist with levels of consistency across methods

as the research progresses, as well as to increase levels of reliability. To enable this, a clear process and model for both undertaking the research and analysing the findings was developed and designed, and supported with clear templates for gathering and analysing the data as it was being collected.

4.8 Ethics

Ethics is a key part of any research process (Flick, 2005) and is concerned with the 'the standards of behaviour that guide your conduct in relation to the rights of those who become the subject of your work, or are affected by it' (Saunders, 2015, p. 239). According to McNeil (2005) there are broadly six ethical rules that need to be considered when undertaking sociological research. Firstly, participants should know what the research is about and have the opportunity to not only refuse to be part of the research but also the opportunity to refuse to answer particular questions. This is known as informed consent and is primarily concerned with ensuring that people can make a clear choice, knowing the facts, as to whether they wish to take part. Secondly, he mentions that researchers should not deceive participants in any way, the purpose of the research and information relating to it should be fully available and transparent. Thirdly, privacy should be afforded as much as possible and fourth to support the privacy of the participant, anonymity and should be maintained. The fifth aspect is concerned with physical harm and the sixth, legality and morality, both of which should be a central tenant of the research, with moral principles underpinning the researchers behaviour and use of the research data. Saunders (2012; 2015) also points out that in addition to the above, all findings and primary data should be accurate and reported, irrespective of the outcome of the research. In addition, he mentions the safety of the researcher and the importance of considering this aspect when planning the research project.

In terms of the research these aspects were considered from the outset and a number of specific interventions were put into place to support the research. Firstly only volunteers from the two case study organisations were asked to participate.

The use of volunteers only was important to ensure that participants were taking part on a voluntary basis and did not feel that their right to choose was being influenced in any way (Saunders, 2015). In addition, participants who agreed to take part were given access to the terms of reference developed for each organisation (see **Appendices 1** and **2**), and the opportunity to discuss any issues or ask any questions, both in advance of the interviews, and also at the start of each interview. Also they were advised that they did not have to answer any questions they believed to be in appropriate or unacceptable. Anonymity was addressed by changing the names of each of the managers who participated and each interview transcript and recording was only accessed by the researcher and was password protected, to ensure access was restricted. Finally the research was fully approved by the Stirling University Ethics Committee.

4.9 Conclusions and Limitations

In this chapter the justification for the research methodology used in the current research has been outlined. In addition, the rationale for adopting a critical realist position is discussed, as is the reason for using both a qualitative and quantitative approach. Also discussed is the rationale for using a case study method as the basis for the research, supplemented by multiple methods of data collection.

Critical realism when used to consider social identity theory acknowledges how both structure and agency have a role to play (Archer, 2003) and so enables this research to consider not only the structural aspects brought to influence social identity from the organisation/sector, but also how individual's values interact with structure to influence social identity choice.

The case study approach is criticised due to reasons of validity and the inability to establish cause and effect (Bell and Bryman, 2015; Miles and Huberman, 1984). However, this has been overcome by utilising both qualitative and quantitative methods as well as comparing data to build a theory to explain, in critical realism terms, what is taking place. The focus on providing rigour to the analysis has taken place through the use of both an abductive and retroductive

approach (Van Maanen *et al.* 2007; Suddaby, 2006). The sample size is limited, particularly in relation to the number of case study organisations involved, however, although the sample is small, this allowed for an in depth ontological study to take place where the focus is on depth as opposed to breadth or statistical criteria (Bell and Bryman, 2015).

To support the theory building being undertaken in the research, a clear model of data collection and analysis was developed based upon Archer's morphogenetic approach (2003) and building upon Bygstand and Munkvold's (2011) step-wise framework. This process, known as the critical realism in action (CRA) model, allows for both retroduction and abduction to take place and for mechanisms having emergent causal powers to be identified as the research is being undertaken, using the theory to produce explanations as to 'what' and 'why' events were being experienced as they were. This model is a new approach to research in critical realism and has been tested through this research study.

In conclusion, the techniques used to research, collect and analyse the data provided valuable insight into how managers in social care are experiencing identity and importantly the role that values from an agency perspective and managerialism from a structural perspective are having on those social identity choices.

The empirical findings in relation to the research, are presented in the following chapters: chapter 7 presents the findings in relation to identity and how managers negotiate and maintain multiple identities; chapter 8 is concerned with how values underpin and support manager identity and chapter 9 considers the impact of managerialism.

CHAPTER FIVE: MULTIPLE SOCIAL IDENTITIES AND THE WAY MANAGERS NEGOTIATE AND MAINTAIN THOSE IDENTITIES

5.1 Introduction

Drawing from the mixed methods approach and the quantitative and qualitative data that has emerged from the interviews, vignettes and secondary research conducted within the two case study organisations, this research considers: how social care managers experience social identity; how values and their social identity impact upon their behaviour and their choice of social identity; and what impact, if any, managerialism has on managers' abilities to identify with the manager role. These findings are considered over three chapters; chapters 7, 8 and 9.

This chapter considers identity specifically, and uncovers and explores how identity influences social care managers and how it manifests itself in relation to their manager role. In tandem, how managers categorise themselves and what influences that process of categorisation is also analysed and discussed. The analysis utilises the data gathered from both the online questionnaire and the semi-structured interviews.

5.2   Manager Identity

As part of the initial online questionnaire, the operational managers (*n=18*) were asked a series of questions to establish some initial baseline responses as to how they viewed their identity. The questions focussed upon a number of key areas; qualifications achieved, length of time in social care, length of time as a manager and identity preference when presented with specific choices. In terms of identity preference, managers were asked to consider whether they considered themselves either as a social care practitioner, a manager or both. The findings

show that the majority of managers (*n=16*) identified as both a manager and a social care practitioner, with the remainder stating that they identified with the manager role exclusively (*n=2*).

In case study 1 (the not for profit organisation), the majority of those taking part (*n=9*) stated they identified with both the practitioner and the manager identity, with only 1 stating they identified exclusively with the manager identity. In Case Study 2 (the local authority organisation) these results were replicated again, with 7 out of 8 managers identifying with both the social care practitioner and the manager role, and the remaining manager identifying exclusively with the manager role. These findings demonstrate that 100% of the managers who participated in the online interview identified with the manager identity, with the percentage variance in responses, focussing upon the degree to which managers also identified with the social care practitioner identity (2 managers who did not). This alignment is known as social identity salience, the main aspect of which is the degree of 'fit' that we ascribe to the groups that we see ourselves belonging to (Haslam *et al.* 1999). It is social identity salience or how we categorise ourselves from a group perspective which is important as it demonstrates not only how we stereotype ourselves but also how we stereotype others. Subsequently, it is argued that what we see as our degree of fit or salience with those groups in turn influences our behaviour and how we wish to be viewed by others (Haslam *et al.* 1999; Jenkins, 2008). The notion of individuals seeing themselves as part of several different groupings is not new (Reicher, 2004), however, if social care managers are experiencing multiple identities then this has implications for the way they undertake and execute their management role, and the degree to which membership of those groups influence their behaviours and their manager social identity,

The potential existence of multiple social identity group saliences was further explored in the semi-structured interviews, where managers often talked about having to reconcile two identities with the 'wearing of two hats', and the acknowledgement that the two identities of social care manager and social care practitioner can work together to inform the other:

'*Sometimes you kinda get caught in the middle because you're thinking some policy somewhere is telling me to put my manager's hat on and sometimes that might not always work, so sometimes it might be about taking a bit of that approach and a bit of that approach and kind of meeting it in the middle somewhere […], for example a member of staff comes and looks for a decision but sometimes you have to scratch your brains because you're used to being in that management role thinking when I was a support worker how did we kinda get round whatever issue it is*' (Janine, 1st line manager, case study organisation 1).

This response suggests that the movement between social identity groupings happens almost seamlessly, with both identities appearing to be synthesised together as one. She provides strong acknowledgement that she is a manager and that she has to respond from that position, whilst also noting how her experience as a former member of the social care practitioner grouping informs her decision making. Another first line manager re-iterated this point, highlighting how his interaction with service users and his social care practitioner identity, informs and in his view, enhances, his management practice:

'*I don't have any issues, I see myself as having some natural leadership skills and it's something I have always been good at and it's like leading by example [….]. I get to do hands on things here so I will see staff, I will deal with service users and so it gives you more of a feel, and I think that when you see that kind of stuff it's easier to give direction*' (Gary, 1st line manager, case study organisation 1)

Concurring with this link to practice, as well as providing some further understanding as to why having and acknowledging this identity synthesis is seen to matter and to be important, a middle manager when discussing her role talks about how both identities are important in helping her to undertake her management role, mentioning specifically role-modelling and being a leader:

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'Because the manager part is about coming in and leading a team and the social care aspect of that is that I get to be hands on.. I don't get a chance to do that often but I do enjoy actually getting out there and doing the practice part and also part of your job is being out there and being a role model and if staff see you doing it then they will pick up from you' (Siobhan, 1st line manager, case study organisation 2).

Not only does this manager present the view that her social care practice supports and enhances her credibility as a manager, she also points to how her practitioner background and knowledge enable and allow her to role model practitioner behaviours, which can then be replicated by others. According to Tajfel (1978), social identity allows an individual to express certain behaviours which can help to reinforce their membership of a particular group. These managers would appear to be doing exactly that, replicating their practitioner behaviours to reinforce to themselves and others their membership of the social care practitioner grouping, even though they are now in a management role. The other finding noted here, is the further reinforcement that these managers appear to be using their membership of the social care practitioner grouping to enhance and inform their management role, synthesising both identities to achieve, what they see, as the desired outcome.

A similar viewpoint, strengthening the view that managers are experiencing a potential synthesising of both social identities, was provided indirectly when discussing examples of how managers were involved in service delivery. The manager when discussing his identity talks about how he supports his staff in a direct care situation:

'As I've said before and I can't stress that enough, my number 1 priority is the care of the service users and that will always be my number one priority, because if you don't get that right then everything else doesn't really matter. Our aim is to make sure that the people we are employed to care for that their needs are being met […], *now I don't have 9 people who can work in the morning and ultimately everyone prefers assistance at a certain time in the morning and so I have to make a*

judgement call on that – do I come in 9 to 5 and stay in the office and
watch my staff virtually on their knees with the stress of what they have
to do or do I come in early and support them at what is a key time, so
that's what I do. So I still start my management role from the time I'm
meant to start it but to give staff extra support and provide that care
needed I tend to come in earlier to help them on the floor' (Jack, 1st line
manager, case study organisation 2)

The implication is that he feels he has to be there to support his team, however, he states from the outset the strong emphasis on service delivery and he clearly sees his role as being concerned with ensuring that his team deliver a quality service. This is cognisant and consistent with expectations relating to the manager role *per se* (Watson, 1994). Yet, the decision to come in early and actually take part in the direct service delivery could be argued as being more aligned to the exercising of individual choice and his desire, whether acknowledged or not, to display member prototypicality aligned to his choice of social identity grouping i.e. both the social care practitioner and the social care manager groups. However, another explanation is that if managers continue to undertake both roles they can continue to lay claim to both social identity groupings, which in turn, contributes positively to not only how they see themselves but also to how others see them. This could be seen as an example of social creativity, with the managers deliberately employing a strategy which is related to improving their own contribution as managers, by valuing the in-group dimensions of both social identity groupings, thereby improving not only their sense of security and status within social care, but also contributing toward making them feel distinctive in some way (Derks *et al*. 2007; Haslam *et al*. 2009; Tajfel, 1978). Nonetheless, it is also an example of intragroup comparison, where managers, because they cannot move out of the manager group by virtue of their job role and position in the organisation, seek to improve what they see as being an inadequate identity on its own by comparing themselves with other groups (Turner *et al*, 1987).

Yet, social care manager identity is potentially influenced by other factors, and so to explore what structures and mechanisms might influence managers choice of social identity grouping, a follow up question was asked in relation to whether the

organisation was aware of his direct involvement in service delivery, his response is given below:

'Oh yeh I think they do ultimately. I shouldn't be doing what I'm doing and I know that the vision of a manager is slightly different it is about the person that is there, it is about the person in the office and the person involved in the strategic direction ultimately. I know that and that's fine [...] the management know what I do and I know it's not viewed as ideal' (Jack, 1st line manager, case study organisation 2)

This response acknowledges that despite the situation in the service, he knows 'management' as he terms senior managers, although aware of his involvement in service delivery, do not necessarily agree with his approach. However, even though he acknowledges that he should not be involved in direct service delivery to that degree, he chooses to do so, irrespective of senior management views. His ability to exercise and to make that choice reinforces the suggestion that he perceives some value in undertaking the work of a social care practitioner, it also suggests a number of potential causal mechanisms and conditions contributing and in many ways, facilitating, this social identity experience and the availability of both social identities. In particular, the levels of autonomy as a potential condition arising from the causal mechanism of senior managers and their power to exercise complicity in allowing his continued involvement to that degree.

Another manager, when acknowledging and discussing her management role, gave a similar example of managers choosing to become involved in direct support activities. She was specifically referring to why she did not exclusively identify with the manager role and her rationale for maintaining that position. She points out that her choice of identity is influenced by her belief that she has an element of control and choice over how she allocates her time and she presents the view that she could still choose to work directly with service users if she wanted to. This reinforces that there is a potential causal mechanism surrounding levels of autonomy and the condition of choice when exercising the activities of the management role:

'I did think to myself that it was probably much more of a management role, but I consider that it still has that element of choice which is still there if you decide say tomorrow that I'm looking to finish this piece of stats work but then I'm going to go and do some direct support' (Elsie, 2nd line manager, case study organisation 1)

One of the managers who identified exclusively with the manager grouping further validated the influence on the social identity choice of managers of both service user contact and the opportunity to undertake practitioner work, when she explained why she only chose the manager grouping:

'I think possibly if I did say manager it's because of the service users, I think that even in the other service we have an open office and the service users can kind of come and go but because we are in a local office my contact with service users is more limited so I would probably see myself more as a manager' (Alison, 1st line manager, case study organisation 2)

A senior manager who works within the head office environment also reiterated how contact with service users was important for him:

'And you think that's not why I came into social care to talk about money and there are some days where you think I have talked all day about client contribution or whatever else and you think have I achieved anything today? Probably not, but for every bad day there is probably 10 or 12 really good days where you can positively reflect on something and say that's really good, we have achieved this, we have done this, we have done that, we are moving forward here […]. I think when you have one of your not so good days, for me I can go out to one of our units and I know I will actually enjoy a couple of hours out there. You can see the difference that staff are making I can see first-hand from people telling me how helpful so and so was and I think that's when you see it. When you're in this environment (head office) for too long that isn't a healthy place for me to be […]. And it's really simple things like,

one of the services recently got redecorated and it was great to actually see the difference that that had made, and some of the people living there chose the colours and they were telling me why they chose particular colours and colours for particular floors and you can see that staff are truly committed to listening to people' (Grant, senior manager, case study organisation 1).

This appears to provide further confirmation that contact with service users is important when managers are considering which groupings they identify with, and which group is deemed to be the in-group and the out-group. This builds on the previous findings, with the proposition that managers are taking advantage of opportunities that allow them to display behaviours that reinforce their membership of both the manager and practitioner groupings. The argument being presented is that those managers who identify exclusively with the manager identity no longer see themselves as part of the social care practitioner identity grouping because they no longer have direct contact with service users. As a result, the opportunity to continue being part of the social care practitioner grouping is no longer available to them as they are no longer able to display the prototypical behaviours that would enable them to identify with that group.

The counter argument is that those managers who interact with service users on a regular basis and have the opportunity to display practitioner behaviours, appear to take advantage of those opportunities and this allows them to categorise themselves as both a manager and a practitioner and so gain access to both the manager and practitioner groupings. Both of these groups are accessible if managers see themselves as low identifiers with both groups, because as a low identifier they are less likely to take on board all of the characteristics of the prototypical member (be it manager of practitioner) and are less likely to pursue a strategy of differentiation between both groups (Van Knippenberg and Hogg, 2003; Ellemers *et al.* 2000).

Yet for this to happen, certain conditions need to be in place to continue to allow both of those groups to be made available to managers and for this identity synthesis is to take place. Senior managers appear to act as mechanisms with

causal powers to influence the conditions that facilitate manager access to both the manager and practitioner social identity groups. The conditions required are to enable managers to choose how they spend their time when undertaking their manager role and to have the option to work directly with service users. This finding concurs with the view that while our fit with particular groupings is a purely subjective process, that other aspects, in addition to our expectations and perceptions of who we are, can influence it (Haslam *et al.* 1999). Thus, there appears to be a value placed by managers on continuing to identify with the social care practitioner grouping when that group is made available to them.

The value placed by managers on continuing to identify with the practitioner group is further explained when consideration is given to how the majority of managers interviewed made the decision to move into the manager role. Overwhelmingly the majority of managers spoke about how they had been encouraged to move into the management role by other managers:

> *'My manager at the time saw some potential in me, by that point I had been in the support worker role for a couple of years and she suggested I go for the senior support worker role. It wasn't a conscious decision originally but I was given the option of acting up first, I did this and felt I had the skills'* (Janine, 1st line manager, case study organisation 1)

This support and encouragement from others within the organisation, as being important in helping that move into the manager role, is confirmed by Elsie who says:

> *'I wouldn't say that I was particularly ambitious to move into a management post and I wasn't very confident either, probably waited for other people to come to me and you know people seem to be aware saying to me why don't you consider it'* (Elsie, 2nd line manager, case study organisation 1)

Jillian in the second case study organisation, also mentions how managers, in particular, played a pivotal role in her move into management:

> '*well what happened with that was I was doing the co-ordinator role and I was offered an acting up role because management could see I was coping pretty well with the post I was in and they were looking for someone to be an acting senior so I took it'* (Jillian, 1st line manager, case study organisation 2)

With Omar confirming that the support of people within the organisation was a key factor in his promotion:

> '*I think it was basically circumstances, people start to suggest there is a job coming up […] some people can be quite ambitious you know-I'm gonna get up the ladder, I was never like that and it was more about people pushing and suggesting to me to start applying for things, it was never my master plan I just kind of fell into it'* (Omar, 1st line manager, case study organisation 2)

These examples demonstrate how individuals (managers and other social care practitioners) appear to be actively looking for potential managers from within the social care grouping, arguably placing value in managers who come from a group that they themselves identify with. This is a potential example of leadership prototypicality where leaders are controlling or certainly encouraging practitioners who are displaying prototypical social care group behaviours, to move into management roles. The incentive to do this is explained by the proposition that leaders who display prototypical behaviours are more likely to engender higher levels of trust from the members of the groups that they belong to, as well as being seen to be more credible and knowledgeable overall (Giessner *et al.* 2009).

5.3 Structures and Entities Influencing Identity

To identify further any potential mechanisms that might influence how managers are experiencing identity, a series of additional questions were designed and

covered in the online questionnaire. These questions covered a number of areas, including: which professional area[7] they most identified with, their highest qualification subject area, their length of time in social care and their length of time as a manager. In the question on their professional area, they were given a number of choices; social work, social care, community education, nursing or other. This question was asked specifically to detect whether there were any disparities or similarities between the initial questions on their own identity and the professional environment within which they believed they were operating within. This question also gives further insight into how managers stereotype themselves and who the managers believe themselves to be. This is important as it can help to understand how managers might behave in a group scenario, as well as giving some understanding as to the different conditions within which group salience can occur (Reicher, 2004; Tajfel, 1979) which is important for understanding why managers identify with certain groups.

The research findings show that the majority of managers identified with the professional area of social care (15 out of 18) with the remainder indicating social work as their professional area. This question was specifically phrased as a supplementary question asking 'If you consider yourself to be a social care practitioner, within which professional area do you most identify with?' Interestingly, all of the managers who answered this question (even the 2 managers who specifically stated that they identified as a manager as opposed to identifying as both a manager and practitioner) noted their professional area as social care. This demonstrates that managers' see themselves as social care professionals with the added significance that none of the managers (including the 2 managers whose chosen identity was 'manager only') chose 'other' as their professional area or in fact their previous professional areas such as nursing, even though again that was an option[8]. This suggests that their identity has potentially changed and adapted due to their role in social care. The three managers who chose social work are all managers from case study organisation 2 and a potential

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[7] The question differs from the identity question – used as a supplementary question
[8] The options provided were community education, nursing, other, social care and social work

explanation of this choice maybe attributed to the name of the department they work within, which is known as the social work department[9].

On its own, this finding holds no specific significance, but when considered in conjunction with the identity choice of social care practitioner it goes some way to strengthening the finding that managers hold a greater identity than just that of manager. As managers within social care they have membership of that particular social identity group from the outset, by virtue of their job title. However, if managers are employing a social creativity strategy of valuing both manager and social care practitioner in-group characteristics, as suggested previously, and are utilising those in their manager activities, then potentially there is another group which managers see themselves as a member of and it is this group that might be more salient in terms of social identity (e.g. social care). This is known as comparative fit, and it occurs when individuals see themselves as members of multiple groups and are trying to assess what is the in-group and what is the out-group. In this case a potential explanation could be that managers who already see themselves as members of both groups (manager and practitioner), are not only employing a strategy of social creativity they are also actively avoiding any potential conflict related to their membership of both groups, by viewing social care as the in-group (Haslam *et al*. 1999; Reicher, 2004). The significance of this is related to how managers are avoiding conflict in their role by combining creativity and comparison, reinforcing that there is an element of synthesising of identities being undertaken.

