Institutional Work in Changing Public Service Organizations: The Interplay Between Professionalization Strategies of Non-Elite Actors

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Abstract

It is often argued that increased volunteer participation in public service organizations will lead to de-professionalization of established professionals. Adopting a relational approach, this article shows that professionalization of new actors can actually initiate and reinforce the professionalization of others. This article focuses on the interplay between nonelite actors in social care that carry out institutional work aimed at pursuing three strategies: classic professionalization of volunteer coordinators, proto-professionalization of volunteers, and advanced professionalization of social care practitioners. Potential negative implications of these professionalization strategies are the hollowing out of paid social care work and the exclusion of vulnerable volunteers.

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Introduction

In many welfare states today, responsibilities for public services increasingly are distributed from professionals to citizens, who are encouraged to adopt roles as volunteers, co-producers, and informal care givers (Bach, Kessler, & Heron, 2007; Liljegren, Höjer, & Forkby, 2014; Newman & Tonkens, 2011; Oldenhof, Postma, & Bal, 2016; Van Bochove, Tonkens, Verplanke, & Roggeveen, 2018). The redistribution of responsibilities has led to the recurring critique that welfare states are "de-professionalizing." Underlying this critique is the assumption that professional roles and power are significantly reduced: not only by the involvement of laypersons in public service provision but also due to managerial encroachment and standardization of professional work (Fournier, 2000). Parallel to trends of de-professionalization, we see the development of new forms of professionalism (Duyvendak, Knijn, & Kremer, 2006; Evetts, 2009, 2011). Not only practitioners in "less professionalized" fields (Noordegraaf, 2016, p. 800), such as ambulance personnel and social workers, but also managers and even "lay experts" make claims to the label of professionalism by adopting classical features of professionals, such as standards, ethical codes, and educational curricula (Evetts, 2003; Heite, 2012; Millward, 2005; Newman & Clarke, 2009; Noordegraaf & Schinkel, 2011; Oldenhof, Stoopendaal, & Putters, 2016).

While trends of professionalization and de-professionalization are often portrayed as trade-offs, in line with Noordegraaf, van der Steen, and van Twist (2014, p. 25), we argue that these developments do not need to oppose each other in binary ways ("win/lose") or result in quantitative outcomes ("more/less" professionalism). In this article, we will show that "more" professionalization of new occupations and unpaid work does not necessarily lead to "less" professionalization of other occupations. In fact, professionalization of new actors may even initiate and reinforce re-professionalization strategies of established professionals.

The aim of this article is to investigate the relational dynamics between different strategies of professionalization at play in changing welfare states. In doing so, we respond to recent calls to investigate relational dimensions of professionalism (Duyvendak et al., 2006; Noordegraaf et al., 2014). A relational approach to professionalism assumes that agency is distributed between actors that pursue professionalization (Lawrence, Suddaby, & Leca, 2011; Suddaby & Viale, 2011). As a consequence, multiple "professional projects" (Larson, 1977) in which actors shape and (re)claim professional status are interdependent and affect each other in unintended ways. Moreover, relational dynamics between professional projects may lead to field-level institutional change, thereby reshaping the process of public service provision in

welfare states. According to Lawrence et al. (2011), distributed agency thus "invites researchers to explore how individual actors contribute to institutional change, how those contributions combine, how actors respond to one another's efforts, and how the accumulation of those contributions leads to a path of institutional change or stability" (p. 55).

To further flesh out the relational and institutional dynamics of professionalism, we use the concept of institutional work. This concept is particularly suitable to analyze how actors not only *respond* to changes in their own work and the larger welfare state but also *actively shape* institutional change both within and outside their own organization. Institutional work refers to the creation, maintenance, and disruption of institutions (Lawrence & Suddaby, 2006). So far, the majority of studies on institutional work have focused on institutional work of a certain profession that aims to defend and maintain professional power, such as doctors and managers (Cloutier, Denis, Langley, & Lamothe, 2016; Currie, Locket, Finn, Martin, & Waring, 2012). In this article, we build on these studies, but take the analysis one step further by exploring the relational dynamics between the professionalization strategies of multiple actors: that is, volunteers, social care practitioners, and volunteer coordinators.

By focusing on collaboration between these actors, we are able to contribute to the literature on institutional work in three ways. First, we will show mutual dependencies at play in institutional work: the success or failure of each professionalization strategy depends on the interaction with other strategies. This will allow us to analyze the networked nature of professional projects that are interconnected in the enactment of institutional work. Second, existing studies have primarily focused on elite professionals and high status groups that act as institutional agents (Scott, 2008; Suddaby & Viale, 2011). It is well known that elite professionals have the necessary resources to carry out institutional work effectively. There is, however, still little knowledge about institutional work of nonelite actors and whether these actors are able to play the institutional game (notable exceptions are Coule & Patmore, 2013; McCann, Granter, Hyde, & Hassard, 2013; Simmons, 2016). Third, we will show how professionalization strategies can be both developed from "within" and implemented "top-down" to enforce new relations and work distributions (see also Evetts, 2011).

Based on observations and semistructured interviews with social care practitioners, volunteers, and volunteer coordinators, we answer the main research question:

Research Question: How do various actors in social care organizations respond to shifts from paid to unpaid work?

More specifically, we are interested in (a) the institutional work they perform in reaction to these shifts, and with what aims they do so; (b) the consequences this institutional work has for their own and others' position as "professional"; and (c) the consequences it has for the organizational field of social care.

We will first discuss the changing nature of professionalism. We then describe the usefulness of the concept of institutional work in analyzing relational dynamics between professionalization strategies. Next, we will introduce our qualitative methods and present our findings. After describing professionalization strategies per actor, we will analyze both the mutual dependencies and frictions within and between the strategies. In the conclusion, we will reflect on the institutional change that professionalization strategies embody and the implications this has for the capacity of social care organizations to meet their missions.