To further explore the role of various mechanisms on identity, another potential mechanism was considered as part of the online questionnaire; qualifications. Managers were asked what subject area their highest qualification was within; social care, social work, community education, mental health nursing, nursing (general) and management. The purpose of this question was to consider whether any relationship exists between identity and the predominant qualification subject that managers possess, exploring whether formal education can influence

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[9] This could be a potential causal mechanism which if exercised by the organisation could have a different influence i.e. managers see themselves as social work managers and not social care managers – however, not in this case

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manager identity choice. **Table 6** presents the breakdown of managers' highest qualification subject area:

Table 6: Managers highest qualification subject area

Subject Area	Frequency	Percentage
Management	9	50.0
Social Care	7	38.9
Other	2	11.1
Social Work	0	0
Community Education	0	0
Mental Health	0	0
Nursing	0	0

The table shows that more managers have a management specific qualification (*n=9*) than a social care specific qualification (*n=7*). Of the remaining managers who indicated the 'other' category, one manager held a MSc. in Dementia and the other a BA. (Hons) in Communication. The management qualification, held by all managers who stated their highest qualification was in management, was the registered managers Award (RMA). Those managers who stated their highest qualification was in social care, held the SVQ Level 4 in Health and Social Care. The RMA is a qualification is not set out by the SSSC as the named qualification for managers in social care, however, it does qualify as fulfilling the management qualification aspect for managers. Yet, on initial consideration, the impact of having this qualification in relation to identity, appears to be negligible as the majority of managers who completed the RMA did not identify only with the role of manager, as might have been predicted.

The same analysis was conducted by case study organisation and is shown in **Figure 3** below, with case study 1 results in blue and case study 2 results in red:

Figure 3: Managers highest qualification subject area and identity choice for each case study organisation
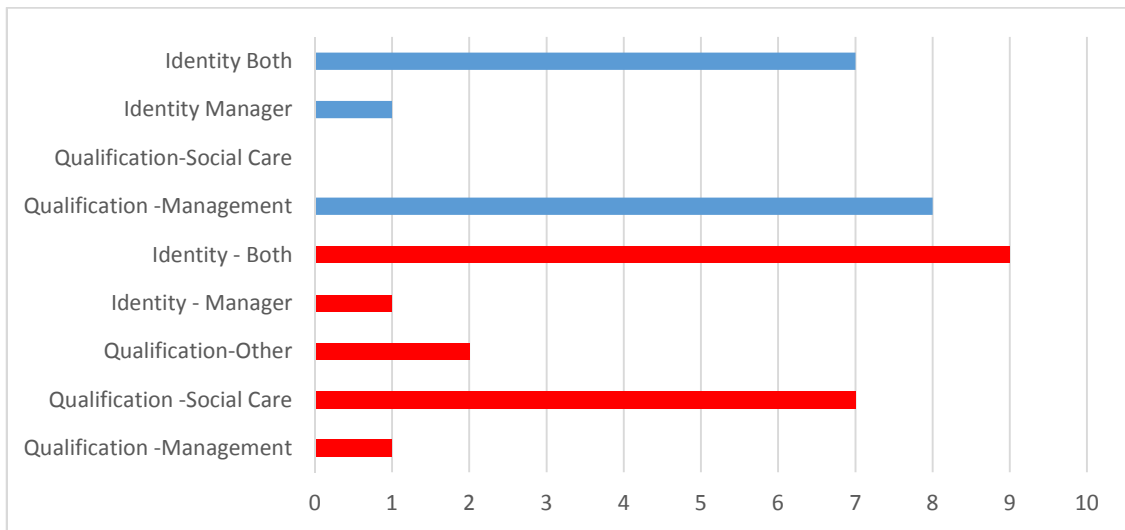
The findings show that all managers in case study organisation 2 (*n=8*) gave their highest subject area qualification as management and all named the registered management award as the qualification achieved. Case study organisation 1 had a more mixed result, with the highest proportion of managers (*n=7*) stating their highest qualification was in the area of social care (SVQ Level 4), with the remainder of the managers within either the 'other' category (*n=2*) or the management category (*n=1*). Initially again the findings appear to demonstrate that there is no tangible link between qualification subject area and identity choice as can be seen from **Table 7** below:

Table 7: Social care v. management highest qualification in relation to social identity choice

	Social Care Qualification	Management Qualification	Other Qualification	Total Numbers
Both	7	7	2	16
Manager	1	1	0	2
Total	**8**	**8**	**2**	**18**

The lack of a tangible link between identity choice and the subject area managers highest qualification is in is better explained when the breakdown of identity in relation to each case study is considered. In terms of identity choice, 7 out of 8 (80%) managers in case study organisation 2 identified with both the manager and social care practitioner, yet all of those managers stated their highest subject area qualification was in management. If subject area was a potential causal mechanism influencing identity then the expectation might have been that all managers in case study organisation 2 would identify as a manager only. This finding was replicated when comparisons were made in case study organisation 1, where 9 out of 10 managers identified with both the manager and social care practitioner identity, yet 8 out of 10 of those managers had completed a social care specific qualification, with the remainder stating 'other'[10]. Again, any relationships existing between the two variables might have presented the view that those managers with a social care qualification would only identify with the social care practitioner role, however, that was not the case.

In a further attempt to explore and identify any other potential causal[11] mechanisms that might influence how managers are experiencing identity, the length of time within social care, and the levels of experience within social care management were also analysed. **Table 8** presents the length of time managers have been in social care overall.

Table 8: Length of time in social care

	Frequency	Percent
Over 10 years	14	78.8
5-10 years	4	22.2
>2 but < 5 years	0	0
0-2 years	0	0
Total	18	100.0

[10] The 'other' qualifications were an MSc. in Dementia and a BA in Communications
[11] Causal mechanisms – those mechanisms which have causal powers which are not only possessed but are also exercised/actualised to influence the outcome

Table 9: Length of time as a manager

	Frequency	Percent
Over 10 years	8	44.4
5-10 years	5	27.8
>2 but < 5 years	4	22.2
0-2 years	1	5.6
Total	18	100.0

The results show that all of the managers have been in social care for at least 5 years with the majority stating they have been in a social care for over 10 years. When management experience levels are then considered these differ across managers, however, again the majority (72%) of managers have been in a management role for a significant period of time (at least 5 years). To supplement these questions, managers were also asked to list the roles they have had in social care prior to becoming a manager. 17 out of 18 managers had a number of previous social care roles before moving into the manager role, mostly nurse or social care practitioner with only 1 manager coming directly into social care as a direct entry manager.

Further comparisons were then made between length of time in social care and identity choice, and the length of time as a manager in social care with identity choice. See **Figures 4** and **5** below:

Figure 4: Comparison of length of time in social care with identity choice
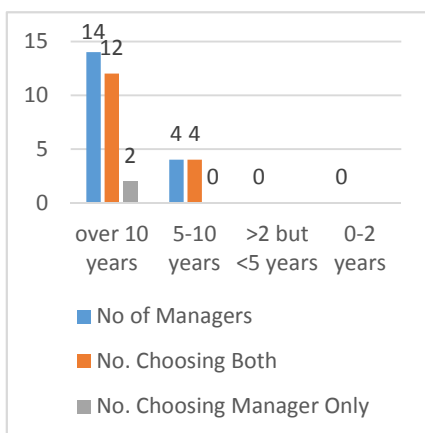
Time in Social Care	No of Managers	Identity - Both	Identity - Manager
Over 10 years	14	12	2
5-10 years	4	4	0
2-5 years	0	0	0
Less than 2 years	0	0	0
Total	**18**	**16**	**2**

Figure 5: Comparison of length of time as a manager with identity choice

Time as a Manager	No of Managers	Identity - Both	Identity - Manager
Over 10 years	8	8	0
5-10 years	5	4	1
2-5 years	4	4	0
Less than 2 years	1	0	1
Total	**18**	**16**	**2**

Both comparisons were undertaken to ascertain whether there appeared to be any relationship between the variables of time in social care, length of time as a manager and identity choice. The data shows that 12 out of the 14 managers who have been in social care for over 10 years chose both the manager and practitioner groupings, with the 4 managers who have been in social care for between 5-10 years also choosing both. In addition, 8 out of 14 managers had not only been in social care for over 10 years but had also been a manager for over 10 years. Of those 8 managers all identified as both a manager and a social care practitioner. Of the remaining 10 managers, all of whom had been in social care for over 5 years, the majority identified with both manager and social care practitioner (*n=8*) with the other two managers identifying as manager only.

What these findings show is that there is a potential link between the length of time in social care and social identity, with those managers who have been in social care for more than 5 years showing a strong propensity to identify with both social care practitioner and manager groups. However, when the added variable of length of time as a manager along with the other variable of length of time in social care is considered, this outcome appears to be less tangible. Yet, what is present in the findings is that all of the managers who are experiencing identity synthesis have over 2 years' experience as a manager and significant social care experience (over 5 years at least). When assessing which mechanisms have generative causal properties and which when combined might contribute to this identity experience,

both aspects could be reasonably considered as potential influencers, creating those conditions. In addition, there is a further potential influencing aspect working alongside the other causal mechanisms influencing identity synthesis, namely practitioner experience in health/social care. When managers were asked the question in relation to the roles they had undertaken, prior to becoming a manager, all of the managers interviewed had been practitioners within a health/social care environment. The data, in isolation, does not make the case for prior practitioner experience being a causal mechanism. However, when considered in conjunction with other potential mechanisms the notion of emergence becomes prominent, particularly when considering critical realisms stratified ontology; put simply there is a dependency which exists between differing variables which have causal powers, and when those powers are exercised it can induce changes in one which might then impact on a change in another and so influence the overall effect (Danermark *et al.* 2006; Hartwig, 2007). The indicative causal diagram **C1** below, sums up the main potential causal mechanisms, which through the enactment and actualisation of their various causal powers identified through the findings so far, could when working together, create the conditions necessary for managers to experience identity synthesis.

C1: Identity Synthesis

The Event Produced | The necessary Conditions (C) that when in place produce this event | Causal powers these mechanisms generate to influence the necessary conditions | Generative Mechanisms
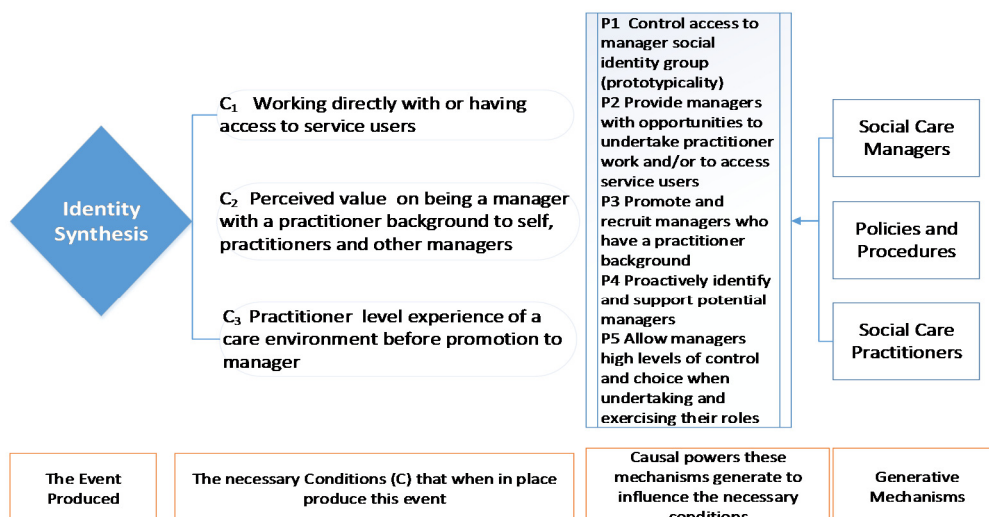
As can be seen from the diagram the identity synthesis being experienced by managers only happens under certain conditions. Those conditions are that managers are either working with or have access to service users, perceive a value to themselves and others on being a manager with a practitioner background, and have significant experience of social care prior to becoming a manager. Managers, practitioners and the organisations policies and procedures are all entities with potential causal mechanisms to influence these conditions. These mechanisms have causal powers that when exercised can create the conditions necessary for managers to experience the event of identity synthesis. The mechanisms identified are; having continued access to service users and the choice of undertaking practitioner work, exercising leadership prototypicality to control access to the manager group by promoting and offering access to those managers who display prototypical behaviours, valuing and recruiting managers with a health/social care practitioner background and proactively identifying potential managers from within the organisation and supporting them in applying for the role of manager, and finally giving managers autonomy to exercise choice in how they undertake their managerial role.

5.6 Conclusion

The majority of managers identified as both a social care practitioner and a social care manager. This alignment with both groupings is known as social identity salience and is characterised by the degree of 'fit' we ascribe to each of those groups (Haslam *et al.* 1999; Jenkins, 2008). Managers stereotyping themselves as members of multiple groups is not new (Reicher, 2004), however, the findings demonstrate that these managers appear to go a step further, moving seamlessly between these two groupings, synthesising the different characteristics of each group to enhance their management role in order to achieve the desired outcome, and actively displaying the proto-typical behaviours associated with each group in order to be able to continue to lay claim to both of those identities. This is possible because managers are low identifiers with both groups and as a low identifier they are less likely to take on board all of the characteristics of the prototypical member (be it manager or practitioner) of that group. As a result, they are also less likely to pursue a strategy of distinctiveness or seek to differentiate between both groups

(Van Knippenberg and Hogg, 2003; Ellemers *et al.* 2000). This, in turn, allows them to adopt the prototypical characteristics or valued dimensions of both the manager and practitioner group. Adopting both sets of value dimensions suggests that social care, to these managers, is the relevant in-group.

The situation is such that access to both social identity groups of manager and practitioner happens by virtue of their current and previous job roles. However, what appears to be a deliberate attempt to value the in-group dimensions of both the manager and practitioner groupings (Derks *et al.* 2007) suggests that a strategy of social creativity is being pursued, with managers attempting to improve their own contribution, feelings of self-esteem and legitimacy by synthesising the valued prototypical characteristics of the manager and practitioner group to undertake their manager role. Additionally, although managers see themselves as members of both the social care practitioner and the social care manager group, they appear to view social care as the relevant in-group and compare themselves to members of this group by using a process of comparative fit (Haslam *et al.* 1999; Reicher, 2004).

This comparison with social care as the in-group is significant, as the expectation would be that this comparison would be undertaken with either one or other of the practitioner or manager group. Yet, whether deliberate or not, viewing social care as the in-group serves the dual purpose of negating any potential conflict associated with being members of both the social care practitioner and manager group, as well as allowing managers to address and improve aspects of their identity which they perceive as being inadequate through the process of intragroup comparison (Turner, 1984). This comparison allows managers to exercise their manager role using both social identities, synthesising the valued dimensions of each, and in turn enabling the managers to pursue the social creativity strategy detailed above and re-define what it means to be a manager in social care.

To enable this identity synthesis to happen certain conditions generated through the exercising of causal powers by generative mechanisms needs to take place. Social Care managers, policies and procedures and social care practitioners are all entities with causal mechanisms to create those conditions. One of the key causal mechanisms is the ability of social care managers to display leadership

prototypicality and to recruit/promote managers who display these prototypical behaviours. These behaviours replicate the valued dimensions of the in-group (social care), and managers and practitioners control access to the manager group by placing an emphasis on selecting (informally) those individuals who display these prototypical behaviours. In essence, identity synthesis is taking place but certain conditions have to be met which enable managers to experience this.

CHAPTER SIX: HOW VALUES UNDERPIN AND SUPPORT MANAGER IDENTITY

6.1 Introduction

To fully understand what supports and inhibits managers to identify with the role of manager, the influence of values is a key consideration. The link between values and social identity has already been tentatively made, yet, it is not fully understood how values, particularly those formed in early childhood, can influence from an agency perspective how we categorise and align ourselves to particular social groups.

This chapter presents the findings in relation to the research on values and the influence of values on the social identity of managers and their behaviour. The chapter begins by considering the relationship between values, agency and how we categorise ourselves, and the role of habitus in relation to identity. It then goes on to detail the main values identified by managers and how values influence manager behaviour, concluding by discussing the main causal mechanisms having emergent powers in relation to values and identity.

6.2 Values, Agency and Self-categorisation

The exploration of values was undertaken during both the semi-structured interviews and the vignettes as part of the primary research, with secondary research also being undertaken to examine how values and value statements were presented in both case studies organisational documents and how they were portrayed within the wider context of social care.

As part of the interviews managers were asked a series of questions in relation to their values at home and at work. In addition, managers were asked to talk about the value base observed by them in the case study organisation they worked within, and whether they believed there was any conflict for them from a values perspective when considering these different areas of value enactment.

To complement the questions on values, managers were also asked to give some information as to their background and upbringing and their motivation for moving into social care. These questions were primarily asked to attempt to gain some insight as to whether their upbringing and earlier experiences may have an impact on their values, and their subsequent choice of profession and social identity grouping.

It was in response to the question on background that managers began to discuss the important aspects of their life history; describing their interactions with others, their community and how their family life was constructed. Many of the managers appeared to come from what could be described as a typical working class background, living and growing up in a predominantly working class area, with some managers detailing how they experienced a traditional family background of mother, father and additional siblings. However, a significant number mentioned the difficulties they experienced growing up or had witnessed during their childhood:

> 'I grew up in Glasgow in a tenement flat myself my mum and dad and my two younger brothers. I had an excellent childhood lived in a nice part but it was mixed and I think from an early age I was aware of different social backgrounds, quite a lot of involvement with the church which also which led to seeing lots of different social groups, between brownies and being aware of young mothers groups that kind of thing and I think that's where I learned the skills and years ago I think that's where a lot of social work derived […] certainly mixed with a lot of different people from different backgrounds' (Jan, 1st line manager, case study organisation 2)

Another manager from the same case study organisation also talked about experiencing social issues first hand as a child:

'I grew up in a small village outside Netherburn I was an isolated Celtic (football team aligned to the catholic faith) catholic in a mostly protestant village and although it was a small village and everyone knew one another it was when I look back at it a very sectarian upbringing which you basically just learn to deal with it, I didn't get involved in it much and I'm not saying it was nasty but looking back on it some of the things now would be outlawed, were happening on a regular basis back then' (Jack, 1st line manager, case study organisation 2)

This theme continued, and Mike a 2nd line manager from case study organisation 1, whilst reflecting on his childhood, spoke about the hardship surrounding him as he was growing up:

'I'm from Lanarkshire, I'm the youngest of 4 growing up it was quite a difficult area actually, it didn't feel like that at the time but when I reflect back, it was Burnbank and Hamilton and it was quite a deprived area but it didn't feel like that when I was growing up, at 16 I went to university – I was the first in the family to go to university' (Mike, 2nd line manager, case study organisation 1)

Gary also mentioned hardship as being a factor of his childhood:

'I grew up around about here […] a typical working class family I guess. When I was 15 I got an apprenticeship in the shipyards, trained to become a marine engineer' (Gary, 1st line manager, case study organisation 1)

This theme of exposure to social issues during childhood continued with a number of the managers describing a family set up which was less traditional and involved family breaks ups and extended carers being involved in their upbringing. Some managers also spoke about exposure to more significant social issues, such as alcoholism:

'I grew up in Parkhead well the Gallowgate or Parkhead as it is now, mum dad 3 sisters, my dad was an alcoholic, mum and dad separated, mum got remarried' (Lucy, 1st line manager, case study organisation 1)

'I grew up as a family of three girls and that was in the Airdrie area which is between Glasgow and Edinburgh, both my mother and father worked very hard, however, they separated when I was 14 and when they separated I then went to live with ma mother, I went to school in Airdrie, I went to college in Coatbridge and my work life was around about Airdrie and Coatbridge' (Sandy, 2nd line manager, case study organisation 1)

'Well I grew up in a place called Dalmarnoch and that's actually being currently demolished they're building flats there for the commonwealth games. A pretty normal background I have a brother […] my ma and da separated' (Laura, 1st line manager, case study organisation 1)

Managers in the 2nd case study organisation also gave examples of having experienced a non-traditional family life:

'I come from Glasgow, my parents were separated and I was raised by my grandmother (maternal) and I lived with her right up until I got married but my dad played a big part in my life much more than my mother at that point' (Lenora, 1st line manager, case study organisation 2)

'Born and bred in Glasgow just me, my mum and my brother' (Alison, 1st Line Manager, case study organisation 2)

'I come from a big family 4 brothers and a sister, my parents got divorced when I was quite young, so I kinda lived between two houses' (Janine, 1st line manager, case study organisation 2)

Interestingly some managers also spoke about how they recognised that their life could have been different because of their childhood experiences, for example Keith who talked about the impact of his father's death:

> 'Well I'm originally from Glasgow and I was born in 1958 and I grew up in the south side of Glasgow and had a very happy childhood although we had some difficulties with the early part of my life my father died and so we were very lucky and what could have been a disastrous upbringing was actually ok as my mum married again' (Keith, 2nd line manager, case study organisation 2)

And yet there were other managers who felt their situation was normal and who named their childhood as such:

> 'Well I grew up in a place called Dalmarnoch and that's actually being currently demolished they're building flats there for the commonwealth games. A pretty normal background I have a brother […] my ma and da separated' (Laura, 1st line manager, case study organisation 1)

What is interesting about this view is that clearly this manager believed her upbringing was normal and yet from a societal perspective this might have been seen as not to be the case. A potential explanation is that the social groupings she experienced as a child reflected her situation i.e. one parent families and so she categorises herself as part of that social group. As Jenkins (2008) points out, when elaborating on who we are and our sense of self, we take aspects of our identity from the people around us and who influence us as well as the world we live in and our environment.