The Contested and Relational Nature of Professionalization Strategies

The nature of professionalism is increasingly contested as practitioners such as teachers, nurses, and social workers are confronted with managerial reform and increasing involvement of "non-professional" outsiders, such as paid teaching and health care assistants (Bach et al., 2007) and unpaid volunteers (Van Bochove et al., 2018) in public service provision. Common critiques address risks of de-professionalization and potential dangers of job displacement (Ockenden, Hill, & Stuart, 2012). While trends of professionalization and de-professionalization are often portrayed as trade-offs, we argue that it is more fruitful to focus on the relational dimensions of professionalization. Following Noordegraaf et al. (2014), we "analyze the mechanisms for building a professional field, amidst dependencies and ambiguities" (p. 25). An analysis of relational dynamics between different professionalization strategies is key for several reasons. First, a relational approach sheds light on the broad variety of professionalization strategies that actors can instrumentally employ to claim professional status themselves or bestow professional status on others. The differences between strategies can give valuable insights into various action repertoires and mundane efforts to change the division between paid and unpaid work. Second, a relational approach acknowledges that different actors pursue multiple professionalization agendas that sometimes align and reinforce each other, but at other times clash (Suddaby & Viale, 2011). According to McCann et al. (2013), "[t]he complex and often contradictory relationship of multiple levels of (formal and

informal) action in institutional change and professional projects promises to be a highly fruitful area for further research" (p. 772).

In the literature, a variety of professionalization strategies are identified. Noordegraaf and Schinkel (2011), for example, discuss how managers follow "classic" professionalization strategies that mimic established professionals such as doctors. These classic strategies encompass the building of associations and educational programs as well as the establishment of work codes and protocols that standardize technical expertise and service ethics. As becomes clear from this example, professionalization can be developed "from within" when an occupational group aims to improve its status. However, Evetts (2011) argues that it is also important to look at professionalization strategies imposed "from above" by the organization to discipline the worker into adopting new work methods and responsibilities. When viewed as imposed from above, professionalization may lead either to forms of resistance or to the internalization of new ways of working. Although professionalization from within and from above seem to exclude each other, McCann et al. (2013) demonstrate that they can co-exist in organizations, albeit in contradictory ways. Their analysis of the professionalization of ambulance workers reveals that "formal, senior level" entrepreneurship focuses on lobbying at the policy level for higher recognition and more discretionary space for ambulance workers, whereas "informal, street-level" professionalization is aimed at merely coping with work pressures and the maintenance of "blue-collar professionalism" (McCann et al., 2013, p. 769).

The above-mentioned professionalization strategies focus on occupations; yet especially when it comes to lay outsiders, there are different strategies involved. In this light, De Swaan (1988) and Dent (2006) discuss the term "proto-professionalization" to describe the process that patients and their families in the Western world have undergone: Through the medicalization of everyday life, they have learned to define what bothers them "in terms of some available proto-professional vocabulary" (Dent, 2006, p. 458), which is "a simplified and censored version of professional knowledge" (De Swaan, 1988, p. 244). As these authors argue, laypersons have learned to express their problems and needs in a proto-professional vocabulary that is recognizable and legitimate in the eyes of professionals. Existing literature primarily applies the strategy of proto-professionalization to attempts of laypersons to gain power in a professional domain; yet this strategy can also be implemented "from above" when public service organizations want to distribute responsibilities to volunteers.

To this point, the interaction between different professionalization strategies—including both strategies applied from above and from within, and both strategies directed at laypersons and practitioners of occupations—has

received little attention. However, especially this interaction may shed light on how institutional change comes about in current welfare states.

Institutional Change and the Enactment of Institutional Work

In both institutional analysis and the literature on the sociology of professions, there is a growing recognition that professionalization strategies are not just about the transformation of occupations but also affect the broader institutional environment and organizational field (McCann et al., 2013; Scott, 2008; Suddaby & Viale, 2011). According to Suddaby and Viale (2011), professionalization strategies are endogenous mechanisms for both institutionalization and field-level change. By (re)defining jurisdictional, occupational, and educational boundaries, professionalization strategies contribute to (further) institutionalization of an existing or new occupational domain and consequently also influence the dynamics of the broader field (e.g., health care, social care, primary care). Seen this way, professionalization is not just about self-interest but encompasses "a collective effort to govern changing relations and dependencies in and around service organizations" (Noordegraaf & Schinkel, 2011, p. 114). In the governance of these changing relations, new task divisions are shaped between professional and nonprofessional actors, and the nature of professional work itself is reconfigured. For example, the question of what constitutes a "good" social worker or nurse is constantly renegotiated in relation to other fields and new actors. Due to the interrelated and overlapping nature of professional projects and the distribution of agency, dynamics of professionalization cannot be unilaterally defined and often turn out to be quite contradictory. This explains why institutional and field-level change is incremental in nature and therefore hardly noticeable when zooming in on the organizational level (McCann et al., 2013).

To be able to notice subtle differences in the way actors put on a professional performance in relation to others (Hodgson, 2005), it is especially fruitful to look at the role of rhetoric when analyzing professionalization strategies (Fournier, 1999; Oldenhof, Postma, & Bal, 2016; Thomas & Hewitt, 2011; Watson, 2002). By rhetorically labeling certain roles and behavior as "professional," actors can pursue various goals, ranging from the legitimization of new work activities and status increase to the demarcation of occupational boundaries vis à vis others (cf. Watson, 2002; Bucher, Chreim, Langley, & Reay, 2016). Likewise, professional rhetoric and talk can be strategically used by actors "to influence the direction and pace of change, but also to legitimate or delegitimate the acceptance of a particular program of change" (Suddaby & Viale, 2011, p. 434). Given the shifting boundaries between paid and unpaid

staff in many public service organizations across welfare states (Eliasoph, 2011; Overgaard, 2015; Van Bochove et al., 2018), it is particularly relevant to research how organizational change in such organizations is promoted via the enactment of various professionalization strategies.