Certainly the findings overall appear to demonstrate that the majority of managers interviewed experienced an upbringing which had some element or aspect of it which exposed them to situations which currently would come within the work of social care; family breakdown as a result of divorce, single parent families, poverty, bereavement, alcoholism and bullying all being referred to by managers as part of their early childhood experiences.

As Bourdieu (1977) suggests, through his conceptualisation of habitus and field, often the meanings, beliefs and behaviours we acquire happen as a result of practice and making sense of the world when we socialise with other people, he refers to it as 'doxa' or getting a feel for how things are done. This exposure to diverse groupings and the experiences of the managers from an early age could be considered as contributing to the manager's sense of self, how they categorise themselves and the groups they align themselves with (Haslam, 2004; Reicher, 2004; Tajfel, 1978).

The managers decision to take up employment in a social care environment and the choice of social care as a social identity group could be explained by Bourdieu's point that that we are potentially motivated, whether acknowledged or not, by our own self-interest (Grenfell, 2008; Webb, 2002). If self-interest is interpreted as being comfortable with what we already know (our habitus), and if the early experiences of managers, as the findings seem to suggest, have exposed them to certain social groupings contained within the overarching social identity grouping of social care, the decision to take up a profession in social care, as a consequence of identifying with the social care group is unsurprising and concurs with Reichers' (2004) point that we align ourselves with groups which are influential in determining our sense of self and those that we view as the same as us. This enables the managers to align their values and their choice of social identity with the group they see as determining to some degree their sense of self. This explanation also helps to add further insight as to why managers would more likely view social care as the in-group, as it is this group that they identified with from the outset of their career.

The explanation as to why managers' social identity choice is social care was further enriched when managers also talked about how their values played a part in their decision to move into social care. Although a question on values was not asked specifically at this point, there is an acceptance that values can influence our behaviours (Rokeach, 1973) and so when discussing their background and their motivation for moving into social care, managers did talk about values, with some mentioning caring, in particular, as having some significance as a core value within their family history and/or childhood. In addition, some managers then went on to make the connection between caring and their move to work into social care:

'I grew up one of 7 […] I am the oldest, my mum got a job when I was 10 and worked backshift so I looked after them and they all looked up to me and so they all come to me when there are any problems […] my motivation was my family because I have always cared for other people and that is it, it's not something that I strive towards it's just I have always cared for people, it's been part of my life since I was a young child..I've always been responsible for caring for people and it just followed on into my career. I wouldn't say that I had an explanation but I do love my job, I love working with people, looking after people and feeling that I have made a difference to their day (Jillian, 1st line manager case study organisation 2)

Another manager mentioned how her mother was involved in charity work and how she had witnessed that from an early age, she then goes on seamlessly and without prompting to talk about her own reasons for being in a social care environment:

'My ma she ran Shop Mobility, she was involved in Victim Support Scotland which was a day care service and so I always jumped in and out of that and she was involved in Sunday school […] I've always worked in care, for work experience at school I went and worked in a nursing home, which I loved, […] I just always thought that the people were very interesting, the stories and the wealth of information they had, especially the elderly I thought they were hilariously funny and I had a really really good relationship with my mother's ma and da [….] but I saw them as people and I think that some people get weighed down by the physical part of the job, the not so nice part, but that's just part and parcel of the job and it's nice to be with different people every other day' (Laura, 2nd line manager, case study organisation 1)

Lucy, an experienced social care worker but just newly appointed as a manager, also spoke about her love of working in care from her teenage years and how much she valued being in that environment:

> 'I remember years and years ago when I was about 14 doing weekend work in the old Duke Street hospital, I had been working in a factory so I must have been 15 and I was bored and I phoned up as you did in those days and I remember being told that I could work in the dementia ward the following Saturday and Sunday and so I did and I absolutely loved it' (Lucy, 1st line manager, case study organisation 1)

Whilst Lenora, who although she didn't work in social care during her formative years, was still very much part of that environment from childhood because of her grandmother, and again without any prompting started to make the connection between her early experiences of care and her move into a social care role:

> 'My nana she was a home carer and so I was always involved with the care side of it, often I would just go with her on a Sunday morning she was making someone their breakfast and I just enjoyed watching what she did so as far as that goes, I don't know whether that's where the care background came from' (Lenora, 2nd line manager, case study organisation 2)

Elsie also mentioned caring and how the caring environment of her childhood may have influenced her choice of working in the care environment:

> 'I always felt that the environment I grew up was always, well I suppose my parents were quite old-fashioned but I was always brought up to respect people and I lived in a very caring environment as well […] My parents were always very caring people and I often think that's where I developed that from (Elsie, 2nd line manager, case study organisation 1)

The consistency of caring continued when managers were asked what they considered to be important in how they lived their lives from a values perspective,

with the majority of managers mentioning caring as one of their core values. This naming of care as a value demonstrates an element of consistency between the primary value experience and how managers view the world, which in turn provides some evidence to support the link between values and choice of career (Grenfell, 2008). This consistency of primary value experience further supports the view that when children, through their family and background experiences (habitus), have knowledge of or have experienced certain situations, specific values can develop as a result, whether an appreciation of what it takes to be a good artist or a good athlete as suggested by Swartz (2002) or in the case of these managers what it takes to be a good social care professional. Yet, although caring was mentioned extensively it was not the most quoted value with family being expressed by more managers than any other value. The most referred to values being expressed overall were family, caring, respect and honesty, in that order.

Examples of some of the context of values and how values were discussed by managers is given below:

> '…certainly honesty and fairness in the way that you treat people whether you know them or not and just being nice to people, I know that's quite a broad thing but I think it's being respectful and kind to people and just being honest with people as far as possible, just trying to be a decent person' (Elsie, 2nd line manager, case study organisation 1)

> 'I suppose being open and honest with people and treating people in an appropriate manner and just respecting people for me and I think those values are what you expect in other people' (Laura, 1st line manager, case study organisation 1)

> 'I've always been fair, honest and supportive' (Jillian, 1st line manager, case study organisation 2)

> 'yes probably honesty and integrity, you really need to have trust in a relationship and without honesty then you can't have trust and it's very

difficult to move that relationship forward' (Lenora, 2nd line manager, case study organisation 2)

'Honesty, sometimes I think I'm honest to a fault. I'm honest, I kind of live and let live, I try not to be judgemental, and it's my bug bear because usually people have got a view about everything and often I don't have an opinion on things unless it affects me personally' (Alison, 1st line manager, case study organisation 2).

Managers also spoke about how their values underpinned their behaviours, and their influence in respect of how they lived their lives:

'I like to build relationships, be open and honest and probably caring as well is quite important to me, I like to do things for other people and I think that is kinda like a nice way to live' (Janine, 1st line manager, case study organisation 1)

'Ok well certainly honest and fairness in the way that you treat people whether you know them or not and just being nice to people, I know that's quite a broad thing but I think it is just being respectful and kind to people and treating people and just being honest with people as far as possible…just trying to be a decent person you know' (Omar, 1st line manager, case study organisation 1)

'Well honesty and being able to trust people is really important to me I've always been brought up with being honest and trustworthy and I think those values just kind of live on don't they' (Elizabeth, 2nd line manager, case study organisation 2)

'I think that the trust and the respect has got to be there. There has to be mutual respect and honesty and I think that, I mean I'm not a religious person, but I think the Christian values are very much how I would go about my life, try to do my best as much as possible, I definitely don't go out of my way to make people unhappy. In the type

of job that I have, sometimes you have you use that little word that
people hate which is 'no' but I try to deliver that in as positive a way as
possible (Keith, 2nd line manager case study organisation 2)

And others talked about the importance of family:

'What's important to me is family, a happy healthy family, I think a lot of
that is because we didn't have that kind of thing when I was growing up
and so I always try to make sure that (my children) are happy' (Lucy,
1st line manager, case study organisation 1)

'It's important to me that people feel valued and needed, it's really
important to me that my family feel loved, it's really important to me that
my family know that I'm there [..] staff know that they can approach me
at any point in time and that they will always be given the time required.
To care about people, to listen to people to treat people with respect,
everybody deserves some respect and not everybody needs to earn
respect, but everybody deserves respect, so I try and respect people
for what they are' (Sandy, 2nd line manager, case study organisation 1)

Again the argument of the importance of family and the influence that family has on these managers could be linked back to their own experiences of family life, whether negative or positive, unconsciously acknowledging their own habitus and experiences. However, what is clearly stated is the influence of values on how managers behave, how they go through their daily lives, and also how important values are to the managers interviewed.

To understand both the number and range of values named by the managers, a table (**Table 10** below) was constructed which presents the values named by managers within each case study organisation, along with the corresponding managers' name.

Table 10: Managers values by case study organisation

Values Named	Overall Number	Case Study 1	Case Study 2
Family	9	Lucy, Gary, Laura, Sandy, Mike, Sam	Jillian, Jan, Lenora
Open Communication	5	Sam, Sandy, Gary, Elsie, Janine	
Caring*	7	Lucy, Janine, Sandy, Omar, Sam	Jan, Lenora
Respect	7	Elsie, Omar, Sandy	Siobhan, Jack, Keith, Lenora
Honesty	7	Elsie, Laura, Janine, Omar	Alison, Elizabeth, Siobhan,
Fairness**	4	Omar, Gary, Elsie	Alison
Equality	1	Grant	
Integrity	3	Grant	Lenora, Jan
Trust	6	Grant, Laura	Elizabeth, Siobhan, Jan, Keith

*included in this value is also kindness and support

** included in this value is non-judgemental

The values expressed by managers were consistent across both case studies in terms of *family* which was named by 9 managers as a value by which they lived their day to day lives. This was closely followed by *caring, respect and honesty* with 7 managers noting it as a key value and then *trust* and *fairness* mentioned by 6 and 4 managers respectively. *Open communication* was also mentioned by 5 managers, however, these managers were contained within one case study organisation.

The remainder of the values named were spread across both case study organisations with only *open communication* and *equality* being mentioned in only case study organisation 1 with no replication in the other case study.

Interestingly, only 7 managers named *caring* as a value when specifically asked, and those managers were predominantly located within case study organisation 1. Yet, a number of managers in case study organisation 2, as well as those managers in case study organisation 1, mentioned *caring* when discussing their background and the influence that *caring* had had on them as individuals. If we were to include those additional managers (n=4) within this analysis, then *caring* is more important than *family* from a values perspective, which would then support the view that *caring* is the most important value, with most managers who mentioned it experiencing it within their childhood. This again, potentially, strengthens the link between habitus and value formation and the move into social care.

To explore in more depth whether the managers values at home or on a day-to-day basis demonstrate any replication across different aspects of their life, the next question specifically asked what values were important to them in terms of their relationships within the workplace. The values named as important were, in the main, a replication of the values named in relation to the previous question, with some managers making specific statements to say that their values did not change from home to work:

> *'I really don't have a different approach with my staff team or with my managers I am the same with everyone, I'm very honest with everyone and I expect the same thing back'* (Omar, 1st line manager, case study organisation 1)

> *'I think that's the basis of everything I do I'm not different at work as I am at home. I try to be the same person, which is I provide the sort of respect to you and I don't expect it back I demand it back and it's not that there is an expectation that its reciprocated, it's the same for my family, I give the honest answer and I think that's crucial in relationships,*

that you are consistent and people understand where you are coming from' (Keith, 2nd line manager, case study organisation 2)

Managers spoke about honesty, respect, fairness and caring for others:

'Being honest, being fair and being supportive and even where we have had situations where we have had staff under investigation, it's a difficult time and whether I think they have done something wrong or not I will go out of my way to support them and be non-judgemental and make sure they are getting support' (Alison, 1st line manager, case study organisation 2)

'I suppose again being open and honest with people and treating people in an appropriate manner and just respecting people for me and I think those values are what you expect in other people and in this organisation we work with vulnerable people and why would you expect if you were a manager to not be able to deal with staff like that and the standards you apply to service users, and I would like the staff to see that how I treat them is how I treat service users and vice versa' (Elsie, 2nd line manager, case study organisation 1)

'People talk about empathy and that but people want to be treated the way they want to be treated themselves and that's a basic guideline. It meant I was always brought up to treat people with respect, opening doors for people, manners, showing courtesy, and so I've always carried that throughout my life and into my work life as well and obviously in your work life it's how you carry out your practice; dignity, choice, respect and I have that in my home life as well. It's the same values (home and work) [..] and I know whether I'm in work practice or out of work that it's the exact same values' (Jack, 1st line manager, case study organisation 2)

Another manager, as opposed to naming a particular value, spoke clearly about what was important to them through the example they gave:

'*Just to see for example today there is a lady who just started today and she has been made to feel welcome, she has had a lovely meal she has enjoyed chatting to staff and just before she left she said she had had a fabulous day and thank you so very much and that makes it all worthwhile to think they have had a good day*' (Lenora, 2nd line manager, case study organisation 2)

6.2.1 Vignette Analysis

The vignettes were also used to underpin the values analysis, specifically in an attempt to compare the values findings from the semi-structured interviews, and in effect to test manager's responses in relation to specific situations. One vignette scenario (**see Appendix 6**) covered specifically a reduction in service provision due to budget cuts, going onto ask managers to identify the values which were important in relation to their behaviours and responses in relation to this situation.

The following responses were given:

'*Open, honest communication. Dignity and respect for those involved, also compassion, this involves a process which affects someone's life (service users and staff)*' (Elsie, 2nd line manager, case study organisation 1)

Values; inclusion, person centred, respect, empathy, open, honesty, self-awareness, team work, shared goals aims and aspirations' (Laura, 1st line manager, case study organisation 1)

'*Being honest re: the change, reliable (always there for review meetings etc.), build trust, respect confidentiality, open to suggestions*' (Jan, 1st line manager, case study organisation 2)

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'These actions reflect honesty and transparency. They also reflect respect for all involved ensuring correct information is shared and a concern that no-ones anxieties are raised during this process' (Alison, 1st line manager, case study organisation 2)

Again, it was the same values of *honesty* and *respect* as well as *caring* which came predominantly to the fore and managers appear to be consistent with what they said their values were, demonstrating those values in action when considering their response to the vignette.

Some managers (case study organisation 1 managers only) also completed the second vignette scenario (see **Appendix 6**). This scenario asked them to consider how they would deal with a difficult member of staff who was reacting negatively to increased paperwork and managerial activity, as a result of a recent organisational change. The main issue being raised in the vignette is the lack of contact with service users as a result of increased management responsibility. A question centring on values was not asked directly, however in responding to the question of 'how would you deal with this situation' it became clear that values were again underpinning their behaviours and influencing their actions:

I feel that the key issues for Beth could be:
• Is she managing with her work increase? (caring)
• Does she know how to complete the tasks? (caring)
• Was she consulted about the changes?(fairness)
• Are the tasks being evenly shared?(fairness)

If there are changes throughout the service and all staff are affected by these, Beth as part of the management team needs to ensure that everyone remains positive (respect). As Beth's line manager I would set up a meeting with Beth to discuss these concerns that I had (caring). I would be looking for clarification that Beth felt she was able to carry out her new role, this would also provide Beth with a forum to discuss how she was feeling as when there are changes to the service this

needs to be discussed with support staff in a positive manner (caring
and respect). I feel that Beth should only discuss how she is feeling with
someone from the management team that way she can be supported
through the changes to the service but still be able to provide ongoing
support and guidance to staff' (Omar, 1st line manager, case study
organisation 1)

In this response, Omar who already stated his values as *caring*, *respect* and
fairness and reiterated that his values remained consistent within the workplace,
demonstrates those values in his response to the vignette scenario and uses those
values to mediate his response. This concurs with the view that values are often
used to identify what is desirable behaviour, and making decisions and taking
action based on that particular perspective (Athos and Coffey, 1968; Schwartz,
1992; Smith, 1977; Williams, 1979). Other managers also demonstrated this level
of consistency within the vignettes without commenting directly on values *per se*:

Name: Jack	**Values:** Respect

'*I feel that Beth has to find the correct balance between the change in roles […] she has to be a leader to staff that she supervises. I feel that her behaviour is justified if the reason that she is still more involved in direct care is because the basic care to service users is not being met'* (respecting Beth's position)

Name: Keith	**Values:** Respect and Trust

'*Everyone is an individual and can bring different perspectives to every situation […]in my experience I have found it to be beneficial to consult with my colleagues regarding any system change or work practice* (respect)

> *'I would arrange to meet with Beth […] and try to create a friendly non-threatening atmosphere. I would encourage Beth to talk freely and assure her that I would not judge her'* (Trust)

Name: Lenora	**Values:** Family, Caring, Integrity

> '*As a manager I don't think Beth's behaviour is justified but I think she needs some time to reflect on her role and some support and guidance to manage the change […] I would help her to look at what is important tasks for her role [..]possibly looking at training if this was required […] I would plan to meet her regularly* (Caring and Integrity)

Again the work on values was supported by asking questions at different stages of the data collection process, not only to compare the findings but also to further uncover any other mechanisms or structures having an influence. In the semi-structured interviews managers were asked two direct questions; the first, what values they thought underpinned their role as a manager and the second, what values they thought underpinned their role as a practitioner:

> '*I think that you need to keep that caring side, that caring nature, care about what's happening in people's lives. I think in this service it's about identifying where things might be going wrong for a particular young person also for the staff team they need to see that I am confident to do my job and that I'm showing leadership and being professional, it's about role modelling and I do think that's important*' (Sam, 1st line manager, case study organisation 1)

'Understanding, support, listening, communicating with people and I think observation as well is a big thing just making sure everything is going the way that it should be going… I think they're the same (values underpinning manager and practitioner) *I have the same values as a manager that I did when I was a practitioner'* (Jillian, 1st line manager, case study organisation 2)

'I think you have to be a really good listener, you have to be very good at communicating and for me personally you have to be a really good role model (Siobhan, 1st line manager, case study organisation 2)

This demonstration of the consistency of values in response to different questions within different contexts, supports the key finding that manager's values influence their behaviour as a manager and that there is the potential for those values to be influenced, both by their childhood experiences and the values which were predominantly formed in their early years. Moreover, it also supports the view that we do not leave our values behind when entering the workplace, people bring their values with them and use them to make sense of their environment (Furnham *et al.* 2013). Thus the suggestion is that it is the formation of the dominant values of *caring* and *family* which, combined with experience of issues associated with the work of social care, that creates the necessary conditions for managers to categorise themselves as a potential member of the social care social identity group, and those values formulated in childhood influence this social identity choice.

These mechanisms, causal powers and conditions are captured in the causal diagram (**C2**) below, which demonstrates how the different entities noted have causal mechanisms, which emerge when working together to influence the conditions necessary for managers to categorise themselves and identify with the social care social identity.

C2: Managers categorise themselves and identify with the social care social identity group

The diagram: Managers categorise themselves and identify with the social care group.

| The Event Produced | The necessary Conditions (C) that when in place produce this event | Causal powers these mechanisms generate to influence the necessary conditions | Entities having generative Mechanisms |

Content elements:
- C₁ Recognition that social care values synonymous with own values
- C₂ Understanding of social care issues
- C₃ Self-categorisation with one or more social care group
- P₁ Experiences of caring and exposure to the caring value being enacted
- P₂ Development of core values synonymous with a care environment
- P₃ Exposure to diverse social groupings/issues associated with social care work
- Social Environment
- Family Context
- Childhood Social Experiences

Author: Rowan Stewart-Steele

The diagram demonstrates succinctly how managers' family context or habitus, their social environment and their childhood social experiences, when acting as causal mechanisms, can generate emerging causal powers. Those causal powers are; the development of values, exposure to diverse social care groupings, the experience of caring and for many managers, direct experience of situations/issues associated with the work of social care. These causal powers when enacted and experienced by managers create the necessary conditions which contribute towards managers categorising themselves as potential members of the social care social identity group, precipitating their moving into social care. Those conditions are the recognition that managers values are synonymous with social care values, that managers have an understanding of the groups that social care work with and because of this they categorise themselves as members of one or more of those groups.

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6.2.2 Values, Structure and Identity

The interaction between structure and agency is important in terms of critical realist analysis as it is at the interface of structure and agency that causal powers can be generated between factors having emergent properties (Marks and O'Mahoney, 2014; Archer, 2003). Manager values are not only potentially influenced by background and agency but can also be impacted upon by structure, and although structure does not define agency *per se*, what it can do is either support or inhibit what is made available to agents or in this case social care managers.

To understand more fully the role of structure on value formation and enactment, and the potential influence of values as a potential emergent property on social care manager identity, an additional question was asked in the semi-structured interview on the values that managers see being enacted within their organisation. In addition to this a number of documents relating to each case study organisation, as well as those from related governing bodies, were analysed to identify any potential mechanisms which might generate or possess causal powers and so create conditions that might provide further insight as to why managers were experiencing what they are experiencing. Moreover, structure can also be considered in much wider terms, and so how social care has developed and changed from a values perspective, and the influence on managers, whether known or not, is also considered.

The question put to managers in the semi-structured interview asked them to consider the values on display within their organisation with supplementary questions being used to encourage them to provide examples. *Honesty, caring* and *respect* came through strongly as well as *fairness*, each of which, in the main, replicated the values named by the majority of managers as their values across home and work:

> *'I think it's definitely about being person centred no matter who that is, things can be very busy here (in HQ) but no matter who that is we would make time for them, I think there is always that thing of we have time*

for people […] we make time for people, that we listen, I do think it is about the relationship and about not pre-judging people and it is about having open, adult conversations with folk as well and saying I know what you are saying to me but that's not how I see it and that's not how it might be and I think sometimes that some of our staff would like us to say everything is going to be ok but we can't always say that so what we have said is we will do our best but realistically this is what is going to happen' (Gary, senior manager, case study organisation 1)

And as in the discussion with regards to their own values, some managers talked through how values were enacted within their organisation:

'They (senior managers) have certainly a certain standard and they are there to role model and so they have to display their values really highly and some of us other managers are influenced by our own experiences for whatever reason, but they tend to be on the ball and seem to have this magical gift to be able to walk into somewhere and before even looking at anything they can point out 4 or 5 different things, I mean that they seem to be on the ball and seem to have very strong values certainly some are very very different in their style and the way they present that but on the whole I would say they are the same set of values that we all have' (Laura, 1st line manager, case study organisation 1)

Or gave examples:

Well if I give you an example of this assessment, it's the head of social work who has decided that this assessment needs to be done and its being done fairly and honestly so fair and honest' (Alison, 1st line manager, case study organisation 2)

'Respect and acknowledgement of effort and flexibility' (Mike, 2nd line manager, case study organisation 1)

'I think that they do care about staff but they do have that managers head on saying that these decisions have to be made and they need to be made by people that look at everything and make the best decision so I do believe that they are person centred and they do care about their staff. I've been here for 13 years and I never ever felt mistreated or treated in a way that I wouldn't want to be treated and I've certainly always felt supported' (Lucy, 1st line manager, case study organisation 1).

In case study organisation 2 managers also gave some good examples of how they believed the values of the organisation were being demonstrated through actions. In addition, some managers expanded and discussed how they felt as a result of those actions:

'I've been very lucky with the external managers I have had who have been very supportive, we have supervision meetings and PDR (personal development review) meetings where it's a one to one […] and I feel that if there was some things really bugging me then I've never felt I can't raise them' (Keith, 2nd line manager, case study 2)

'Well they are always striving towards bringing out new policies and procedures and making sure that staff are trained on all these, we have just recently had a training thing reminding staff about the codes of conduct and making sure that staff are aware of what these conducts entail even down to dress code and the way we speak to people and showing dignity and respect at all times so I would say there is quite a lot of support, we also have supervision and PDR's (personal development reviews) *as well* (Jan, 1st line manager, case study 2)

The response to the questions on value enactment and values displayed by other managers, demonstrates again a level of consistency with the values espoused by the managers themselves. Managers mention seeing *fairness*, *honesty* and *respect* and give examples of *caring* and supportive behaviours being enacted by managers, as well as examples of *open* and *honest communication*, as well as

acknowledging that the values on display are consistent with their own values. This is consistent with the previous analysis on manager's individual values and concurs with the view that although we have our own values these can be shared by others (Mason *et al.* 2010).

One manager commented on how behaviours can influence how other managers behave, mentioning role modelling as being an expectation of a senior managers role and how senior managers values were not only visible but were prominently on display. Role modelling has already been mentioned previously by managers when considering the values which underpin their manager role, to then be given examples of the same set of values which guide their behaviour being replicated by other managers, reinforces the finding that value consistency is taking place across different groups and importantly the influence that the constancy of the same values being enacted, has on managers.

As such, the role modelling of these values has to also be considered as a potential causal mechanism influencing manager values and behaviour in the workplace. This appears to have further relevance and influence on manager values when considered in accordance with what the organisations senior managers, who appear to endorse and enact core values in terms of behaviour, and which appear to follow on and reflect the values espoused by the various bodies that govern social care activity in Scotland. As Jack points out:

> *'It's the same values* (between home and work) *because ultimately as an employee I have to abide by the SSSC* (Scottish Social Services Council) *and I know whether I'm in work practice or out of work that it's the exact same values'* (Jack, 1st Line Manager, Case Study 2)

The reference made by Jack is in relation to the SSSC Code of Practice for Social Service Workers and Employers (2009) within which a number of values are named setting out how both workers and employers, within a social care environment, are expected to work and undertake their respective their roles. Those values which most reflect manager's values are highlighted in bold:

*'Being **honest** and **trustworthy**'*

*'**Communicating** in an appropriate, **open**, accurate and straight forward (**honest**) way' (p.25)*

*'Being **reliable** and dependable'*

*Respecting (**respect**) and, where appropriate, promoting the individual views and wishes of both service users and carers*

*Respecting and maintaining the dignity and privacy of service users (**respect and caring**)*

*Promoting equal (**equality**) opportunities for service users and carers Respecting diversity and different cultures and values (**respect and equality**) (p. 23)*

This follow through from the SSSC into social care organisations is echoed in case study organisation 1 where Gary points out that:

> *'I think though in general terms the policies hold the core values and the core values reflect best practice values in social care and legislation and employment'* (Gary, 1st line manager, case study organisation 1)

When values are considered within the case study organisations, both name core values as part of their overarching strategy. These values continue to demonstrate a consistency between values across governing body, organisation and managers.

Case study organisation 1 states on their website the following as core values, those aspects which appear to replicate managers' values are highlighted in bold italics:

'Person Centred **–** *The Association tries to ensure that the focus of our work is the needs and aspiration of the individuals we work with (***caring***). The Association works in a way that supports individuality and personal growth'*

'Open Communicator **(open communication) –** *The Association believes that our decision making processes should be as open and inclusive as possible. Our working practices offer an opportunity for all staff, tenants and service users to input their own views (***respect and equality***), with the expectation that the Organisation will listen and respond (***respect and communication***)'*

Committed **–** *We encourage our staff to be innovative, to take considered risks and to work as part of the team (***family***), working towards shared objectives.*

Quality **–** *We ensure that the Services we deliver are of a high quality within the available resources we have. We are dedicated to developing our expertise and professionalism and will be efficient in the use of our resources'*

(Loretto Care, 2015)

Case study organisation 2 also has core values and names the following within their social work resources plan 2015 (p.19):

*'Accountable (***integrity***), effective and efficient, people focused (***caring***), fair and open (***fairness, equality and honesty***), working with and respecting others (***respect***), excellent employer, self-aware and improving'*

Although the values named are not an exact match for the values of the managers interviewed there is significant replication across certain values and some of the value statements could be argued as being consistent with the enactment of specific values. Certainly *caring, honesty*, *open communication*, *fairness* and

respect are all present across both organisations, with the mention and focus in Case study organisation 1 on working as being part of a team, potentially being translated into the work environment as the focus on family. Clearly there is the potential for those values to be viewed as rhetoric, rather than fact, however there does seem to be an element of consistency in terms of what the organisations espouse as being core values and what managers say are the values on display. As such, the findings are that there are a number of mechanisms which from a structural perspective, when working together, have emergent properties which generate causal powers and create conditions which influence manager identity.

The causal diagram below (**C3**) captures how managers, policies and procedures and regulatory bodies such as the SSSC are entities which have causal mechanisms. These mechanisms possess causal powers which can ensure specific values are replicated across the sector and the organisation and then role modelled by managers and enacted through policies and procedures, by virtue of their influence and the managers relationship as members of this body. The enactment and emergent causal powers generated from these mechanisms creates the necessary conditions for managers to utilise their own intrinsic values across different social identity groupings, yet still remain consistent with their own and social care values. The conditions necessary for managers to experience this event are that social care values are consistently applied and experienced by managers as well as being valued as influencers on manager behaviour.

C3: Values used to underpin manager activity and are consistent across self, organisation and sector
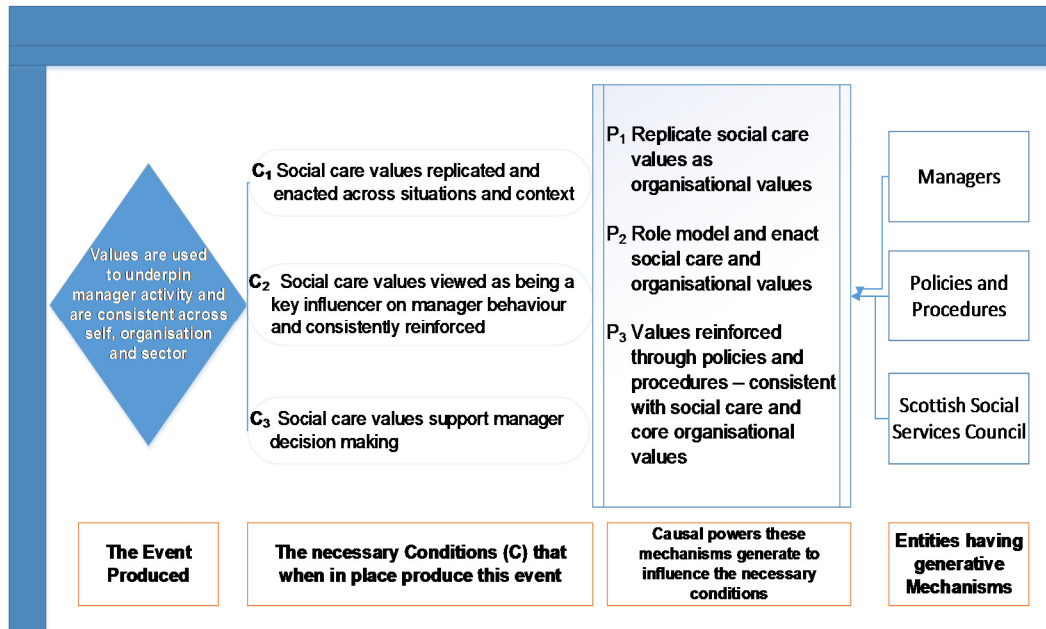
6.3 Conclusion

The research findings show that managers' core values are partly formed in childhood, and that these values underpin their behaviour within the workplace consistently being applied across the multiple social groups that managers identify with. The prominent value named by managers is *caring*, closely followed by *family*, developed as a result of direct experience and exposure to caring from an early age. These values, combined with their experience either direct or through others, of diverse social groups and issues related to social care activities, influence how managers categorise themselves and aids their identification with the overarching social identity group of social care, ultimately opening the way to their move into the social care sector. The categorisation and subsequent identification with social care is motivated by an element of self-interest (Bourdieu, 1977). The term, self-interest, is defined in this situation as a recognition that the managers are motivated to join social care because their value base is

synonymous with social care, and that they understand some of the issues that social care is dealing with and the categories that they support, thereby creating a sense of belonging to that social identity group (Dashtipour, 2012; Webb *et al.* 2002).

This synonymy of values between self, work and sector is achieved because conditions are created by structural aspects with emergent causal powers. These structural aspects are created by mechanisms with generative powers to influence the conditions that managers work within, specifically that managers see social care values as being a key influencer on behaviour and that these values are consistently reinforced, suggesting that they use these values to support their decision making and manager activities, replicating and enacting them across situation and contexts.

CHAPTER SEVEN: THE IMPACT OF MANAGERIALISM ON MANAGER IDENTITY

7.1 Introduction

The impact of managerialism on how managers view their role is an area that within the literature has been debated and discussed within a number of different academic specialisms. Often this debate has expressed negative connotations in relation to the impact of managerialism, suggesting that due to its adoption of private sector practices, managerialism is having a detrimental impact on the provision of public service (Adams *et al*. 2005; Hafford-Letchfield *et al*. 2008; Van Zwanenberg, 2010; Walker *et al*. 2011).

In social care literature the perspective that managerialism is damaging, is also presented, expressing the view that managerialism is influencing negatively, levels of autonomy by encouraging higher levels of micro management and a shift in power from the professional/practitioner role to the manager role. In addition, there is also the argument developing which attempts to make the case that manager's values are in conflict because of their role requirements as a manager and the changes to social care, and that management in social care is distinctive and this is not adequately acknowledged within social care organisations. As a result, managers' ability to identify with the role of manager is detrimentally impacted upon (Adams *et al*. 2005; Cullen, 2010; Dominelli, 2009; Hafford-Letchfield, 2006; Hafford-Letchfield *et al.* 2008; Lawler and Harlow, 2005; Skinner, 2010).

This chapter explores the findings in relation to the impact managerialism is having upon how social care managers experience identity, how managers are supported in the organisation they work within, and the levels of autonomy they experience. In addition, this chapter also considers whether the role of the operational social care manager is distinctive from the manager role in other sectors.

7.2 The Management Role in Social Care

To understand the context and environment that managers are working within and to explore their view of management within social care, managers were asked to consider whether they believed that management in social care was distinctive from management in other sectors:

> *'Yes I do, because as a manager I am practice led and my practice has led me here. Obviously I started off as a support worker and first and foremost I always put the service users first because I'm there to do a job and if it wasn't for the service users then I wouldn't be there so they are obviously at the forefront of every decision that I make. What the service users are saying might be different from what I'm thinking but you have to be able to see everything from every angle rather than making a management decision and saying well I'm the manager and this is how it is'* (Lucy, 1st line manager, case study organisation 1)

Other managers concurred with this view, pointing out how values underpin their behaviour as a manager:

> *'I think that you do need to have a certain set of values, you know you have to be a people person, yes there is a distinction you need to have the same set of ideals and values'* (Laura, 1st line manager, case study organisation 1)

> *'I think in many ways it depends on where you come from, but for me it was such a progression I didn't just come straight into a management role from maybe a different area. For me I always felt as if it was about my own value base and how I work with people […], and so I see that is my role to support them as their manager, but then in the same respect if somebody has constant issues with sickness, for example, they have to be dealt, with because actually we have a service to run and suppose it's how you deal with those two things knowing that they*

do have some underlying problems' (Elsie, 2nd line manager, case study organisation 1)

With another manager mentioning the responsibility and impact on individual's lives, as a result of the decisions that managers in social care make:

'Yeh I think there are differences in being a manager in social care than in financial services. For example, although your skill set has to be the same in the way that you manage staff or your quality of work and all these types of things –at the end of the day it's so different. And I know there is a school of thought that says that a manager is a manager just as a salesman is a salesman, selling mars bars is the same as selling cars. I think social care is different from that, at the end of the day you make a mistake in social care its somebody's life who is very vulnerable and isn't able to do anything about that, so I think you're in social care you have a lot more responsibility. Cause if something goes wrong or you do something wrong then you're either not giving somebody something they need or else you could actually be doing harm. I know that maybe takes it to the extreme but if you look at some of the instances of abuse, so I do think that there is a much bigger issue if things go wrong' (Gary, 1st line manager, case study organisation 1)

*'From my own personal perspective I would say yes […] I think there is a big difference I'm dealing with staff with service users with the families with carers and that's a big big range of people and you are dealing with their emotions. You might have a service user come in crying because their daughter has shouted at them the night before and so you are calling up the family to see if everything is ok, and if there is anything, you can do to support them. And often they then come into day care because they are struggling at home and so it's a broad broad range of people you are dealing with, staff, service users and carers and the regulatory aspects of it are very different' (*Jillian, 1st line manager, case study organisation 2)

Yet, there were other managers who believed that the basis of the manager role, irrespective of sector, was effectively the same whilst also pointing out the importance of everyone having an understanding of their role and responsibilities and the need to focus on service users:

> *'No not really – I think the basis is there, what is management, you manage people whether you're running a Woolworths store of a department store, the army anywhere where there is a structure that you are employing staff and managing people. Its making it very clear what everybody's roles and responsibilities are, providing the support, acknowledging best practice, giving people guidance where things need to improve, promoting the service and making sure that people who are involved in the service are having the best possible experience'* (Keith, 2nd line manager, case study 2)

Again service users were mentioned as being the focus of a manager's responsibility:

> *'I think that the principles of management are the same, if you are dealing with staff, so for example being fair and honest but obviously you have a responsibility to make sure that people are getting a proper standard of care and that kind of falls on your shoulders, so you are having to ensure that the management rung below you are supervising staff because if that falls apart then the standard of care drops and that isn't acceptable'* (Alison, 1st line manager, case study 2)

On the surface there appears to be some mixed responses to the question, yet some consistent themes were successively mentioned by a number of managers. Those themes centred on the belief that the activities of management were essentially the same. However, what came through strongly was the complexity of the role, the use of values to underpin decision making, the environment within which the responsibilities of the role were being discharged and the need for managers to be clear on their role and the impact of their decisions on service

users. What appears to be being expressed is that social care is not distinctive *per se* but how managers enact the role, potentially is.

Managers were keen to point out that because of their focus on service users, they had increased involvement with other groups that managers in other sectors would not have, nor need to have access to, for example, service users' families and carers. This they also viewed as increasing the complexity of their role as well as heightening their level of responsibility. Also, the point was made that service users were a key deliberation when making decisions, in fact it could be argued the most important consideration of all, with managers consistently speaking throughout the interviews about the importance of service users and how they were the primary focus when making decisions. These aspects, in conjunction with their responsibility to ensure that high levels of care are delivered and the realisation that their decision influences the outcome for the service user, adds further layers of complexity to their role. The findings are represented in the causal diagram **C4** below:

C4: The manager role is not distinctive but how the role is enacted, is
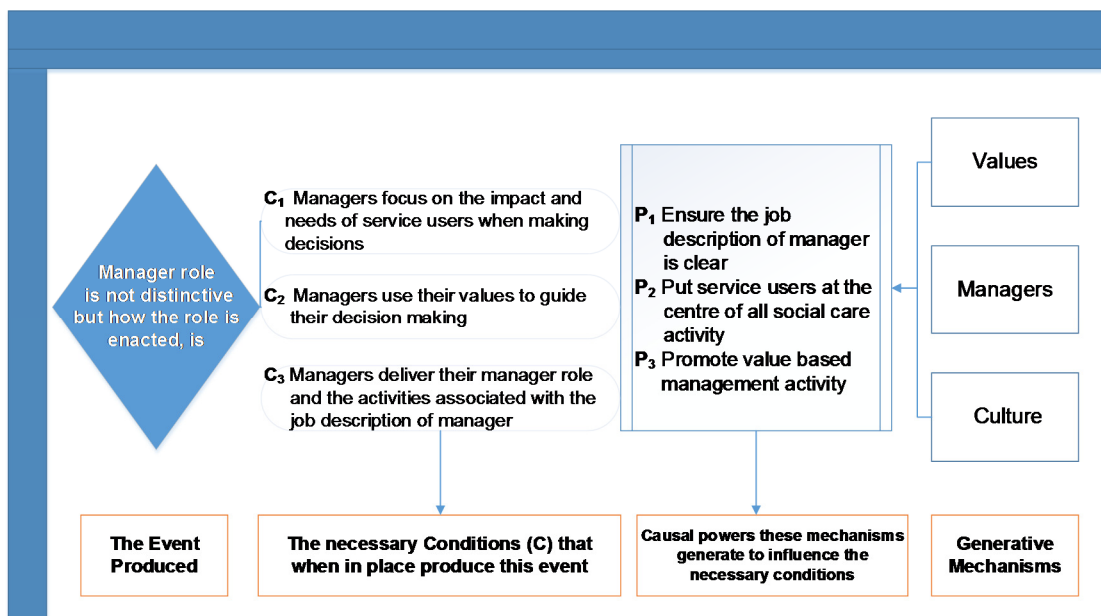
The diagram shows how the manager role is not distinctive in social care but how it is enacted potentially is. The conditions necessary for managers to experience this event is the recognition that managers have activities which they need to undertake in line with their manager role, arguably synonymous with other managers in other sectors. Yet, how managers use their values to guide their decision making and how at the heart of this decision making is the impact upon and the needs of service users, could be argued as being distinctive to managers in a care setting. This concurs with the view that managers in social care are having to not only balance a business dimension but also a moral dimension within their roles (Lawler and Harlow, 2005), and adds to the distinctive attributes of the management role in social care.

Those managers who believe that social care is distinctive can be explained by social identity theory. As Abrams and Hogg (1988) note, people look for ways to differentiate themselves from others and to improve their own feelings of self-worth and to achieve this often the principle of 'them' and 'us' is used to accentuate anything that might make that group distinct from another. Group membership is where we often conceptualise our self and where our status and positive image can be enhanced, particularly where group status is high (Van Prooijen and Van Knippenberg, 2000). This need to differentiate attached to status can potentially be attributed to how social care has been viewed by other professionals in the past and how the caring sector in general has been influenced by numerous social structures. In pursuing a strategy of distinctiveness these social care managers are contributing to their own sense of status and enhancing their own positive image by differentiating themselves from other managers in other sectors, thus creating a positive social identity when comparing themselves with other relevant out-groups, such as managers in other sectors (Knippenberg and Ellemers, 1990). Further insight on this suggestion is provided by managers' views on what they thought their manager role was.