The extent to which professionalization strategies stick and materialize into new work practices (rather than remaining a rhetorical act) is largely dependent on the institutional work performed by actors embedded in organizations. According to Lawrence et al. (2011),

> [t]he study of institutional work takes as its point of departure an interest in work—the efforts of individuals and collective actors to cope with, keep up with, shore up, tear down, tinker with, transform, or create anew the institutional structures within which they live, work, and play, and which give them their roles, relationships, resources, and routines. (p. 53)

This definition of institutional work draws our attention to the mundane work that actors perform to create, maintain, and disrupt institutions (Lawrence & Suddaby, 2006). Rather than being subjected to macro institutional forces, individual actors can incrementally exert influence on the institutional context by enacting institutional work on an everyday basis.

Recent studies have defined different types of institutional work with increasing levels of detail (Cloutier et al., 2016; Currie et al., 2012; Lawrence & Suddaby, 2006). For the purposes of this article, we will especially focus on three types of institutional work: "defining," "educating," and "embedding and routinizing." *Defining* refers to the activity of demarcating occupational domains or work activities, which creates status hierarchies within a field (Lawrence & Suddaby, 2006). *Educating* refers to the development of educational programs and credentials required for holding new roles (Currie et al., 2012). It is important to note that educating can have varying degrees of (in)formality: ranging from formalized master programs at universities to more ad hoc and informal forms of education, such as on-the-job training. Especially when focusing on nonelite actors, these informal forms of educating are important to include. *Embedding and routinizing* refers to the infusion of "normative foundations of an institution in the day-to-day routines and organizational practices" (Lawrence & Suddaby, 2006, p. 233). Formal documents, for instance, can have a stabilizing influence.

Analyzing different types of institutional work that are enacted in the pursuit of professionalization strategies enables us to (a) shed light on the relational connections between different types of institutional work within professionalization strategies (cf. Cloutier et al., 2016 on relational work); (b) demonstrate the connections and tensions between different

professionalization strategies; and (c) demonstrate the field-level change that occurs as a consequence of these interactions.

Research Design

The presence and professionalization of new actors makes the Dutch social care sector an interesting case to analyze relational dynamics between different professionalization strategies. In the context of recent decentralizations of social care and support, local governments actively promote the participation of volunteers. This leads to new tasks distributions between social care practitioners, volunteers, and volunteer coordinators. On the one hand, volunteer participation in social care is viewed as a necessary requirement to realize budget cuts and to create less reliance on professional care that is assumed to hinder clients' self-sufficiency and empowerment (VWS, 1999, cited in Grootegoed, 2013). On the other hand, professionals and labor unions criticize volunteer responsibilization, as it would lead to work substitution and decreasing quality of care (Skipr, 2014).

This article is based on data collected for the research project "Can't We Leave That to the Volunteers?" (2012-2014), which was a cooperation between the University of Amsterdam (where the first author worked at the time) and several governmental and social partners. The project focused on recent shifts in tasks from paid workers to volunteers in care and social services and the consequences for how both groups experience their work and collaboration (cf. Van Bochove et al., 2018). The cases were selected in consultation with the project partners and pertain to the domains of long-term care and social work, as the expansion of volunteer responsibilities is prominent there. The cases consisted of two nursing homes for frail elderly, three day care activity centers for clients with mental disabilities, seven community centers, and four children's playgrounds. The long-term care organization that runs the two selected nursing homes has reduced professional staff over the years due to cutbacks, and the organization promotes further involvement of volunteers in tasks directed at the clients' well-being, such as going for walks and preparing meals. The day care activity centers also assigned more tasks to volunteers: volunteers are increasingly involved in helping during activities such as handicrafts, gardening, gymnastics, and playing games. In the neighborhood centers and playgrounds, volunteers are not only expected to assist paid workers but increasingly also take over tasks that were previously part of the social workers' core tasks, such as planning and organizing activities (e.g., dancing classes and language courses in neighborhood centers and themed activities in playgrounds) and applying for subsidies.
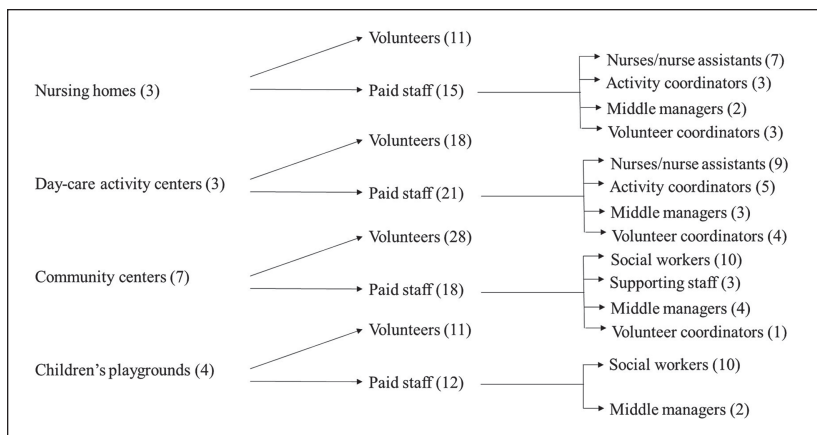
Figure 1. Respondents per case.

The fieldwork consisted of semistructured interviews with and observations of volunteers and paid staff. Most of the interviewed paid staff ($n = 66$) consisted of nurses, nurse assistants, activity coordinators, and social workers. We refer to these respondents as social care practitioners. In addition, volunteer coordinators and middle managers were included, of which particularly the eight interviews with volunteer coordinators are relevant for the purposes of this article. The volunteers ($n = 68$) formed a heterogeneous group regarding the tasks they performed, how often and how many hours they volunteered, their education level, gender, age, and ethnic background. Figure 1 gives an overview of the respondents per case.

The research team also observed volunteers and paid staff during their daily activities, to find out more about the division of tasks and responsibilities. Moreover, researchers attended staff meetings, including a meeting of volunteer coordinators of the selected long-term care organization. In addition, relevant documents collected during the fieldwork—including volunteer "contracts" and job descriptions of volunteer coordinators—were analyzed.