Managers were asked what they perceived the manager role in social care to be, and what activities were part of their day-to-day responsibilities. One manager spoke about speaking with service users and meeting with carers, as well as more

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general aspects of the role e.g. dealing with emails. However, she also mentioned how staffing and overseeing the operations side was also a key aspect:

> *'Well dependent on where I am on any particular day, obviously having the five centres you can be moving about quite a bit, so if we think about yesterday, we had a service users meeting yesterday a customer service excellence meeting and so we were looking at how we could evidence a lot of our work so then I came back to the office checked some emails did a bit of work and then had a service user meeting in the afternoon, from there I moved on because I had a carers tea in the afternoon so it's really a huge variety of roles because you can be basically moving from one thing to another so you can have all that and then you can also have the needs of the staff team and the overseeing of the operational management. Staffing is always an issue'* (Elizabeth, 2nd line manager, case study organisation 2)

Another manager discussed how he was also concerned with not only staff issues but quality, whilst also acknowledging the paperwork that needs to be undertaken:

> *'I suppose for me on a day to day basis it's mostly giving the team direction, I only came to this post in July and there has been a lot of movement in this organisation, and so they've (staff) been left to their own devices some of them and while they are generally competent there are somethings that need to be sorted, I spend a lot of time doing that. I spend a lot of time doing paperwork, getting things up to date, protocols making sure that those are in place there is quite a lot of paperwork to be done which isn't my forte but still needs to be done and then I'm starting to look at how we can develop services even further cause it is stagnated […] I find myself making sure that shifts are covered you know and it's not the most exciting of work but I work to a work plan to try and make sure that all the work is done'* (Gary, 1st line manager, case study organisation 1)

Another manager re-iterated the staffing issues and the paperwork, replicating what others managers had mentioned, whilst also pointing out the finance aspects:

'Personnel issues, different staffing issues or going out and visiting service users, if a service user has raised an issue with a member of staff. So for example, I'm staying on later tonight to discuss a couple of issues that service issues have with particular members of staff – during the day it can be quite difficult because they are busy so I'm staying on tonight to chat. There is a lot of paper work a lot of budgets and finance so you can get bogged down with the other side of it and obviously we are going to get an inspection soon so there are a lot of things behind the scenes where you want to make sure that things are as they should be' (Alison, 1st line manager, case study organisation 2)

And again the focus on dealing with issues related to service users and staff:

'So I would come in and open the centre – then check the transport sheets and see what service users we are picking up and who we are expecting that day and then the staff start coming in and at that point we do a kind of handover meeting where we talk about any issues that the service users have or their carers and what has been happening over the last couple of days, to update staff on what has been happening, and with this centre being the main one and the other branching off of this then all the issue come through here. So I could be on quite a lot of the time dealing with issues at other units, I could be transport issues buses have broken down and service users are waiting on me to pick them up! Or it could be that a staff member turns up for work and they are really upset, their husband has been ill overnight or something and she doesn't really want to be there that day but when you look at the rota you are already short and so you have to call another service to get someone in – so things like that' (Jillian, 1st line manager, case study organisation 2)

With another manager reiterating the points made by other managers but also specifically mentioning attendance management and the production of management reports:

'So its managing the service budgets, it's dealing with complaints and staffing issues and seeing whether it needs to go to investigations. I'm the only manager here so I oversee all the staff so doing supervision, doing the rotas, I do attendance management, I do the budgets, I do the odd service user review, put the reports together (the monthly reports)' (Janine, 1st line manager, case study organisation 1)

As can be seen from the quotes above, managers across both case studies noted that the main aspects of their managerial role was often focussed on staffing issues, budget management, collection of data, completion of paperwork and production of reports, as well as aspects of service development and attendance at various meetings associated with both staff and service users. In addition, managers also discussed the role itself and how they felt about it. One manager spoke explicitly about the changes to the manager role in social care:

'*With the changes that are happening the management role, it's likely to be much more strategic and moving people further away from that (the direct care role) and that's fine I don't have an issue with that, but the difficulty is that these are very busy care homes and there is a high dependency and there are always things happening in the care environment that you need to keep a really close eye on because ultimately you are responsible, and so you have to make sure that staff are equipped to deal with issues as they arise and so if you are taking out a lot of the time to attend meetings and do more strategic stuff you come back and that stuff is still there and so it's like firefighting all the time, and if you're the manager of a care home then that's what the role is you're a manager of a care home'* (Jack, 1st line manager, case study organisation 2)

Another manager re-iterated that the role was changing and the impact this had on how she was undertaking the role:

'*You're not as hands on and you're not as readily available on the day to day. Mangers today are running 2 or 3 different projects as well as running a care home, you're responsible for being involved in more council wide remits rather than just the local unit so mangers are dealing with fact-findings (discipline) on a week to week basis so you are out the unit more dealing with other elements of management and you are really now required to be a leader more than a manager and so you're leading a team of managers and delegating a lot of the management responsibility to them*' (Siobhan, 2nd line manager, case study organisation 2)

One also spoke about how she felt about aspects of the role and the changes in social care:

'*there is a different expectation, these problems that may be seen as difficult as a manager you know you see things, for example, if you have someone off sick and you suspect that they may not be sick and how do you manage that? I think though that my conflict was the expectation that as a manager you know that you do have to deal with these difficult issues from people and it is just a hard job to do, often you are doing the job because you actually really like working with people but then I suppose things in social care have changed and they brought in new support systems, new structures here, different jobs*' (Elsie, 2nd line manager, case study organisation 1)

These findings demonstrate that managers acknowledge that the role of manager is challenging and that changes within social care are altering their role and the activities that managers are expected to undertake. Some of these challenges relate specifically to elements of managerialism, such as the report writing, the attendance management linked to performance management and the increase in involvement on organisational wide issues. This concurs with Williams *et al.* (2012)

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who point out that managerialism is often endorsed through NPM practices such as performance management and the implementation of practices more akin to those in the private sector.

In addition, the finding shows the increase in expectations in relation to managers undertaking more of a leadership role e.g. through their involvement in other projects as well as service development and strategy, confirming the view that managerialism is having an impact on the role of managers in social care with manager's responsibilities now including an increasing business and leadership dimension (Hafford-Letchfield *et al.* 2008; Lawler and Harlow*,* 2005; Vigoda-Gadot and Meiri, 2008). Again this concurs with the view that there is a rise in NPM approaches with more of a focus on cultivating 'business like cultures' (Vigoda-Gadot and Meiri, 2008, p. 113), all of which is concerned with increasing the use of management techniques with the purpose of achieving higher levels of business effectiveness (Waine *et al.* 2005).

Yet, other key aspects come through just as strongly e.g. the interaction with service users and carers and the support given to staff. These findings suggests that managers appear to still view the care element as an important part of their management role, and this corresponds with the view that NPM (and managerialism) is adaptable (O'Reilly and Reid, 2011). Reinforcing the view that NPM is moving and changing towards a post NPM model which encourages a more reflective approach, focussing upon listening to the needs of key stakeholders and encouraging managers to enhance their performance by learning from that experience (Kinder, 2012). These findings reflect that managers do have to balance both the business and care aspects of their role, whilst also acknowledging that because of increasing levels of managerialism and changes in social care, the expectations of the manager role has changed (Lawler and Harlow, 2005; Walker *et al.* 2011). Yet, managers seem to be coping with the changes in their role, and there was no sense put forward by managers that they were dissatisfied with these changes. This potentially refutes the suggestion that managerialism in social care is to be viewed as something to be concerned about (Adams *et al.* 2005), or that managers are leaving social care because of an increase in managerialism (Hafford-Letchfield *et al.* 2008; Skinner, 2010).

The rejection of this view was strengthened further when managers were asked, specifically, whether they had any concerns about their move into a management role. One manager spoke about how aspects of the role were difficult, but then goes on to talk about how she undertakes the role:

> *'I think that at first, some parts were difficult but that was more to do with the staffing things you know where people are maybe losing their jobs, and what I'm actually quite glad about is that I don't work in the area that I cover […]. And not because I have been unfair or whatever, I've been part of a process but they have maybe been disciplined or are losing their job and I'm well aware how they would perceive me and I've always been fair and honest and supportive and I put my hand on my heart but sometimes it is out with my control'.* (Alison, 1st line manager, case study organisation 2)

Another manager also spoke about the reality of the changes being experienced by managers in social care, but he also noted about his acceptance of those changes:

> *'I don't think there is a manager who would sit in front of you just now and not say they didn't have concerns we are in a changing environment and a more accountable environment. The majority of people who came into this role started off trying to provide the highest level of care to service users and most of that is direct care. It's about treating people with dignity and respect and speaking to people as if they were your friend, and them recognising that you're here to do a good job and that's what the majority of people are here to do. And the management role should still have some of that but with the changes that are happening the management role is going to be a lot more strategic'* (Jack, 1st line manager, case study organisation 2)

Interestingly, both of the managers above, also discussed how their values underpinned their roles, concurring again with the findings in the values chapter,

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and for Sandy the issue was more concentrated on managing people as a new manager:

> *'Probably the concern for me was whether I could do the role and do the role properly. My experience of being self-employed was managing myself but I didn't manage a team of people so it was about how you fitted into that team of people and how you got to know that team of people and that was what took the time for me'* (Sandy, 2nd line manager, case study organisation 1)

Whilst other managers were keen to point out that they had no issues with the move into the manager role:

> *'No, no concerns I'm very comfortable in the post. My manager is very very approachable and if staff are coming to me with issues and I can't solve that issue then I can go to (my manager) and hopefully she can come up with a solution'* (Jillian, 1st line manager, case study organisation 2)

> *'No not really'* (Gary, 1st line manager, case study organisation 1)

> '*No not now, I suppose once I got a permanent job I learned quite a lot about management, staffing, staffing is always the issue trying to manage between being a manager and a colleague...but not now'* (Omar, 1st line Manager, case study organisation 1)

The question on managers concerns was asked to explore the view that the adoption of managerialist approaches might be having a negative impact on how they identified with the management role, particularly in relation to their values as suggested by Walker *et al.* (2011). However, the findings show that the majority of managers stated that they did not have any concerns about their move into the management role and had no issues in relation to their values, in fact some managers spoke about how their values underpinned and guided their activities.

Yet there was a small number of managers who did express concerns. However, those concerns are expressed mostly in relation to staffing issues, moreover no specific reference was made by any manager, to any issues directly attributable to managerialism. Nonetheless, managers did note that the role was changing and the ability to balance both the care and business elements of the management role would be a challenge in the future. This seems to link itself more to the wider changes happening in social care of which managerialism is one, but changes to social care delivery and pressures on budgets would appear to be the more responsible elements. Interestingly, no explicit points were made in relation to the social care's ability in the face of those pressures to remain objective as suggested by Baines *et al.* (2012).

Exploring further the impact of those changes on managers and to establish whether managers were considering leaving social care as a result of the changes to their role, the question of their future plans and ambitions was also explored. The majority stated that they intended to remain in social care and had no plans to move out of the sector. Again this appears to be at odds with the suggestion within the current literature that managers are leaving social care because of the impact of managerialism and managers concerns with their role. However, this view could be explained by the synonymous usage of the terms "social work" and "social care" as meaning the same thing.

7.3 The Management Role versus the Practitioner Role

Another aspect potentially influencing managers' ability to identify with the manager role is the argument that the management role is valued more within the sector than the practitioner role (Bradley, 2005; Cullen, 2010; Hafford-Letchfield *et al.* 2008; Klikauer, 2013; O'Reilly and Reed, 2011). This is important from a social identity perspective as the finding potentially contributes to an increased understanding of why managers are experiencing an identity synthesis and why they appear to see social care as the in-group. Additionally, it potentially points to another causal mechanism influencing how managers categorise themselves, and explores further the aspects of culture and the environment that managers operate potentially influencing social identity choices and groups.

To develop this increase in understanding, managers were asked how they felt about the relationship which existed between managers and practitioners. Specifically being asked to describe the relationship they saw being enacted between the manager and practitioner groupings and whether they believed the practitioner grouping was given equal weighting with the manager grouping by senior managers in the organisation. The responses from managers stated that they believed that equal weighting was given between both groupings and that both case study organisations attempted to involve practitioners and give them an equal voice. One manager talked about the whistleblowing policy and the staff survey, both of which he saw as an example of the organisation trying to capture the practitioner voice:

> 'The organisational view is that they want to listen to staff the reason I say that is that they have a whistleblowing policy so that if there is any bad practice or anything that is difficult the staff can anonymously raise a concern and they have these anonymous stand point units that are placed in different services at different times and they are anonymous.. I mean it gives you the time and place that the survey is done but and I think that is the council reaching out and trying to hear because I think […] if you have something to say the council will listen and I challenge my external manager who is two grades above me and that's fine' (Keith, 2nd line manager, case study organisation 2)

Other managers spoke about senior managers' views on practitioners and how they were valued through managers' actions:

> 'No our senior teams view is that if it wasn't for the front line staff we wouldn't be here' (Grant, senior manager, case study organisation 1)

> 'Yes I think so ...even today the resource plan meeting is open to everybody so I think that the council do a lot to recognise the workforce' (Elizabeth, 2nd line manager, case study organisation 2)

Another manager, however, spoke about the difficulty in trying to treat both practitioners and managers equally, specifically referring to the reward aspects, but then going on to speak about how practitioners are valued in other ways:

> '*I think the environment is very difficult to do that financially (give them an equal weighting) but the role (practitioner) is given just as much respect ...absolutely. And I think that's the bit about being person centred and acknowledging the role of people that's being done […]You would value an excellent support worker just as much as you would value an individual manager they'd have the same value. Having someone who is really good at that job is just as important and to be honest we would be looking to see could we get any more out of you, we'd look to develop you*' (Mike, 2nd line manager, case study organisation 1)

One manager also makes the point about how both practitioners and managers work together and that managers are in fact trying to push back and give more autonomy and greater decision making powers to practitioners:

> '*The relationship to me looks very professional, however it's a positive relationship, although there are different tiers in the structure there is no sense of hierarchy in the organisation on a daily basis. So probably an example of that is that in this room there has been quite a lot of complex issues dealt with recently and as a management team we have been monitoring what is going on, one of the issues that has come up for us is that staff at times can be over reliant on the managers making the decisions for them so we're addressing that by having a team building session on that now for me that's not about the managers not giving the people autonomy it's about the people not used to having the autonomy so we are trying to kind of turn that on its head*' (Sandy, 2nd line manager, case study organisation 1)

This particular manager then went on to say that it was the practitioners themselves who didn't recognise their contribution, not the managers:

'Probably by the managers, not the practitioners themselves [..] Because of the complexity of the service the staff don't seem to give themselves the credit for the job that is being done, so that's something that we kind of try to work on everyday'

These examples came from both case study organisations and demonstrate that the role of managers and practitioners are equally acknowledged and considered valuable within both organisations and that managers recognise this and actively try to involve practitioner views. A senior manager describes succinctly the value chain which exists between managers and practitioners:

'I suppose the very basic premise is that if you treat staff properly they will then treat the people we work for properly, and in order to treat all of the front line staff and support workers properly there are all the hygiene factors that need to be in place, salaries and where they work and that they feel they are getting development opportunities either in terms of promotion or job enrichment, and in order to do that you have to get middle management and the operational service manager post right – so I suppose that my view is if you get it right for them then they will get it right for the staff and they will then get it right for the service users' (Michael, Head of Operations, case study organisation 1)

The view presented by this manager is very business-like in terms of the dominant discourse being used, which is managerial in content and perspective, particularly with the focus on outcomes (i.e. the end result for the service user). Yet, what is also being clearly said is that front line staff are important; the focus on development opportunities, the need to equip managers to undertake their roles, the requirement to ensure front line staff are supported to perform their roles and the acknowledgment of their value to the organisations success are all being presented by managers. All of these examples confirm the value placed on practitioners and

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appear again to refute the suggestion that the managerial role is being placed above the practitioner role or that managerialism or managerial techniques are working to put managers at the forefront of the organisation at the expense of the professional role (Hafford-Letchfield *et al.* 2008; Cullen, 2010; Klikauer, 2013; O'Reilly and Reed, 2011).

As a potential causal mechanism influencing identity, the equal weighting placed on practitioners and managers by the case study organisations could be seen as an aspect of social care culture which further encourages managers to continue to identify with both the manager and practitioner social identity groupings. It reinforces the previous finding that managers themselves value their practitioner backgrounds and use both their values and their practitioner knowledge to inform how they undertake their manager role.

7.4 The Management Role and Value Conflict

The question of values and value conflict is one which comes through strongly within the literature. The rationale for this conflict is often presented as a result of increasing levels of managerialism having an impact on social care practitioners desire to make a difference and the responsibilities of their managerial role (Skinner, 2010). To explore how managers' feel about their role from a values perspective, managers were asked a number of questions connected to how they felt about the manager role, both before and after becoming a manager and also whether they experienced any conflict or disconnection between their own values and the values they were expected to demonstrate within their manager role.

When considering the manager role, managers had mixed views on their expectations and what they deemed to be the reality of being a manager in social care. One manager, for example, noted:

> *'I think it was different from what I thought but I've been so lucky with the opportunities put in front of me and I was lucky in the service that I got because it had two seniors (senior support worker) and so I was working closely with them. At the time, you were managing but still*

very actively involved (in the practice side) and I felt, if I was being honest, that there were a lot of new challenges put to me but I didn't really see it as a managers' role in that first 6 months. I mean we were senior and a manager, but I felt as if they (the senior support workers) were kind of shielding me from a lot of stuff, but what did happen was that by the end of that 6 months I had a much clearer idea of the management role' (Lucy, 1st line manager, case study organisation 1)

This example demonstrates the difficulties experienced by managers when they initially move into the manager role, but what it also gives is some understanding of how the roles of manager and practitioner merge and how the support given by practitioners can be crucial in helping new managers to adapt to their role.

In response to the question centred on whether managers experienced conflict in their values, managers responses were principally 'no':

I don't think that there is anything that is making my job difficult or placing me in a dilemma of values at all [….] *I've never felt a conflict of values* (Keith, 2nd line manager, case study organisation 2)

'No, actually no […] I never thought this is wrong or I don't feel right about doing this or following this path, I can't say that I have found that' (Mike, 2nd line manager, case study organisation 1)

Yet, some managers also noted the recognition that there was the potential for their values to be questioned and challenged, often on occasion by other managers. However, managers gave examples of how they responded to those situations, often using their values to mediate and underpin their response and reactions to that contestation. One manager spoke explicitly about challenging other managers who were attempting to get her to do something that she was clearly uncomfortable with:

'You have to be strong willed at times I mean it's like this painting carry on, we have to consult, this is service users homes so if they're going

to have a colour in their bedroom that's their house but sometimes the powers that be say well I don't have time to wait and I just want it painted and this is the colour, but you have to stand up and say well maybe in your world that's what happens but in my world no it can't happen like that' (Siobhan, 1st line manager, case study organisation 2)

Elsie a 2nd line manager, gave another good example in very different and arguably more challenging circumstances of how her values underpinned how she enacted a difficult part of her managerial responsibilities:

'Yeh I think so sometimes, I mean I've been involved in two services now where there was a restructuring process where we had a reduction in staff team and a few of the staff have been moved on, not necessarily lost their job but we were having to reduce the staffing levels at the service and maybe other vacancies exist at other services and we have had to move staff and you have had to make a decision about who goes and who stays and it's a decision you wouldn't have to be making if these financial restrictions hadn't been imposed' (Elsie, 2nd line manager, case study organisation 1)

She then went on to talk about how she made the decision on which staff to move. What can be clearly seen is how she is trying to undertake a difficult activity in the fairest way possible:

'We literally had to come up with criteria and we literally sat down and looked at how they worked, teamwork, how they worked individually looked at the service as a whole and thought ok what do we need out of people and who is good in this environment and who is struggling in this environment …and I was asked to come up with that criteria and I was thinking how do I know that's the right criteria but I genuinely moved people on for the right reasons but I had to do that twice' (Elsie, 2nd line manager, case study organisation 1)

What is evident, through these examples, is that some managers did experience situations which challenged their values, however what is also evident is how they used their own values to underpin their responses to these challenges; Elsie underpinning her decision making with her stated values of *fairness* and *honesty* and Siobhan with her stated values of *honesty* and *respect* (see Chapter 8). These examples also seem to point to the importance of autonomy in undertaking the manager role and concurs with the suggestion that on occasions when confronted with situations brought about by managerialist approaches, managers will reinterpret or break the rules to manage certain situations. This reinterpretation was inferred by Young (1999) as an attempt at resistance which he named 'opportunistic management'. Yet in this situation and given the previous findings in relation to the social creativity strategy and identity of managers, a more plausible explanation is that managers are utilising their values, consistent with social care values, to underpin their manager activity in order to improve their own feelings of self-esteem and legitimacy and to make the situation more palatable.

This agrees, to some extent, with other research findings undertaken in both academia and the health service which suggest that professionals who become managers utilise both aspects of their manager and professional roles, bringing values from each to the fore when undertaking their manager role (Barnett *et al.* 1998; Briggs, 2004). Yet, what hasn't been explained before and what is becoming clearer through this research, is the reason why some managers do this. The potential explanation is concerned with managers' social identity and the value they place on certain dimensions of the multiple groups they are members of. Employing a social creativity strategy to actively lay claim to those valued dimensions when comparing themselves to what they determine to be the in-group i.e. social care.

The literature works hard to distinguish managers from professionals by suggesting that they are different roles and that they have diverse objectives; managers are conformist and self-interested, and professionals, by comparison, are creative and altruistic, and that a more managerialist approach is more desirable because of the rewards attached (Exworthy and Halford, 1999; Walker *et al.* 2011). Yet the findings suggest that managers are not subscribing to this

discourse, with the overall theme being that managers value both their practice and manager social identity because of what both identities can bring to the efficacy of their manager role within social care and it is social care that is the focus of their attention.

These findings further contribute to the rejection that managers in social care are struggling to identify with their management role, the question of being a manager is almost secondary to the prominence attached to being a manager *in* social care, the social care identity grouping being the most important and salient and managers using every tool at their disposal, whether a valued dimension of their practitioner or manager identity, to deliver their role to the best of their ability. Facilitating this situation though are other mechanisms one of these has already been mentioned; autonomy.

In the literature, the suggestion is that the relationship between heightened levels of managerialism and a resultant increase in micro-management is having a negative impact on manager autonomy, with both autonomy levels and managerialism being cited as contributing to managers' inability to identify with the manager role (Adams *et al.* 2005; Dominelli, 2009; Hafford-Letchfield, 2006; Hafford-Letchfield *et al.* 2008). However, to understand the role of autonomy, the corresponding aspect of support also required exploration, the rationale being that both aspects can have negative effects on the other if a good balance between both is not achieved. In response to their levels of satisfaction with regard to both autonomy and support, managers in both case study organisations were satisfied or highly satisfied with both aspects, giving examples of how they feel supported and yet have very good levels of autonomy within their role.

One manager gave an example of this and how she was supported both by her external manager and by her peer group:

> *'I think I have the support there if I need it but I'm quite happy to go about what needs to be done. The manager who manages Care and Support south, her and I work together and so we have got good peer support and we have our external manager there and I think just the*

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way day care has been. There have been a few changes in management but I think because [external manager] and I work so closely together I feel I've got support there if need be' (Jillian, 1st line manager, case study organisation 2).

Another manager gave an example of his high level of autonomy and how positive that was for him in delivering his role:

'Changing the service, moving from ***** well I guess that's the first example. I was re-structuring the first service that I went to. The first structure was two seniors and then support workers and I was clear at the time – I don't want two seniors – I'd rather have one senior and have a strong relationship with that individual and they said no problem (senior managers) go for it and that was supported' (Mike, 2nd line manager, case study organisation 1)

One manager also spoke directly about the impact of policies and procedures, potentially arguable as being managerial in nature, believing that rather than having a negative influence, that they, in fact, had a positive impact on his levels of autonomy, providing clear guidelines that he can then work within:

'Well we have the policies and procedures and the national care standards that we have to work within and the codes of practice and although we are bound by many different things I think the autonomy is within that, it would be very easy to say we are held back by policies we are held back by procedures I don't think they are I think they are there to help us and guide us' (Sam, 1st line manager, case study organisation 1)

These examples of how managers feel about their role, their levels of autonomy and the corresponding levels of support, suggest that they are satisfied with all aspects. This contradicts the view that managerialism and increased levels of micro-management are impacting on how managers identify with their manager role (Hafford-Letchfield *et al.* 2008; Rogowski, 2010), yet concurs with the research

by Baines *et al.* (2012) where managers also presented that they had a high level of autonomy.

The causal diagram (**C5**) below sums up all of the potential causal mechanisms, which through the enactment and actualisation of their various causal powers, identified through the findings so far could, when working together, create the conditions necessary for managers to experience this event.

C5: The manager role is challenging but managers' identity is not adversely affected by managerialism
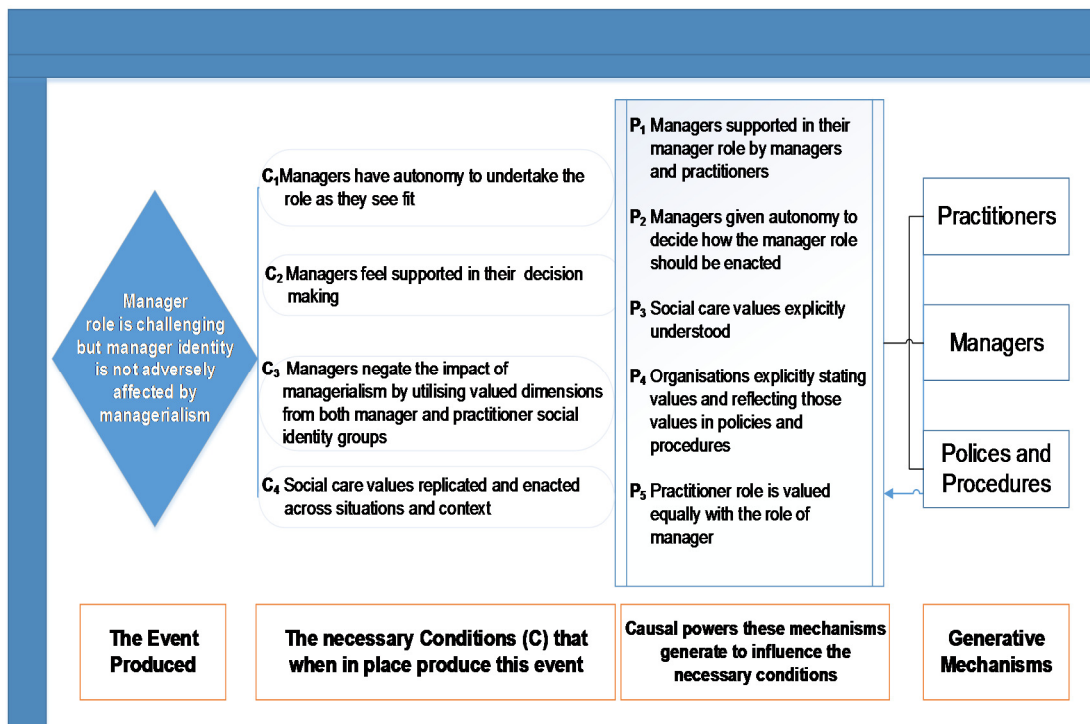
The findings suggest that the manager role is challenging but that managerialism does not adversely impact upon managers' ability to identity with the role of manager. However, there are a number of conditions and causal powers which need to be generated if this is to be the event experienced by managers. Specifically, it is important that managers experience high levels of autonomy and support to be able to undertake the role of manager the way they see fit, using their values and the values of social care to underpin their decision making and being able to utilise the valued dimensions from both the manager and practitioner social

identity to legitimise their behaviour and actions. These conditions are created by mechanisms with generative causal powers; managers, practitioners, policies and procedures.

7.5 Conclusion

The manager role in social care was perceived by respondents to be essentially the same as the manager role in other sectors. The activities undertaken are comparable and some of these activities, as in other sectors, are driven by a managerialist agenda e.g. performance management and report writing. However, how managers undertake the role of manager is different. Managers in social care operate within a different context and environment to managers in other sectors, in that they often support and work with, not only service users, but those who care directly for service users and so the impact of their decisions is in effect heightened by the knowledge that their decisions can have wide reaching implications. As a result, managers underpin their manager activity by using their values to guide both their decision making and their behaviour in order to achieve the best outcome for service users. Consequently, the finding is that the manager role in social care is not distinctive, however how the role is enacted, is.

Some managers stated that they believed that the role was different in some ways and this view of distinction is partially clarified in relation to the points made above. However, social identity theory can add further insights into this. Group membership is often where we conceptualise who we are and where we gain our status and positive image from (Van Prooijen and Van Knippenberg, 2000). As a consequence, often when undertaking comparisons between groups, the 'them' and 'us' syndrome is used in an attempt to improve our status and self-worth, this is achieved by pursuing a strategy of distinctiveness (Abrams and Hogg, 1988). In other words it is beneficial for the manager's self-esteem for them to see themselves as different from other managers in other sectors.

The challenge of being a manager in social care is conveyed clearly and the view portrayed is that managerialism is having an impact on that manager role, particularly in relation to the increase in managers business and organisational responsibilities and the implementation and use of practices more akin to those in the private sector. These findings all of concur with the current literature (see Waine *et al*. 2005; Hafford-Letchfield *et al.* 2008; Lawler and Harlow, 2005; Vigoda-Gadot and Meiri, 2008; Walker *et al.* 2011; Williams *et al*. 2012). However, managers were also clear that other key aspects i.e. a focus on service users and carers and the support given to staff, were still important to them as a manager, with values coming through strongly (reinforcing the previous finding) as a fundamental part of how managers balance both the business and care aspects of their role. Moreover, managers expressed minimal concerns in relation to any impact on their values as a result of managerialism, refuting the view that managerialism is having a detrimental impact on their manager identity. In conclusion, manager identity is not adversely impacted upon by managerialism.

CHAPTER EIGHT: CONCLUSION

8.1 Introduction

This chapter draws conclusions from the study, building upon the findings presented in Chapters 5, 6 and 7. In addition, it addresses the contribution to knowledge and identifies any further research that would be beneficial. The chapter is organised as follows; firstly, a brief synopsis of the work which has been undertaken is given, secondly the key areas of identity, values and managerialism are discussed drawing overarching conclusions in relation to the formation of identity, the role of values in that formation and whether managerialism has any impact identity. Fourthly, the critical realist approach is considered in light of the model designed and developed to undertake both the research and the analysis and its usefulness to the research is reflected upon. Finally, the contribution to theory and the practical implications of the research are discussed as are the limitations of the research. The chapter then concludes by providing recommendations that future research might wish to consider emanating directly from this current study.

8.2 The Research

This study has explored what supports or inhibits managers in social care to identify with the role of manager, specifically by researching how managers are experiencing identity, what influences their social identity choices and then analysing the various outcomes. The research focussed upon achieving the following objectives and answering the supporting research questions:

Objectives:

a. Understand and explore how social identity, and how managers categorise themselves, influences social care managers;
b. Determine whether values influence how managers experience social identity and;

c. Establish the role and the impact of managerialism on managers social identity

Supported by the following research questions:

1. How does social identity influence social care managers?
2. How does social identity manifest itself?
3. How does the managers' social identity influence their decision making and activities?
4. How do managers in social care categorise themselves?
5. What influences that process of categorisation?
6. How do values impact upon the behaviour of managers in social care?
7. Do managers' values impact or influence their social identity and if so, how?
8. What effect is managerialism having on social care manager social identity?
9. How does the organisation support the manager role?
10. What level of autonomy, in respect of decision making and role enactment, is given to managers?
11. What impact do levels of autonomy have on managers?
12. Is the role of the manager in social care distinctive from other manager roles in other sectors?

To achieve the objectives set and to answer the research questions, the data collected was compared against existing theories and considered in light of those theories. Social identity theory informs who we believe ourselves to be and in turn how we think and what we do, and has been recognised and used by many researchers to gain a better understanding of how an individual's identity influences our behaviour (Tajfel, 1979; Postmes *et al.* 2005; Jenkins, 2008; 2014). The research aimed to contribute to a better understanding of how managers in social care are experiencing identity and what other factors might influence their identity experience, building upon the current research focussed on social care but also contributing to the existing research on social identity theory. What has emerged from the research and the subsequent analysis add to both to social identity theory and to the literature on managers in social care.

8.3 Identity, Values and Managerialism

8.3.1 Summary of the Overall Findings

Social care managers appear not to experience any conflict in their identities. They maintain multiple identities and synthesise those identities by employing a strategy of social creativity and social comparison; these strategies focus upon comparing and valuing the important in-group dimensions from both the social care practitioner and manager social identity groupings and employing those valued dimensions when undertaking their manager role. They actively avoid any potential identity conflict related to their membership of both the manager and practitioner groups by viewing social care as the in-group, making their salient social identity social care.

The manager role in social care is similar to other manager roles. However how managers undertake and enact the role of manager is different from those in other sectors. Managerialism is accepted as a necessary part of the prevailing environment that managers have to work within, however, the salient social care identity and synthesising of the valued dimensions of both social care manager and social care practitioner, combined with the social creativity and social comparison strategies adopted by managers in relation to the manager role, means that managers have re-defined what it means to be a manager in social care. Because of this it cannot be assumed that the social care manager role is the same as the social work manager role, nor that they see themselves as members of the same social identity group.

It is argued here that Managers' core values are formed in childhood and these values underpin their behaviour and being consistently applied across the multiple groups managers identify with. These values, combined with their experience of diverse social groups and issues related to social care activities in their formative years, influence how managers categorise themselves and aids their identification with the social care social identity group. The managers' salient social care identity, value consistency and acceptance of managerialism is maintained and facilitated from a structural perspective by other managers, the organisations' policies and

procedures and the influence of professional bodies such as the SSSC, all of which are generative mechanisms with causal powers which work together to create the conditions necessary for managers to experience social identity in this way.

The CRA model is a different way of researching and analysing using a critical realist approach. It utilises critical realism from a practical perspective, recognising that a picture has to be built of the different entities, structures and mechanisms which may influence and create the conditions necessary to explain the phenomena being experienced by the research subjects. It is practically based in that it uses a template approach to build that picture and importantly to see beyond the 'empirical' domain to the 'real' and the 'actual' domains, identifying the conditions, causal mechanisms and entities as the research is being undertaken. Its advantage is that it provides a clear structure for both the collection and analysing of the data, via a toolkit that can be used as the basis for any critical realist research, in a format that is accessible for both academics and practitioners.

8.3.2 Social Identity Findings

The research clearly shows that managers in social care identify with both the social care practitioner and manager grouping, synthesising the valued characteristics of each group to enhance the delivery of their managerial role. They appear to move seamlessly between each group, laying claim to both social identities by continuing to undertake not only manager activities but practitioner activities, and displaying the prototypical behaviours within their manager role normally associated with both groups. The ability to synthesise both identities is enabled because managers are low as opposed to high identifiers with both the practitioner and the manager social identity group. As a low identifier they are less likely to take on board all of the characteristics of the prototypical member of either the manager or practitioner group (Doosje *et al.* 2002) and the research findings suggest that this is the case, with managers appearing to adopt what they see as the valued prototypical dimensions of each group.

This proposes that although the managers recognise they are members of both groups, neither the manager nor the practitioner social identity is salient, in fact

they appear to view social care as the relevant in-group and compare themselves to members of this group by using a process of comparative fit (Haslam *et al.* 1999; Reicher, 2004), effectively signifying that the salient social identity group is neither manager nor practitioner but is in fact, social care. The aspect of salience is important in social identity theory as it is concerned with the value significance that we attach to being members of specific groups which by association influences our behaviour (Tajfel, 1978).

To achieve this social care identity salience, managers appear to be employing a social creativity strategy, evidenced by their deliberate decision to value the in-group dimensions of both the manager and practitioner groups. In situations where in-group members, particularly those who see themselves as being within a low status group, perceive some of the dimensions of the out-group as being important, valuing the in-group dimensions on a personal or at a contextual level can reduce feelings of being under threat and encourage social creativity (Derks *et al.* 2007). The motivation for managers to engage in this social creativity strategy can be hypothesised, as a result of the findings, as the deliberate attempt of managers to improve their own contribution and their feelings of self-esteem and legitimacy by synthesising the valued prototypical characteristics of the manager and practitioner group to enact their managerial role. In effect, the combining of both valued dimensions from each social group means the managers are re-defining what it means to be a manager in social care. In addition, it also has the added bonus of negating any potential conflict between being members of both the manager and practitioner social identity group by combining the best of both worlds.

The importance of both the findings in relation to social identity salience and the employment of social creativity is important in this research as it helps us to understand why it is potentially misrepresentative for the current literature to use social work manager and social care manager as interchangeable terms (see Aronson and Smith, 2011; Graber, 2008; Hafford-letchfield, 2006; Horner, 2009; James, 1994; Longhofer and Floersch, 2012), and to categorise, whether consciously or not, both social work and social care managers as one homogenous group. The synthesising by social care managers of the valued dimensions of both the manager and the social care practitioner social identity effectively means that

it cannot be assumed that the social care manager role is the same as the social work manager role nor that managers in social care see themselves as members of the same social identity group as those who are social work managers. This findings demonstrate that the conflation of terms is not appropriate and is unrepresentative of the majority of managers within the sector, which confirms the view that previous research on identity, within the social care sector, is potentially reflecting that a view that is not correct and certainly is not representative of social care managers.

This synthesising of identities, although being experienced by managers in a seemingly unconscious way, would appear to be being nurtured and supported by a number of unacknowledged and potentially unseen structures and mechanisms influencing and creating the conditions necessary for this to take place. These conditions such as, direct access to service users and the value placed on being a manager with a social care background by the managers themselves and other managers, creates an environment which facilitates this identity synthesis experience and allows it to take place, supported and influenced by a number of structures and mechanisms which when working together have emergent causal powers creating those conditions. In addition, social care managers, policies and procedures and social care practitioners are all entities with causal mechanisms to create those conditions. One of the key causal mechanisms is the ability of social care managers to display leadership prototypical social care behaviours and recruit/promote managers who display these prototypical behaviours. These behaviours replicate the valued dimensions of the in-group (social care), and managers and practitioners control access to the manager group by placing an emphasis on selecting (informally) those individuals who exhibit this prototypicality. Other causal mechanisms include equal value being placed on both the social care practitioner and manager social identity groupings and providing opportunities for managers to continue to have direct contact with service users.

8.3.3 Values

The interface between structure and agency is a fundamental aspect of social identity theory when considered from a critical realist perspective, and so the

influence of values when viewed as part of agency has a potentially important role to play, particularly in relation to exploring the impact values have upon both how managers experience social identity and also how their values influence their behaviour, particularly where the suggestion is that managers values are in conflict because of their values (Adams *et al.* 2005; Hafford-Letchfield, 2006; Hafford-Letchfield *et al.* 2008; Lawler and Harlow, 2005; Skinner, 2010).

The research utilises Bourdieu's habitus and field to inform and underpin the discussion and provide another lens through which to view and explain how manager's social identity is influenced. The conclusion drawn from that discussion, and the previous analysis, is that family background and early childhood experiences appear to have some significance in relation to how the social care managers have categorised themselves and then subsequently chosen the social identity group of social care.

In particular, caring and managers' early exposure to caring appears to be pivotal in contributing towards managers' social identity and in turn how they address issues relating to managerialism. The research findings suggest that managers' core values are partly formed in childhood and that these values underpin their behaviour within the workplace, with their values being consistently applied across the multiple social groups that managers identify with. The prominent value named by managers was *caring* closely followed by *family*, both of which have been developed as a result of direct experience and exposure to the caring value from an early age. These values, combined with their experience either directly or through others of diverse social groups and issues related to social care activities, appear to influence how managers categorise themselves and seems to aid their identification with the overarching social identity group of social care. This categorisation and subsequent identification with social care is significant as it is motivated by an element of self-interest (Bourdieu, 1977). Self-interest being defined, in this situation, as a recognition that the managers are motivated to join social care because their value base is synonymous with social care. In other words, because of their value base they understand some of the issues that social care is dealing with, and the categories that they support, this then creates a sense of belonging to that social identity group (Dashtipour, 2012; Webb *et al.* 2002). The

significance of this is that the findings suggest that managers' social care social identity is not necessarily formed at the point of joining a social care organisation, it is in fact potentially formed much earlier than that and is directly related to their value formation and experiences of habitus developed in childhood.

However, there are certain conditions which need to be in place for managers to categorise themselves in this way and these are the recognition that for managers their values align with the values of social care and the acknowledgement that through their own experiences they have an understanding of the types of individuals that social care as a sector, is in place to support.

Again these conditions are created by a set of emergent properties being enacted by way of certain structures and mechanisms, namely family background as the distinct entity with the power to influence through, in this study, exposure to diverse social groupings, direct experience of adverse family trauma, development of core values synonymous with social care and knowledge of caring and/or the caring value being enacted. When values in this context are considered in relation to social identity theory the picture being created is one of how values, through self-categorisation, influence our choice of social identity. However, what is a new contribution is the introduction of Bourdieu's habitus into the debate, providing another dimension to this picture with the suggestion that managers choice of social identity group aligned to their career choice is motivated, not only by their values, but also by an element of self-interest (Bourdieu, 1977), the recognition that they understand some of the issues that social care is dealing with and the categories that they support, thereby creating a sense of belonging (Dashtipour, 2012).

If this argument is followed through the managers' career in social care, a further new contribution is that the findings show that the values developed in childhood and intrinsic to us as individuals, not only help us to self-categorise and choose to access the specific social identity group of social care, they also whilst working within social care and where certain conditions are in place, allow managers to continue to enact and use their own values to underpin and inform their activities.

The importance of this finding to the research is the supposition that where these conditions are in place managers values are not conflicted with their practitioner values because they are in fact one and the same and that they use these values to support their decision making and manager activities replicating and enacting them across situation and contexts.