The project team coded the interviews and observations, using Atlas.ti. In total, more than 300 codes were included, covering a wide range of themes. The present analysis focuses on codes that provide information on professionalization. We analyzed the data by looking at how actors talked about what it means to be a professional in general and more specifically professional competencies and professional behavior (cf. Watson, 2002). This talk could relate to their own professionalism as well as that of others. We also
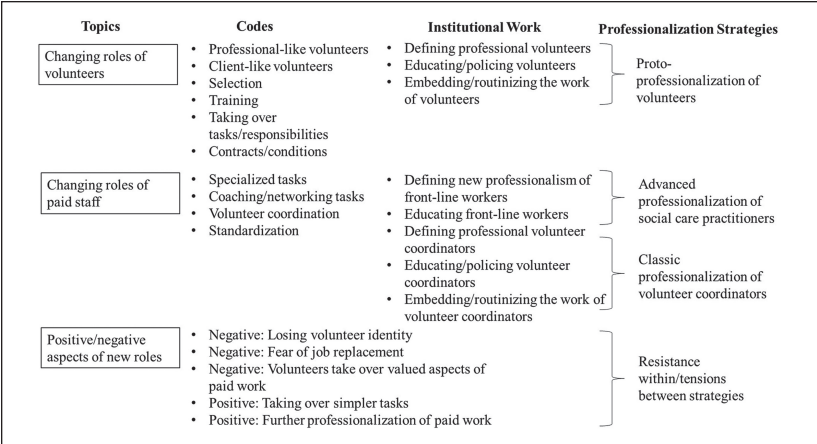
Topics	Codes	Institutional Work	Professionalization Strategies
Changing roles of volunteers	• Professional-like volunteers • Client-like volunteers • Selection • Training • Taking over tasks/responsibilities • Contracts/conditions	• Defining professional volunteers • Educating/policing volunteers • Embedding/routinizing the work of volunteers	Proto-professionalization of volunteers
Changing roles of paid staff	• Specialized tasks • Coaching/networking tasks • Volunteer coordination • Standardization	• Defining new professionalism of front-line workers • Educating front-line workers • Defining professional volunteer coordinators • Educating/policing volunteer coordinators • Embedding/routinizing the work of volunteer coordinators	Advanced professionalization of social care practitioners Classic professionalization of volunteer coordinators
Positive/negative aspects of new roles	• Negative: Losing volunteer identity • Negative: Fear of job replacement • Negative: Volunteers take over valued aspects of paid work • Positive: Taking over simpler tasks • Positive: Further professionalization of paid work		Resistance within/tensions between strategies

Figure 2. Data structure.

investigated how "professional talk" (Oldenhof, Postma, & Bal, 2016; Watson, 2002) materialized in behavioral norms, codes, standards, and contracts. We re-read and re-coded the interviews with and observation of volunteer coordinators, as changes in their roles were not previously analyzed. Based on our analysis, we found various types of institutional work performed by different actors in pursuing three different—but interrelated—professionalization strategies. We also found various forms of resistance within and tensions between strategies. Although our analysis showed that the selected cases have their own specifics, we found similar professionalization strategies across them. We therefore organize our findings based on relevant themes, instead of on separate cases. However, we do address important differences between the domains of long-term care and social work.

Figure 2 depicts the links between the themes, codes, and theoretical dimensions.

Professionalization Strategies and Institutional Work

We describe three interrelated professionalization strategies and pay attention to the institutional work that actors carry out in pursuing these strategies. Although we draw an analytical distinction between professionalization strategies, in practice, actors respond to one another's efforts, and therefore, one strategy cannot be fully understood without considering the others (Figure 3).
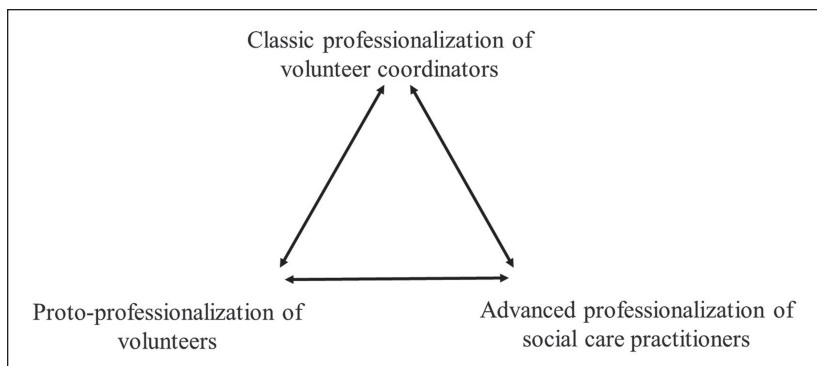
Figure 3. Three interrelated professionalization strategies.

Classic Professionalization of Volunteer Coordinators

In response to policies that increase volunteer responsibilization, volunteer coordinators—paid workers who coordinate voluntary work within organizations—have become more important in the field of social care. Volunteer coordinators actively professionalize their occupation through a "classic" professionalization strategy that involves building associations, setting up educational programs, and establishing work codes (cf. Noordegraaf & Schinkel, 2011). We will discuss the classic professionalization efforts of volunteer coordinators based on three forms of institutional work: defining, educating, and routinizing and embedding.