Managers' values are consistent with social care because of their habitus and the various conditions and mechanisms having causal powers to influence those conditions. This consistency of values continues into the social care environment, but only where these certain conditions exist. These conditions are that social care values are seen as relevant and are replicated across situations and contexts, that they are seen and valued as a key influencer on manager behaviour and that social care values are used to underpin manager decision making. Again key entities acting as causal mechanisms have the power, when combined, to develop emergent properties with causal powers to produce these specific conditions. The entities are social care regulatory bodies, policies and procedures and managers *per se*. These entities have the power to replicate social care values as core organisational values, to role model these values, to enact the values within policies and procedures being adhered to by managers and to name key sectorial values, ensuring those values are being applied consistently across the social care environment.

8.3.4 Managerialism

Managerialism was considered as part of the research to provide further insight into its potential influence as a prevailing structure potentially impacting on managers social identity. In addition and in light of the extant view within the existing research that managerialism is having a negative and detrimental impact on managers in social care, it was important to explore not only the impact on identity but also how managerialism was impacting on the social care manager autonomy and whether the complexity of the role meant that the manager role in social care was somehow different from manager roles in other sectors (Adams *et al.* 2009; Courtney, 1994; Dominelli, 2009; Lawler and Harlow, 2005; McCray & Palmer, 2009).

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The key findings suggest that the manager role in social care is similar to the manager role in other sectors with the activities being undertaken by managers comparable to those in other sectors with certain activities e.g. performance management and reporting being driven by a managerialist agenda. However, how managers undertake the role of manager within social care is different, not only do they operate within a different context to other managers in other sectors, they often support and work with, not only service users, but those who care directly for service users. As a result the impact of their decisions is in effect heightened by the knowledge that their decisions can have wide reaching implications. To negate the impact of these consequences, managers underpin their managerial activity by using their values to guide both their decision making and their behaviour in order to achieve the best outcome for service users. Consequently, the finding is that the manager role in social care, although not different in terms of the impact of managerialism, is different in terms of how the role is enacted. Yet, the existing literature and some managers within the research study stated they believed that the role was distinctive in some way. This perspective can be explained by the findings in relation to manager social identity and the theory of social identity. Group membership is often where we conceptualise who we are and where we gain our status and positive image from (Van Prooijen and Van Knippenberg, 2000). As a consequence, often when undertaking comparisons between groups, the 'them' and 'us' syndrome is used in an attempt to improve our status and self-worth, this is achieved by pursuing a strategy of distinctiveness (Abrams and Hogg, 1988). In other words, it is beneficial for the manager's self-esteem for them to see themselves as different from other managers in other sectors.

The challenge of being a manager in social care comes through clearly in the current research and the view portrayed is that managerialism is having an impact on that manager role, particularly in relation to the increase in managers business and organisational responsibilities and the implementation and use of practices more akin to those in the private sector. These findings all concur with the current literature (Waine *et al*. 2005; Hafford-Letchfield *et al*. 2008; Lawler and Harlow, 2005; Vigoda-Gadot and Meiri, 2008; Williams *et al*. 2012). However, managers were also clear that other key aspects of the role, in particular the focus on service user's needs were still important to them as a manager, with values coming through

strongly and reinforcing the previous findings that their values are a fundamental part of how managers balance both the business and care aspects of their role. Moreover, managers expressed minimal concerns in relation to any impact on their values as a result of managerialism, refuting the suggestion that managers experience conflict as a result of trying to balance their practitioner and manager values.

However, this is potentially dependent upon a set of conditions being in place that allow managers to experience the managerial role in this way and so limit the accumulation of conditions, which might influence the overall outcome in a different way. The conditions that produce this event are linked to values, predominantly from a structure perspective as opposed to an agency perspective, which has already been discussed in the preceding section (see section **8.3.3**).

The value aspect is centred upon the identification of the caring value and the need for managers to still see caring as being a key element of their manager role and the service user as the focus for their management decision making. These conditions are supported by another condition that both practitioner and manager social identity groups are valued by the managers themselves. These conditions give rise to another, which is that managers then feel empowered to use their intrinsic value base, a product of both background (habitus) and environment (field), to respond to the challenges presented by managerialism. In addition, they are experiencing high levels of autonomy, a finding in direct contradiction of the prevailing literature, which allows them along with appropriate levels of support to undertake the manager role the way they see fit.

However, again the necessary conditions need to be in place for managers to experience these events. These conditions are generated by a number of mechanisms having causal powers. A key finding from a structural perspective is that managers believe that managers and practitioners are valued as having equal importance within the case study organisation. This finding calls into question the view that the rise in managerialism is putting manager knowledge and expertise above those in a practice role (Hafford-Letchfield *et al.* 2008). When considered in conjunction with previous findings and the way social care managers are valuing

both prototypical dimensions of the manager and practitioner role, this view is further challenged.

Other conditions and causal mechanisms contributing to these findings are that social care values lead policy and practice with service users at the centre of those policy development processes, that the management role is communicated with clear expectations of the role in social care and that managers are given appropriate levels of autonomy and support to make their own decisions within agreed parameters. The key entities in generating these mechanisms are senior managers, policies and procedures and again social care regulatory bodies.

8.4 The Cumulative Effect: Social Identity, Values, Managerialism

The aim of this study was to explore how managers in social care are experiencing their manager identity and what factors support and inhibit that identity experience. The results of the findings from each section of the analysis have been discussed in the preceding chapters. However, to fully see the holistic affect the diagram below (see **Figure 6**) details each aspect identified within the research from an agency and structural perspective, and how it influences identity at the point where they meet. At this point of interaction (morphogenesis) the identity synthesis being experienced by managers is taking place (Archer, 2003; 2010). The causal powers detailed above all contribute in some way through having combined emergent powers to create the conditions necessary for this event with each aspect influencing how social care managers experience identity.

Figure 6: Identity synthesis: summary of causal powers and conditions

Social care values are used to underpin manager activity and are consistent across self, organisation and sector

Managerialism does not adversely affect how managers identify with the manager role

Agency Causal Powers and Conditions

- Direct experience of caring and the caring value
- Development of core values in childhood which are aligned with social care values
- Exposure to diverse social groups in formative years
- Adverse family experiences/exposure connected to modern social care service
- Value placed by self on being a manager with a practitioner background
- Exercised choice to continue to work directly with service users
- Service users focus for all decision making

Identity Synthesis

Structure Causal Powers and Conditions

- Social care values role modelled and replicated as core organisational values
- Values enacted in policies and procedures and consistently replicated and applied
- Values applied consistently across the social care environment
- Managers provided with opportunities to work directly with service users
- Controlled access by other managers to manager social identity group
- SCM prototypical behaviours on display
- Manager and practitioner role valued equally and both social identity groups valued by managers
- Appropriate levels of support and autonomy
- Social care values lead policy and practice
- Clear expectations set regarding the social care manager role, with care being a key element

Self-categorisation synonymous with the social identity group of social care

8.5 The Critical Realism in Action Model

The critical realism in action (CRA) model was developed and designed explicitly during this study as a way to undertake this research in a methodical and applied way, using existing models to inform the overall approach. Its efficacy was tested through this research study and so merits some discussion as to whether it delivered an acceptable outcome.

The model phases allowed a more consistent and process driven approach to be taken, in terms of both setting up the study and the designing of the conceptual framework, as well as providing clear stages (although iterative) to follow when identifying the key themes and events taking place. In addition, the supporting templates assisted greatly in working back from these events, through the different

domains of reality, to identify the mechanisms and causal powers influencing the conditions necessary to produce the event. The model, through the use of causal diagrams, also allowed for the key findings to be presented in a way which was more accessible to those reading the research who are not familiar with critical realism or those who are new to a critical realist philosophy.

8.6 Contributions to Existing Theory

This research contributes to the existing theory on social identity in a number of ways. It also contributes to critical realism and to the existing literature on social care.

This study has been enhanced by the use of social identity theory and a critical realist approach, as a way to understand more fully how managers are experiencing their social identity and what supports and inhibits this social identity experience. In many ways it confirms what existing writers on social identity theory have already contributed; that identity is about how we categorise who we are and that this categorisation influences our alignment with particular social identity groupings (Haslam, 2004; Jenkins, 2008; 2014; Tajfel, 1970, 1978, 1979). It also confirms that how we identify with groups can be complex, and which groups we identity with influences our behaviour which in turn influences our responses to certain situations (Haslam, 2004; Jetten *et al.* 2001; Reicher, 2004; Van Knippenberg and Hogg, 2003).

What this study also contributes is the relationship between values, background and self-categorisation and ultimately how that relationship has led to a synthesising of identities being experienced by the managers involved in the study. There is an acknowledgement that multiple social identity groupings exist for individuals and that this can change dependent upon context and situation (Burford, 2012; Dashtipour, 2012; Reicher, 2004). Yet, this research suggests that at points multiple social identity groupings can synthesise to such a degree that the managers move seamlessly between each group, unconsciously utilising the valued dimensions from the multiple groups they are members of which then influence their behaviours and responses to certain situations. They do this by

employing a social creativity and social comparison strategy (Adarves *et al.* 2008; Ellemers *et al.* 2004; Reicher, 2004) which effectively leads to them re-defining their manager role. In addition, their values play a key role with managers values formed through their habitus going on to influence their choice of social identity grouping of social care, and it is the membership of the social care identity grouping which remains constant and is seen as the in-group for comparison purposes (Haslam *et al.* 1999) and not the manager nor the practitioner social identity grouping.

In addition, the other theoretical aspects contributed to are the identification of the conditions, which when present, can enable this identity experience for managers. In general terms these identified conditions are applicable to any identity situation where individuals are members of multiple groups. Identity synthesis takes place when these conditions are present: managers own intrinsic values are consistent and aligned across the multiple groups where identity synthesis might occur, and of those multiple groups no group is seen to be of a higher status (Tajfel, 1979; Turner *et al.*1994) than the other by the individual, and that there is a perceived value by the individual of continuing membership of those multiple groups, because they are equally valued by other managers both at peer and senior level.

Further contributions are made in respect of the existing literature on management in social care. Currently the extant research sets out clearly that managerialism is having a negative influence on managers in social care by contributing toward value conflict, reducing levels of autonomy, increasing the complexity of the role by the inclusion of a strong business element and putting management experience and expertise above professional experience and expertise (Adams *et al.* 2005; Courtney, 1994; Dominelli, 2009; Hafford-Letchfield, 2006; Hafford-Letchfield *et al.* 2008; Lawler and Harlow, 2005;; McCray and Palmer, 2009). The findings, in the main, but with some exceptions, refute all of these points primarily due to the identity synthesis and social creativity being undertaken by managers in re-defining their manager role. As a result of this re-defining, the third contribution is that it cannot be assumed that social care management and social work management are the same role, nor that they are members of the same social identity group.

Building on this finding is the fourth contribution; that managerialism is present but it is also accepted. Moreover, the impact of managerialism is lessened due to the manager's ability to undertake their role using the valued dimensions of both practitioner and manager, guided and underpinned by their values and attributable to the employment of a social creativity and comparison strategy and the alignment of their social identity with social care.

In specific areas the research undertaken appears to concur with existing findings, primarily that managerialism through the application of certain NPM policies and practices originating from the private sector such as performance management (Baines *et al.* 2012; Ferlie, 1996; Osborne, 2010; Vigoda-Gadot and Meiri, 2008; Williams *et al.* 2012), are having an impact on managers roles in social care by increasing the complexity of their roles and putting a more business like dimension of the activities they are expected to undertake (Lawler and Harlow, 2005). The fifth finding is that this research concurs with the existing research undertaken in this area (ibid). However, the sixth contribution is that managers are not experiencing issues with autonomy and that in fact they believe they have high levels of autonomy, concurring with the view expressed by Baines *et al.* (2012) but directly opposing the view put forward by Hafford-Letchfield *et al.* (2008). In addition, the findings also disagree with suggestion that the manager role is being elevated above the professional role (Skinner, 2010; Walker *et al.* 2011) as the managers in this study clearly believe that managers and practitioner groups are being treated equally within their organisations.

In terms of the critical realist approach, the development of the CRA model provides a practical and clear process for new researchers to this area to follow and although there are other approaches available to new researchers they are not as clear in their application to the analysis of the findings, nor are they prescribed in such a way as to assist researchers, students and existing academics and practitioners to readily access and see the advantages of a critical realist philosophical approach.

The CRA model contributes to the existing knowledge on how critical realism can be applied in a consistent way to analyse research findings and to present those

findings in a way that is understandable and accessible with a toolkit of templates to assist in the analysis.

8.7 Practical Implications

This research has a number of practical implications across social care, management and critical realism. The main implications are the recognition that if managers in social care are not to experience any element of value conflict nor to be impacted upon adversely by managerialism, then identity synthesis for managers is the preferred social identity experience and this is what senior managers in organisations should be looking to achieve. However, the experience of identity synthesis can only be achieved through the creation of certain conditions. These conditions are that social care values should be modelled by managers, replicated and consistently applied across both the organisation and the sector, that the role of manager and practitioner should be valued equally, that managers in social care should have clear expectations of their role and that caring should remain a key part of that role, that managers should have continued opportunities to work directly with service users and the autonomy to decide how to undertake their manager role as they see fit. This aspect is particularly important because of the element of choice that allows managers to choose how they undertake their management role and what aspects of their social identity are prevalent at that time. The role of choice is associated with power and how managers have power over their area of work and a legitimacy to undertake their role in a specific way. This facilitates their social identity experience or the synthesising of identities between practitioner and manager.

Additionally, in terms of promotion into management posts, potential managers who display prototypical leadership behaviours i.e. those which are synonymous with those managers experiencing identity synthesis should be identified and encouraged to apply and this should be part of the assessment process as these practitioners are much more likely to be able to achieve identity synthesis and experience less value conflict as well as be more successful within the manager role. These individuals may be more likely to have intrinsic values which are closely aligned to social care values and to ensure a good fit with social care and support

the future success of those individuals, the value base of potential social care practitioners and managers should be tested at recruitment/promotion stage as one of the factors determining suitability. This aspect of value-based recruitment is important because of the need to ensure that prospective social care practitioners and potentially, therefore, managers of the future have a value base which reflects the values of social care and encourages and reflects leader prototypical behaviours. This is significant when consideration is given to whether the applicant is potentially a good fit with the organisation.

This aspect of organisational fit also has a potential impact on change management and specifically how organisations not only manage change but also how they manage resistance. The research findings suggest that managers who identify highly with particular social identity groups will struggle to change their social identity and so where those individuals need to make changes in terms of their job role or their responsibilities e.g. social worker to manager, that movement maybe beyond their capability. In this respect and in terms of managing change and resistance this is significant as it suggests that change leaders need to be aware of those individuals who demonstrate behaviours that align them with one group more strongly than another. The potential conflict/identity threat being experienced by those individuals will make them resistant to the change. Having knowledge of this in advance of the implementation of any change project will allow change leaders to identify which individuals/groups are likely to resist more than others and so plan in advance how to work with those groups and prepare them for the change which is about to take place.

8.8 Reflection and Reflexivity

This sections considers how the findings of this research could lead to further research opportunities. In addition, it considers both the ethical issues and the limitations of further research and provides a discussion on the research journey undertaken.

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8.8.1 Future Research

In terms of further research, this study has raised a number of questions that warrant further exploration and application. Specifically these core questions are as follows:

Q. Why is social work being used as the key term within academic literature to describe both social care and social work and what are the implications for its usage within social care?

As has already been highlighted, one of the key issues and problems identified with existing research is the potential impact of using the term social work managers to encompass all managers who work within a social care environment, as opposed to acknowledging that social 'care' managers are not the same as social 'work' managers. The current research suggests that from a social identity perspective social care managers have their own identity and as such a future opportunity for research is linked to attempting to ascertain 'why' existing social care literature uses the term social care manager as a catch all term to encompass what is in fact the minority of managers within social care and correspondingly what is the impact, if any, upon managers within social care who are not social work managers. Hence the research argues against conflating the terms social care and social work when considering management.

Q.   How are social worker managers[12] s experiencing their identity and what impact is that having in respect of question 1 and the views being expressed in the prevailing academic literature in reference to management in particular?

To further understand how social identity is being formulated within a social care environment and to supplement the research area in question 1, it is important to gain some understanding as to how social work managers or those

[12] Those managers who are social workers by profession

who were professional social workers who then became managers, are identifying with their role.

Q. Will extending the sample of social care managers replicate the research findings in this study or will there be other conditions/causal mechanism exposed in other organisations which could change these findings, if so what are they and how might that influence social care practice?

The limitations of this research acknowledge that the sample is small and is contained within just two case study organisations. Extending this research to involve other case study organisations within social care and undertaking the research with more social care managers would allow for a more thorough investigation of the conditions/mechanisms influencing social care manages social identity and contribute further to understanding how the social care sector can support managers within their role.

Q. Can the CRA model be used in other settings and how can it be improved to reflect not only academic research needs but also practitioner research needs?

The CRA model is potentially a contribution to theory which can also have implications for both teaching critical realism and as a practical tool kit for researchers, out with academia, to utilise in their research. However, before it can be developed further it needs to be re-considered in light of other critical realist analysis approaches and to be reviewed by other researchers within this growing field. This can be undertaken by comparing and contrasting the approach with other critical realist analysis case studies, and reviewing the model in light of those approaches. It would also be beneficial to apply the model as part of a further research project.

Q. Is identity synthesis taking place in other sectors where practitioners often move into manager roles? If so what are the conditions enabling this to take

place and do they compare with the conditions identified in this research? If not, why not, and how are these managers experiencing social identity?

The question of identity synthesis is one, which through this research, appears to be a new phenomena in relation to social identity research. To gain further understanding with regard to this area, additional research into manager identity is required, particularly manager identity in other sectors where the prevalence of certain conditions, such as a background, may not be so obvious nor readily discussed by the managers themselves, however the opportunity to further explore these types of conditions potentially influencing identity is worthy of further exploration.

These further questions in respect of the research undertaken predominantly focus upon workers in the social care sector, however the contributions made to theory could be equally applied across any sector and in any further research, challenging these contributions and assertions would form a key part of the research strategy.

8.8.2 Limitations in Relation to Future Research

There are however limitations influencing the potential for further research. Specifically any future research in this area requires both managers and organisations to take part, as well as social work professionals. Access to social care organisations and those who provide social care, particularly local authority and private sector organisations is difficult, possibly due to the prevailing climate of issues related to the environment that the social care sector is operating within i.e. one where funding is an issue and the question of the quality of care is under the spotlight.

In addition, managers within social care and social work managers in particular, may not see the value of research into this area because of the potential for negativity reflecting on both their profession and also on them as individuals. The current research findings lead to the hypothesis that social work managers and

academics who use the term social work managers to cover all managers within social care should clearly have a reason for doing so. In exploring this further the findings may not be accepted and may in fact be ridiculed in order to offer a measure of protection to a profession already feeling under threat.

The limitations, in relation to access, may make further research in this area difficult, however, the opportunity to overcome access might potentially be achieved by utilising the existing case study organisations or other contacts within the social care sector to provide introductions to other care sector organisations. Those case study organisations may also be able to assist in overcoming the limitations relating to the perceived value of the research to other managers. Specifically by presenting the final outcomes of the research to the participants and asking them to validate the findings. The ability to then use the feedback from earlier participants in discussions with other organisations could assist in providing a rationale for further research.

Access to organisations and managers operating outwith the sector may as equally problematic, however, the issues in relation to access might be more easily overcome dependent upon the sector where the research is to take place.

8.8.3 Ethics

Ethics in research is a key consideration (Saunders, 2015) and one that needs to be considered. This consideration applies not only in terms of the research being undertaken but also when contemplating future research. According to Murphy and Dingwall (2001) there are four aspects requiring thought:

1. Non-maleficence – avoiding harm to participants;
2. Beneficence – research on human subjects should produce some positive and identifiable benefits rather than being carried out for its own sake;
3. Autonomy or self-determination – research participants' values and decisions should be respected;

4. Justice – all people should be treated equally. (p.339)

In addition to these aspects mentioned above the researcher also has ensure that the research does not cause harm to the participants nor invade their privacy in any way (Flick, 2014). The options for future research identified in this thesis need to consider and make provision to address all of the above points, in particular the aspects relating to values and decisions and the non-invasion of privacy. The proposed research will explore issues which participants may find difficult to discuss, particularly their background/history and because of the sensitivity in relation to social care issues/funding they maybe reticent to share their experiences. These concerns may cause issues in terms of access to the appropriate managers and access to organisations themselves.

To allay these concerns any potential participants, either individuals or organisations, will be fully informed in advance of the questions they will be asked. In addition, they will also be made aware of how the information/data they supply will be used within the research and importantly their right to privacy and anonymity.