Defining a "professional" volunteer coordinator. Individual volunteer coordinators and their collectives determine boundaries of membership and establish status hierarchies within their field. By discursively drawing boundaries between "professional" volunteer coordinators that possess certain strategic skills and volunteer coordinators that lack those skills, volunteer coordinators play a central role in defining membership on a day-to-day basis. Moreover, the Dutch association of volunteer coordinators (AGORA) further enhances status hierarchies by drawing a distinction between volunteer coordinators who perform simpler "operational" or "facilitating tasks," and volunteer coordinators who perform more complex "policy tasks":

> Although the work of some coordinators still purely consists of operational tasks, a clear progression is visible to a more policy-oriented interpretation of the occupation. There are increasingly more organizations in which volunteer coordinators are only occupied with policy tasks, and not or barely with operational tasks. (AGORA, 2014, p. 33)

To further define membership boundaries, AGORA (2014) created an occupational profile that distinguishes "occupational competences," of which the first is "professionalism," defined as "the degree to which one possesses substantive technical knowledge, expertise and skills, which are needed to be able to properly carry out the position of volunteer coordinator" (p. 33). Other competences include collaboration, customer-centeredness, and integrity, defined as "dealing with personal information in line with ethical norms and values, both in language and in behavior, also under difficult circumstances" (AGORA, 2014, p. 33). By defining what a professional volunteer coordinator does (i.e., performing policy tasks) and how he or she does this (based on knowledge and integrity), individual and collective actors (re)shape "the institutional structures within which they . . . work" (Lawrence et al., 2011, p. 53).

Educating volunteer coordinators. New roles require education in how to perform them. In accordance with AGORA's main aim of contributing to the professionalization of the position of the volunteer coordinator, they also offer educational training. Together with a university of applied sciences, AGORA developed the post-bachelor training "Innovative Volunteer Management," which has a study load of 420 hr and is completed with a certificate (Hogeschool Utrecht, 2017). The applications always exceed the maximum, so the university plans to increase the capacity. According to the program coordinator, the reasons why people want to enroll have changed in the past few years: from wanting to master good matchmaking to wanting to learn more about positioning themselves and others within the organization (personal communication). In response to these changes, the curriculum now focuses more on educating the professional, that is, policy-oriented, volunteer coordinator.

   Next to this type of "formal, senior level institutional entrepreneurship," educating also takes place as "informal, street-level institutional work" (McCann et al., 2013, p. 772). By organizing regular meetings with peers, volunteer coordinators discuss their work in terms of increasing volunteer commitment and improving teamwork in care delivery. These meetings not only offer an opportunity for sharing work experiences but also have an educational purpose to enhance informal learning.

Embedding and routinizing the work of volunteer coordinators. Volunteer coordinators try to embed the notion of professional volunteer coordinating into their own and other actors' day-to-day routines and organizational practices by standardizing work methods. For example, a volunteer coordinator of an organization that runs several day care activity centers took the initiative to develop a coherent volunteer policy, to end the situation in which all

locations "did what they thought was right." She said to them, "This is how we are going to do it from now." Efforts to embed their practices more firmly in the organization seem successful as managers increasingly recognize the importance of having volunteer coordinators represented at the policy level.

Proto-Professionalization of Volunteers

In addition to "classic" professionalization of their own occupation, volunteer coordinators are involved in proto-professionalizing volunteers. They do not try to turn volunteers into "real" or "classic" professionals, but into "professional-like" volunteers—"professionals *in nuce*" (De Swaan, 1988, p. 245)—who possess a simplified version of professional status and skills. The occupational profile for volunteer coordinators states that it is the "coordinator's responsibility to stimulate and maintain the abilities and knowledge of volunteers" to "improve and guarantee the quality of voluntary work and contribute to its professionalization" (AGORA, 2014, p. 37). The forms of institutional work volunteer coordinators carry out to proto-professionalize volunteers are similar to those aimed at classic professionalization of their own occupation: defining, educating, and embedding and routinizing.

Defining a "professional-like" volunteer. Volunteer coordinators urge actors in their organizations to stop talking about "professionals and volunteers" as this creates a false dichotomy. They prefer more neutral terms, such as "paid and unpaid workers," as volunteers can also be "professional" in terms of work behavior and educational background. The adjective "professional" is generally reserved for volunteers who have a higher education level, have work experience in the social care sector, and possess additional qualities that are valued (Van Bochove et al., 2018). In a policy document, one of the social work organizations defines a "voluntary professional" as a volunteer that performs types of voluntary work (such as administrative tasks or mediating in conflicts) that require "specific expertise" which can be acquired through training offered by the organization.

Educating volunteers. Across organizations, simplified training programs for volunteers are increasingly common and formalized. Training enables volunteers in performing their daily tasks and in communicating with social care practitioners and clients or visitors. Moreover, volunteer coordinators describe such training as a nonfinancial reward for volunteers. Volunteers who appreciate the training they received mention the practical value it had for carrying out their current volunteer tasks. Some also refer to their aim of

becoming a paid social care practitioner in the future and see receiving training as an important step in that direction.

Embedding and routinizing the work of volunteers. In addition to the simplified version of occupational training, other simplified versions of HR policies embed the work of volunteers in the organization:

> [Name organization] finds volunteers extremely important. We see them as unpaid employees. That is why our human resources policy for volunteers is a derivative of the policy that applies to our paid workers. So, recruitment and selection, satisfaction, reimbursement of expense, code of conduct, VOG [certificate of conduct], turnover, guidance to a new position: Everything we got for the paid workers, we also got for the unpaid ones. (Field notes, stakeholder meeting social work organization)

Furthermore, the routinization of voluntary work becomes manifest in the increased use of "proto-contracts" that allow for a more formalized position of volunteers within the organization. An illustration of a proto-contract is a "volunteer agreement" that records when volunteers start, what their tasks entail, and on which location they will work. Moreover, volunteer agreements encompass an "acquaintance period," in which both the volunteer and the involved care practitioner can break the agreement with immediate effect. At the end of the acquaintance period, both parties discuss mutual experiences and can either continue or end the agreement in consultation with the volunteer coordinator. Although the agreement resembles a formal contract, it is "not a labor contract in the sense of the Dutch Civil Law" and "not employment in the sense of the Illness Benefit Act" (volunteer agreement, long-term care organization). Hence, proto-contracts for volunteers enable simplified forms of professionalism that bring along duties without the attainment of a legally secured position.

Advanced Professionalization of Social Care Practitioners

Now that volunteers take over some of their tasks and responsibilities, social care practitioners have to reinvent their own role. Although many practitioners feel insecure about their position and refer to former colleagues who already lost their jobs, they also see opportunities to resist de-professionalization. Especially higher educated social care practitioners mention advantages that volunteer responsibilization has for their own position and adopt a strategy of "advanced professionalization." These practitioners argue that their occupation now requires even more professional skills than before. Compared

with the professionalization strategies discussed earlier, this strategy is the most informal, bottom-up and individual. So far, aiming for an advanced professional status involves discursively defining the borders between "advanced professionals" and lower skilled workers and volunteers.

Defining the "advanced" social care professional. With the presence of proto-professional volunteers, social care practitioners can delegate certain routine tasks, which gives them the opportunity to focus on more complex care, coaching, or administrative tasks. According to a volunteer coordinator, initially, paid care workers are often afraid of replacement by unpaid workers, but they gradually see the benefits for their own position:

> They then start to think: "The more volunteers, the more time I have for specialized care. If a volunteer plays a game or talks with clients, then I am more confident to perform difficult tasks, or I have more time for bathing clients." They know that the other clients are in good hands with the volunteers. (Volunteer coordinator, long-term care organization)

Care workers "advance" their professionalism in different directions. Nurses in elderly care have more time to focus on medication safety and care practitioners in day care activity centers can focus on administrative tasks. As one of the latter says, "Like now, with this beauty salon day [carried out by volunteers], I can perfectly sit in a corner and prepare the agenda, or write a report." In neighborhood centers and children's playgrounds, responsibilization of volunteers allows for the development of a coaching role for social workers. Being a coach in a diverse network of stakeholders asks for new skills to motivate, activate, and provide on-the-job training for volunteers, rather than to organize events. For these social workers, being responsible for steering volunteers in neighborhood centers or playgrounds is something that contributes to an advanced professional identity. A social worker says that while some of her colleagues preferred the situation as it was (when paid workers could still organize activities themselves), she actually thinks this new way of working has made her job more challenging and interesting.

> What I like about it is that you have to be creative. I honestly find it interesting to take up that challenge with all these people [volunteers]. . . . They [the organization] expect more from you. . . It requires more strategy. You have to think: "How will I get there?" Then you turn to the network. You have to think it through. Before, I spent my time on activities and keeping the atmosphere nice, and that's still part of what I do, but now I have to arrange much more. (Social worker, playground)

The definition of the "advanced social care professional" is not as clear-cut as the "classic professional volunteer coordinator" or the "proto-professional volunteer." It requires continuous discursive effort of social care practitioners to convince others and themselves that the increase of volunteer responsibilities does not mean their own occupations are de-professionalized. Advanced professionalization can be aided by education and training, although this is mostly shaped in an ad hoc and temporary fashion. Consequently, routinization currently is diffuse at best.

Relational Dynamics Within and Between Professionalization Strategies

Legitimacy of the three professionalization strategies is fragile and under continuous construction. Tensions exist both *within* groups of actors that are the subject of a particular strategy and *between* different professionalization strategies. If subjects of professionalization perceive the strategy as adopted "from above" rather than "from within" (Evetts, 2003), they tend to resist it. Such internal resistance not only affects separate strategies but also the relations between groups and strategies. Below, we show how the different strategies are intertwined and interdependent.

Internal Resistance of Those Who Have Something to Lose

The groups of volunteer coordinators, volunteers, and social care practitioners do not unanimously agree that the professionalization strategy they are subject to is beneficial for their personal position. In the discussion of the institutional work that the strategies involve, we paid attention to the effort that individual and collective actors put in pursuing a specific type of professionalization strategy. Here, we focus on those who are afraid that they will become victims of its success.

Resistance of volunteer coordinators to their classic professionalization. Although the need for professionalization is widely shared, not all volunteer coordinators agree with the "classic" way in which this is currently done. Some volunteer coordinators criticize the formalization of their occupational profile, as they oppose the disciplinary effects this has. There is a tension between "formal, senior level institutional entrepreneurship" and "informal, street-level institutional work" (McCann et al., 2013, p. 772). On one hand, AGORA and other collectives of volunteer coordinators try to standardize the tasks and work codes of the profession, making it more similar within and across

organizations, while on the other hand, various individual volunteer coordinators see it as the core of their profession to remain autonomous and to make their own judgments.

Resistance of volunteers to their proto-professionalization. Of the three discussed strategies, the proto-professionalization of volunteers occurs in the most top-down way. Even though some volunteers embrace it—for instance, because they would like to become a paid professional one day—not all volunteers want to be "professionalized" and resist being defined, and particularly being educated, as such. Some volunteers refuse to attend training sessions or indicate that they do not desire training:

> Oh no, I don't need that. No, because here, I can totally be myself. That is what I find important. And they [the clients] like that as well, I think: That they just see that you are being you. So no training please. (Volunteer, day-care activity center)

Like many other volunteers, this respondent draws a clear distinction between volunteers and paid professionals: The value of volunteers lies in the fact that they are not professionals.

According to various volunteer coordinators and social care practitioners, it is not so much that volunteers do not *want* to follow courses; they just do not have the *capacities* to become proto-professionalized. For instance, they refer to people who have limited reading and writing skills and/or have mild intellectual disabilities. Despite these objections, we note that requirements for volunteers become stricter across organizations, including mandatory courses, even if this means that "people will drop out," as a volunteer coordinator put it.

Resistance of social care practitioners to their advanced professionalization. Social care practitioners who claim their profession was upgraded instead of degraded seem optimistic about the future: Their work has become more complex, and therefore, the risk of becoming redundant is reduced. However, not all social care practitioners share this optimism. Some of them find it hard to accept that their occupation has changed and that volunteers have taken over tasks that they used to enjoy. This is particularly the case among practitioners who were earlier responsible for organizing activities, and who are now mainly involved in guiding volunteers to take over, such as social workers and activity coordinators. An activity coordinator in a day care activity center saw her occupation change over the years and regrets that volunteers

took over some client-centered parts of her work, while she has to do the sup-
posedly more "difficult" administrative tasks. She says,

> When they [volunteers] would really take over all group activities, I would be
> devastated. I do not only want to write care plans. I chose this job to interact
> with clients, not to sit in my office all day.