8.8.4 The Research Journey

This research was undertaken because of an interest in managers within social care. As an HR practitioner the question of management development and specifically how managers were experiencing their manager role became prevalent as a result of being responsible for this area (as part of a wider remit) within a large social care organisation. How managers were experiencing their managerial role was something that appeared to warrant further exploration, particularly with the increasing responsibilities and expectations being placed on them. The ability to explore this from a position of knowledge was key to the research process. However, as a researcher I was also keen to challenge my own subjective and existing views in relation to this area by taking a more objective position. This

objectivity was achieved to some degree by the adoption of a critical realist philosophical research position. When exploring the different philosophical positions available to undertake the research, it became obvious to me that critical realism fitted well with my own axiology and importantly because it facilitated and encouraged the use of multiple methods, it allowed me to not only interpret the data but also to consider objectively the actions of cause and effect. The learning I experienced with regard to my own view of the world and specifically how I believe we gather knowledge were significant; subjectivity and how we experience certain events is important to me, however, I also believe that how those events are experienced is potentially influenced by a number of other factors either seen or unseen, which prior to undertaking this research I would not have been fully aware of.

Yet, critical realism as a philosophical position, particularly when combined with a social identity approach, is challenging both intellectually and theoretically, and a large amount of the initial PhD process was dedicated to enhancing my understanding and learning as to how these two theories could work together and the implications of using both within the research being undertaken. This learning continued throughout the PhD process and through this learning a different way to analyse from a critical realist perspective was developed.

When conducting the field work my background in social care and my HR social care experience were fully utilised. Having previously worked within a social care environment, the ability to build a rapport quickly with the interviewees from the outset was beneficial and allowed more probing questions and a full discussion of the issues. However, during the field work it also became apparent how important managers viewed their practitioner identity and how hard managers were working to deliver their manager role and I reflected on how differently I would have undertaken my HR role in social care had I had been aware of this, rather than believing that the issue of manager identity was wholly attitudinal and therefore reversible. Having now undertaken the research the findings demonstrate that

manager identity is more complex and that attitude is a small part of the overall identity experience.

The findings of the thesis have been informative and key contributions have been made to the existing literature in relation to both the social identity approach and to social care. In addition, I personally have learned a considerable amount, not only in relation to my knowledge of these areas but also in terms of my own personal journey as a researcher.

APPENDICES

Background and Objectives

This research project has been established as part of a PhD programme, the key aim of which is to consider the following:

The aim of this current study is to explore how managers in social care are experiencing their manager identity and what factors support and inhibit that identity experience
.

Loretto Care has agreed to be part of this research project and have also agreed to be the main organisation for the pilot. The main aim of the pilot is to gather research data in relation to the central question above. However, the pilot will also be used as a vehicle to test and refine the research methods and process, utilising feedback from the pilot participants in preparation for the main research.

Scope

The research pilot involves the collection of data from 8 individuals; 3 Service Managers and 5 Deputy Managers. The data collection will be undertaken via semi-structured interviews, online questionnaire and vignettes. In addition, an interview with the Head of Care is also required. It may also be necessary to interview the Head of L&D and the Head of HR (tbc).

Key operational, HR/LD and communication policies will be reviewed as well as strategic/business plans.

Responsibilities and Contact

The researcher will interface specifically with the Care Initiatives Manager (Glenn) as the main contact for Loretto Care. All access to participants and key information requests will be directed to the Care Initiatives Manager. The researcher (Rowan) will keep him appraised and updated regularly on progress. The Care Initiatives Manager will identify potential participants and facilitate accommodation and attendance at vignette[13]/focus group. The researcher will facilitate the interviews directly with the participants. Final feedback will be presented to the Care Initiatives Manager once the research is complete.

Activities and Timescales (Proposed)

Activities	Timescale	Responsibility
Agreement of terms of reference	asap	Glenn/Rowan
Identification of participants	by end August 2011	Glenn
Agreement on key date proposals for: • Questionnaire distribution • interviews • Vignette and focus group attendance	proposed dates*: w/c 3rd October 2011 to take place between 10th – 29th October 31st October – 5th November	 Glenn/Rowan Rowan and identified participants Glenn/Rowan

*Please confirm whether proposed dates are suitable

Anonymity

Anonymity is an important aspect of this research and all participants will be asked to agree not to share any person specific information gained during the process with anyone out with the research group. In addition, all participants will be asked to agree, in advance, to the use of the information they supply being used within the research. The information when it is presented will not be person specific and so will remain anonymous.

Confidentiality and Data Protection

The information gained through this process will be held in a secure file at all times and destroyed at the end of the research process. All information held in soft format will be password protected at all times and only the researcher will have access to that information.

Ethics

The research questions, design, approach and process is subject to internal scrutiny by Stirling University's Research Ethics Committee. In addition, ethics is a key area of the pilot study and participants will be asked to comment on whether they have any ethical concerns regarding any aspect of the research. Where issues are raised they will be addressed.

Terms of Reference for LAX

This research project has been established as part of a PhD programme, the key aim of which is to consider the following central question:

The aim of this current study is to explore how managers in social care are experiencing their manager identity and what factors support and inhibit that identity experience.

LAX Local Authority has agreed to be part of this research project. The main aim of the research is to gather research data in relation to the central question above.

Scope

The research exercise involves the collection of data from 10 individuals; 5 Day Opportunity/Care and Support Managers and 5 Residential Managers. The data collection will be undertaken via interviews, online questionnaires, vignettes and potentially a focus group validation discussion. In addition, an interview with the Head of Service would also be beneficial. Key operational, HR/LD and communication policies will be reviewed as well as strategic/business plans.

Responsibilities and Contact

The researcher will interface specifically with ******** as the main contact for LAX Local Authority. All access to participants and key information requests will be directed to Winnie in the first instance. The researcher (Rowan) will keep LAX appraised and updated regularly on progress. The organisation will identify potential participants and facilitate accommodation and attendance at vignette[14]/focus group. The researcher will facilitate the interviews directly with the participants.

Activities and Timescales (Proposed)

Activities	Timescale	Responsibility
	asap	***/Rowan

Agreement of terms of reference		
Agreement of the vignette	asap	***/Rowan
Identification of participants	by 9th May 2012	(Completed)
Agreement on key date proposals for: • Questionnaire distribution • interviews • Vignette	proposed dates: 10th May 2012 to take place between 16th May – 30th May 13th June 2012 (confirmed)	Rowan and identified managers Rowan and identified managers Rowan and identified managers

Anonymity

Anonymity is an important aspect of this research and all participants will be asked to agree not to share any person specific information gained during the process with anyone out with the research group. In addition, all participants will be asked to agree, in advance, to the use of the information they supply being used within the research. The information when it is presented will not be person specific and so will remain anonymous. In addition, ****** Local Authority will also remain anonymous and in any future papers/PhD Thesis, the organisation will be referred to as a 'Local Authority based in Scotland' named LAX.

Confidentiality and Data Protection

The information gained through this process will be held in a secure file at all times and destroyed at the end of the research process. All information held in soft format will be password protected at all times and only the researcher will have access to that information. The information and data gained will be erased after the PhD has been completed.

Ethics

The research questions, design, approach and process is subject to internal scrutiny by Stirling University's Research Ethics Committee. Ethics is a key area of the research and

participants will be asked to comment on whether they have any ethical concerns regarding any aspect of the research. Where issues are raised they will be addressed. Where a participant does not wish to answer any specific question set, they have the option to bypass this question. Ethical consent has been awarded by the University of Stirling.

Online Questionnaire

1. Name:

2. What is your highest level of Educational Qualification? (Please choose the actual qualification level you have achieved)

▢ Secondary School Level (Highers or standard grades/or equivalent)

▢ SVQ 1

▢ SVQ 2

▢ SVQ 3

▢ SVQ 4

▢ SVQ 5

▢ Degree

▢ Honours Degree

▢ MA/MSc or Postgraduate Diploma

▢ PhD

▢ Professional Qualification (please state in 'other' the educational level and name of qualification e.g. SVQ 4)

Other (please specify) [   ]

3. In which of the following subject areas does your highest qualification fall within? (If it is not listed please tick 'other' and note the subject area)

▢ Social Care

▢ Social Work

▢ Community Education

▢ Mental Health

▢ Nursing (General)

○ Management

○ Other (please specify)

[   ]

4. If you are a member of a professional body. Please specify which body.

[   ]

5. If you stated that your highest level of qualification was in management. Please confirm the name of the management qualification and level of the qualification (e.g.

SVQ 4 Leadership Management Award). If you answered 'no' please go to question 5.

[   ]

6. How long have you worked in the Social Care Sector?

○ 0 - 2 years

○ over 2 years but less than 5

○ 5 - 10 years

○ over 10 years

7. Please list the roles, in date order starting with the most recent first, which you have held within the social care sector before you moved into a management position. If 'none' please specify this.

[   ]

8. How long have you been in a management position within social care?

☐ 0 - 2 years

☐ over 2 years but less than 5

☐ 5 -10 years

☐ over 10 years

9. Do you consider yourself to be mostly either a social care practitioner or a manager?

☐ Social Care Practitioner

☐ Manager

☐ Both

Other (please specify) [   ]

10. If you do consider yourself to be a social care practitioner. Within which professional area do you most identify with?

☐ Community Education

☐ Nursing

☐ Other

☐ Social Care

☐ Social Work

Other (please specify)

[   ]

Managers - General Semi-Structured Interview Questions

A: Opening Questions

1. (I know a little bit about your academic and work background as a result of your answers to the online questionnaire.) However, I wonder if we could start with you telling me a little about yourself. I am particularly interested in your background; where did you grow up, what was your environment like, your family?
2. (Leading on from that)….Tell me what made you decide to work in social care?

B: Management

1. (Can you confirm for me) How long have you been a manager?
2. Why did you want to become a manager?
3. (In terms of those reasons that you have just given now that you are a manager) Did things turned out like that?
4. Do you have any concerns about your move into the role of manager?
5. How do you see your role as a manager in social care? What are the things you do and need to do?
6. Do you think that managing in social care is something that is distinctive from other sectors? Why is that? Can you give me an example?
7. What do you want to do next? (Ambitions?)

C: Role (s)

(So you are now a manager and have been for ….years) – add in number of years. Your practice base is………. And you see yourself as either/or professional (If they say they see themselves as a manager both in role and profession then adapt the question to suit manager/practice.

1. So these two parts of your role… how does that work for you? How do you deal with the different aspects?

2. Can you give me an example?

3. How do you personally deal with this conflict?

4. Does the organisation recognise this potential conflict? Does it matter whether they do or don't? (C4)

5. If so, what does it do to address it? (C5)

D Values

1 Can you tell me what is important to you in how you live your day to day life? What about in your relationships with other people? Can you give me examples?

2 What about in a work environment. What's important to you in your day to day work life? As a manager how do you interact with your team, your colleagues, and your manager? Can you give me examples?

3 What about in this organisation? What values do you see being put into place on a day to day basis. Can you give me an example?

4 (You have talked about values from three different perspectives) You have mentioned …..

5 Do you see any disconnect between these three sets of values for you as an individual? What about as a manager?

6 Can you give me an example of this disconnect or the opposite where this is the case?

7 Do you think any of these values underpin your role as a manager?

8 Can you give me an example?

9 How do these values underpin your role as a practitioner?

E: The Organisation

1. How would you rate your level of autonomy within your current role? (Likert scale)

2. How would you rate the level of support you receive within your current role? (Likert Scale)

3. Do you see these levels of support and autonomy as positive or negative?

4. How important are levels of autonomy within your role as a manager? How does this influence how you undertake your role? Can you give me an example?

5. How important are support levels within your role as a manager? How does this influence how you undertake your role? Can you give me an example?

6. Can you describe for me how you see the relationship between managers and practitioners? (both formal and informal) Do you include yourself within this?

7. Would you say that the practitioner role is given equal weighting with the role of manager?

8. Which role (would you say) is given a greater weighting?

9. Do you have a view as to why this might be the case?

10. Is this a good thing?

11. As a manager what do you expect from the organisation (In this organisation)?

12. What do you expect to give the organisation in return?

13. Do you believe that this expected 'contract' between you and this organisation is happening?

14. If not, why not?

15. Is there anything else that you expected or would have liked to discuss today? Or anything that you think I may have missed?

Senior Management Questions

Opening Question

1. I wonder if we could start with you telling me a little about yourself. I'm particularly interested in your professional background and your career path, your reasons for choosing a career in social care. How long have you worked in social care?

Management

1. Tell me a bit about management (per se) in (research organisation), what do want to achieve if you think about management capability (for example?), what if anything do you think needs to change? And what about the wider social care arena?

2. Can you describe for me what qualities, experience, attributes your perfect manager would be? Why?

3. This description that you have just given me, do you think that this is currently typical of the types of managers in social care at the moment? Do you see a difference between managers in private sector/charity sector/local authority sector? Can you give me an example?
   Do you think that managing in social care is something that is distinctive from other sectors? Why is that? Can you give me an example?

Role of Managers

1. One of the areas that this research is attempting to address is this potential conflict that is often referred to both anecdotally in social care circles and also within current social care academic research. Do you see this? Do you see this in the organisation? Can you give me an example?

2. Do you consider this when making decisions? What about when you are developing policies and procedures? Implementing Change? What difference does it make (if any) to how you do things within this organisation?

Values

1. Can you tell me in your own words what are the values you expect to be demonstrated by the managers in this organisation?

2. What about the values of front line staff (social care practitioners) those who work with clients on a day to day basis?

3. What does the organisation do to reinforce and support those values?

4. The social care value base is something often referred to. Do you ever see any disconnect between value sets – management and practice? Can you give me an example?

Relationships

1. Can you describe for me how you see the relationship between managers and practitioners? (both formal and informal) Do you include yourself within this?

2. Would you say that the practitioner role is given equal weighting with the role of manager?

3. Which role (would you say) is given a greater weighting?

4. Do you have a view as to why this might be the case?

5. Is this a good thing?

Vignette Scenarios 1 and 2

You are a Service Manager for a day care service which supports adults with dementia. You have worked in social care for most of your career and have managed this service for the last 6 years. The service has grown and flourished over the years due to a real commitment from the team. The team members, the service users and their carers see the service as a necessity. You have recently had a meeting with your line manager who has made it clear that there are savings that need to be made within the organisation. It is likely that your service will be affected, specifically when it comes to the renewal of service provision.

Please answer the following questions:

1. What actions do you take next?
2. Explain your reasons for taking these actions.
3. What do you think are the main values that should be reflected in these actions?

Beth has been a social care worker in a social care environment for over 7 years and in the last 18 months she has been promoted to Senior Social Care Worker. Beth's work colleagues would say she is a conscientious, person centred worker who has a single minded focus on the well-being of the individuals who use the service. You are Beth's line manager. Recently there have been a number of organisational changes which have impacted on the day to day running of the service. In particular, there is an increase in the number of management tasks to be completed, specifically an increase in form filling, performance measurement and report writing. All are meant to increase the effectiveness of the service. Beth is reluctantly taking her share of the work. However, this has meant Beth has had less time to spend with service users. Beth is very unhappy about this and is making her views known to those around her.

Please answer the following questions:

1. What do you see as the key issues for Beth?
2. Given that Beth is a manager do you think Beth's behaviour is justified?
3. As her line manager what would you?

Events Identification Template

Central Research Question:

iterature Area/Theory	Research Questions	Events Identified (Research Outcomes) (Label E1, E2, E3 etc.)

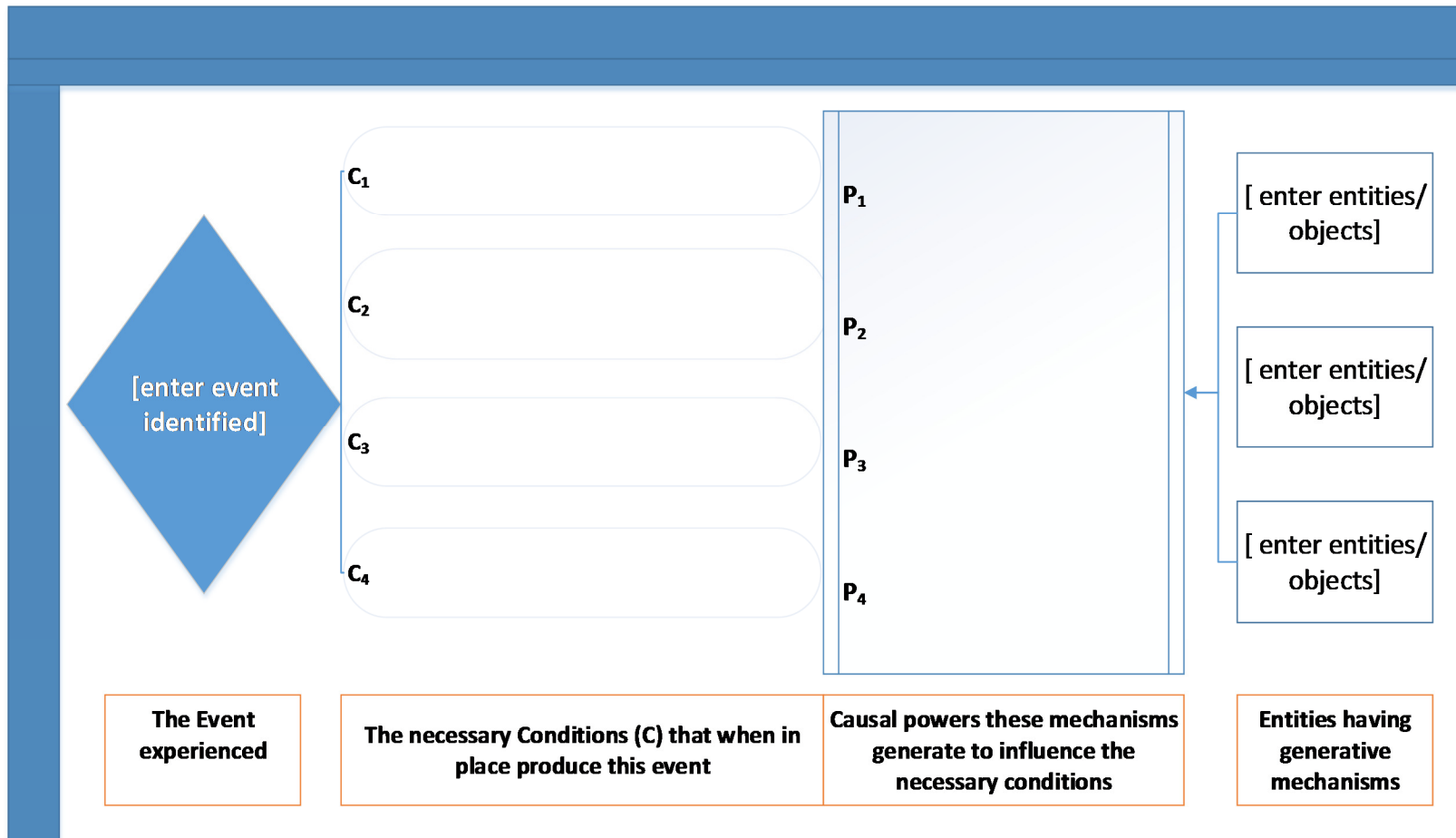| Event (E) Identified:	SUPPORTING DATA	SUPPORTING DATA	SUPPORTING DATA	SUPPORTING DATA
	Online Interviews	Semi-Structured Interviews	Vignette	Key Documents

Coding Data - List of Outcomes

1. Values applied consistently (1) – home and work (**VAC1**)
2. Values applied consistently (2) – in line with organisation (**VAC2**)
3. Values applied consistently (3) – in line with social care (**VAC3**)
4. Values the same – social care own (**VtS**)
5. Values underpin activity (**VuA**)
6. Managerialism present and accepted (**MA**)
7. Managerialism present and rejected (**MR**)
8. Managerialism – General (**MG**)
9. Autonomy levels good (**MALG**)
10. Autonomy levels not good (**MALNG**)
11. Support level good (**MSLG**)
12. Support level not good (**MSLNG**)
13. Social Care Management not distinctive (**CSCMnD**)
14. Social Care Management Distinctive (**CSCMD**)
15. Organisational culture acknowledged (**COrCA**)
16. Organisational culture enabling (**COrCE**)
17. Managers and Practitioners equal (**IMP**)
18. Identity as both (**IB**)
19. Identity conflict recognised (**ICR**)
20. Identity conflict resolved (**ICRe**)

Domain of the *Real*

Domain of the *Empirical* and the *Actual*

Step 4: The entities/objects and their structures that can produce change (mechanisms)	[Insert Entity]	[Insert Entity]	[Insert Entity]	[Insert Entity]	[Insert Entity]	[Insert Entity]
Step 3: The causal powers and liabilities these entities/objects possess and exercise to influence the event Powers (P)	P^1 P^2 P^3 P^4 P^5	P^1 P^2 P^3 P^4 P^5	P^1 P^2 P^3 P^4 P^5	P^1 P^2 P^3 P^4 P^5	P^1 P^2 P^3 P^4 P^5	P^1 P^2 P^3 P^4 P^5
Step 2: The necessary conditions (C), that when in place, produce this event	C^1 C^2 C^3					
Step 1 : Identifying the event						

[enter event identified]

C_1

C_2

C_3

C_4

P_1

P_2

P_3

P_4

[enter entities/ objects]

[enter entities/ objects]

[enter entities/ objects]

The Event experienced	The necessary Conditions (C) that when in place produce this event	Causal powers these mechanisms generate to influence the necessary conditions	Entities having generative mechanisms

APPENDIX 11

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