Instead of advanced professionalization, some practitioners experience the
new distribution of tasks and responsibilities as the "hollowing out" of their
occupation (cf. Baines & Cunningham, 2015; Milward & Provan, 2000).

Having to hand over certain tasks and responsibilities to volunteers is one
thing; losing one's paid job because volunteers completely take over is
another. Various social care practitioners—particularly those with lower edu-
cation levels—fear that proto-professional volunteers will eventually replace
them. A practitioner in a day care activity center says,

> When more is expected from volunteers, they will first have to be educated in
> how to deal with clients. . . . You will have to hire trained volunteers. But then,
> we [paid workers] will be sent home, that's what I think.

In sum, our findings show that actors who fear that they will lose an appreci-
ated part of their (paid or unpaid) job and who perceive professionalization as
"from above" rather than "from within" resist the strategy they are subjected
to. Volunteer coordinators fear to lose their autonomy, volunteers their dis-
tinct volunteer identity, and social care practitioners their interaction with
clients, or their jobs altogether. In the next section, we discuss what this inter-
nal resistance means for the dynamics between the strategies and how the
strategies depend on their mutual success.

Interdependencies Between the Strategies

We observed three ways in which different types of actors influence one
another's strategies.

Disregarded volunteer coordinators. We found cases in which social care prac-
titioners disregard or reject the professional expertise of volunteer coordina-
tors. Some social care practitioners decide to hire volunteers themselves and
by-pass the volunteer coordinator entirely:

> Sometimes it turns out that a location for instance has four more volunteers, of
> whom I think "never heard of," and they have worked there for half a year. . . .

> Then I want to meet them, I want to know more about them, and they need to get a contract, otherwise they won't be insured or reimbursed. (Volunteer coordinator, long-term care organization)

This shows that the "professional volunteer coordinator" is not (yet) taken for granted by all social care practitioners, of whom some engage in workaround behavior. This not only challenges the professional status of volunteer coordinators (who claim to have distinct expertise in selecting suitable volunteers) but also the proto-professional status of volunteers, who are not registered, do not receive training, and do not get a "contract" as long as the volunteer coordinator does not know about their existence.

The continued presence of "unprofessional" volunteers. We also found cases in which volunteer coordinators do not succeed in selecting (potentially) proto-professional volunteers, leading to discontent among social care practitioners who seek to advance their professional status by delegating certain tasks to volunteers. Despite the dominant call for professional-like quality, many volunteer coordinators find it difficult to refuse or "fire" a volunteer when he or she proves "unprofessional":

> We have a voluntary treasurer, who doesn't have the capacities for that type of work. She is not able to do it by herself. . . . It really is a mess right now. She was not there this morning because she felt ill. Her father came in and told me: "The work is so important for her, she likes it so much; she feels she makes a difference." Then it is really difficult to tell him that you actually do not want to work with her anymore. (Volunteer coordinator, day care activity center)

Volunteers who are more like "clients" than "professionals" are often seen as a burden (cf. Verhoeven & van Bochove, 2018). When volunteer coordinators do not succeed in selecting (potentially) proto-professional volunteers, social care practitioners question their image of specialists on successful volunteer placement—and with that, their status as professionals.

Social care practitioners who refuse to delegate. We already mentioned that some social care practitioners reject the ideal of advanced professionalization and prefer to keep their job largely as it is, including regular client contact and social activities. This not only affects the advanced professionalization strategy other social care practitioners pursue but also the proto-professionalization of volunteers and the attitudes and practices of volunteer coordinators.

Some volunteers feel that social care practitioners do not completely trust them. A volunteer who works at the information desk in a neighborhood

center, for instance, recalled a situation in which a paid practitioner suddenly took over when she was helping a visitor. Afterward, she said to the practitioner, "I want to handle it myself. If I have any questions, I will ask you, but otherwise, I think I should get the space to solve problems myself." In other locations, it is not so much the problem that volunteers are not recognized as proto-professionals, but rather that their presence is disregarded altogether. Some locations are just not interested in working with volunteers, or when they are, the care practitioners do not provide them with any guidance and sometimes even neglect them entirely. In response, coordinators no longer send volunteers to such hostile or indifferent locations.

In this section, we have shown that the professionalization strategies are contested and interdependent. Particularly when they are perceived as adopted "from above," they meet with resistance, such as in the case of proto-professionalization of volunteers. To what extent the strategies are successful not only depends on such internal struggles but also on the success of the other strategies: If volunteer coordinators fail to proto-professionalize volunteers, the professional status of volunteer coordinators themselves is questioned, and social care practitioners—who will not be able to delegate a variety of tasks to volunteers—cannot claim "advanced" professional status.

Conclusion and Discussion

Based on a large-scale qualitative research in multiple organizations in care and social work, we found three main professionalization strategies: "classic" professionalization of volunteer coordinators, "proto-professionalization" of volunteers, and "advanced" professionalization of social care practitioners. These strategies demonstrate that changing welfare policies do not necessarily lead to de-professionalization on a grand scale as is often claimed by critics. Rather, the use of trained volunteers as "proto-professionals" coincides with the professionalization of other actors. Because of the presence of volunteers, social care practitioners have more time to carry out complex care, coaching, or administrative tasks. The development of specialized and organizational roles thus allows social care practitioners to reposition and legitimize their existence in a changing organizational field. In the relationship between volunteers and practitioners, paid volunteer coordinators are key actors who mediate between supply and demand of volunteers. By imitating "classic" professionalization strategies (e.g., the development of formalized job requirements, codes, and educational credentials), volunteer coordinators acquire a distinct position in the organization.

Our results show how established and new actors in social care respond to, but also actively create, changes in their organizational field. Our study has

three specific contributions to existing literature. First, our research adds to institutional theory and the sociology of professions by focusing on the underresearched role of nonelite actors in conducting institutional work (Coule & Patmore, 2013; Lawrence et al., 2011). Other than elite professionals such as managers or doctors, the groups studied in this research are the unlikely suspects in bringing about institutional change. Although changing welfare policies affect the practices of social care practitioners, volunteers, and volunteer coordinators, we found that these actors themselves actively pursue (or resist) particular professionalization strategies. They use various types of institutional work—defining new roles, educating actors to fulfill these roles, and embedding them in daily practices—with the aim of professionalizing themselves and/or others.

Second, our findings demonstrate the relational dynamics of professionalization strategies and institutional work. These nonelite actors are *embedded* professionals: They "work in-between various groups and actors that make up the organization and its environment" (Noordegraaf et al., 2014, p. 24). We found that there are ambiguities within and dependencies between their strategies and that the pace and direction of change depend on the accumulation of the efforts of the actors involved. With this, our study responded to the call for a focus on "distributed agency" to show how "the accumulation of . . . contributions leads to a path of institutional change or stability" (Lawrence et al., 2011, pp. 55-56). Local embeddedness and distributed agency make it problematic to draw general conclusions about processes of re-/de- or proto-professionalization in social care. Our findings suggest that professionalization is not a zero-sum game, that is, more professionalization of the one does not necessarily lead to less professionalization of the other. Both within and between groups of actors, different qualitative understandings of professionalization coincide. Some actors strive for professionalization "from above," others "from within," and again others do not want to be professionalized at all. A focus on these qualitative aspects of professionalization, rather than quantitative issues such as "who gains most," allowed us to identify the interconnections between the different strategies and the changes that seemingly low-power groups can bring about.

Our third contribution goes one step further by demonstrating the outcomes of institutional work (a) within social care organizations and (b) in the field of public service provision at large (i.e., field-level change). Although we agree with Lawrence et al. (2011) that an institutional work perspective as adopted in this study is more focused on practices and processes than on outcomes, an important question remains: What does this all mean for how social care is organized in a changing welfare state? We argue that the practices and processes we have described have real consequences, albeit ambiguous ones.

Within organizations, institutional work leads to *intra-group stratification*, that is, status differences within social groups. For instance, within the group of volunteers, there are emerging differences between "winners" and "losers." "Winning" volunteers seem to embrace professionalization strategies, thereby advancing their position within public service organizations, whereas "losing" volunteers are often unable to meet professional requirements because of limited capacities, and risk exclusion from doing meaningful volunteer work (cf. Verhoeven & van Bochove, 2018). Similarly, social workers who are capable to perform their new role of coaching volunteers and arranging networks of active citizens, and who perceive this as a step forward, gain from the organizational changes, while those who are not able to specialize or who experience the changes as the "hollowing out" of their occupation lose out.

With regard to field-level change, we see emerging forms of *inter-organizational stratification*, that is, status differences between public service organizations. When public service organizations are successful in using the relational synergy between different professionalization strategies, they are labeled as frontrunners that positively contribute to the transition from welfare state to enabling state. Oppositely, public service organizations that struggle with combining professionalization strategies in productive ways and view professionalization as a win/lose game are viewed as lagging behind. Consequently, the organizational field of public service organizations becomes increasingly diversified, not only in terms of the actors involved but also in terms of the outcomes of institutional work across organizations.

A final question that deserves our attention is "What do success and failure of interrelated professionalization strategies mean for the quality of public service provision?" Based on our findings, we expect that both organizations labeled as "laggards" and "frontrunners" are likely to face problems in meeting their mission of providing high-quality social care services. Lagging organizations have to deal with the fact that austerity measures on social care have already been taken and lower-educated workers have lost their jobs (Van Bochove et al., 2018). Without volunteers filling those gaps, the workload of paid workers increases and certain services are no longer provided.

Front-running organizations at first glance seem more capable of preserving service quality. In these organizations, professionalized volunteers take over certain tasks so that valuable services are still provided and paid workers are not overloaded. However, this "outsourcing" of services to unpaid workers can have several adverse implications as well, which resemble the consequences of the "hollowing out" of state functions that are addressed in public administration literature (e.g., Milward & Provan, 2000; Terry, 2005). According to

Milward and Provan (2000), in governing the "hollow state," positive outcomes for clients are more likely when *responsibility* is clear; available *resources* are consistent with the difficulty of provided tasks; and the network of actors involved is generally *stable*. The findings of our study suggest that in "hollow social care organizations"—that is, organizations that have handed over lower level work to volunteers—these conditions are not always met.

In many social care organizations, the responsibilities of volunteers are ambiguous. On the one hand, they are treated as unpaid employees, including "proto-contracts," but on the other hand, they cannot be held accountable in the same manner as paid staff. Furthermore, a lack of resources is often one of the reasons for volunteer responsibilization. This is unfortunate, as voluntary work should not be considered as a cheap replacement of paid work. Working with volunteers requires structural—material and immaterial—investments. Finally, social care organizations are not quite characterized by stability: Alongside the shift toward more volunteer responsibilities, traditional paid jobs have disappeared and new ones have arisen. The actors involved need time to adjust to their new roles, but time is a scarce resource in front-running organizations. Further research is needed to find out how these and other conditions shape the quality of services in hollowed-out social care organizations.

We conclude with a recommendation for practice. Nowadays, doing more with volunteers has become a mantra (Eliasoph, 2011), but volunteer policies should be part of an integrated coherent vision of what organizations want to offer and why. Organizations should consider professionalization of volunteers in close relation to (de-)professionalization of other occupational domains. Moreover, they should consider carefully whether professionalization of volunteers is always desirable. In the case of a highly educated volunteer population, this may be a fruitful strategy. However, in the daily reality of public service organizations, many volunteers are vulnerable and risk being overburdened with "professional" responsibilities.

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Declaration of Conflicting Interests

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