

Serving Clients When the Server Crashes: How Frontline Workers Cope With E-Government Challenges

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Abstract

Implementing e-government in the contemporary American state is challenging. E-government places high technical demands on agencies and citizens in an environment of budget austerity and political polarization. Governments developing e-government policies often mobilize frontline workers (also termed street-level bureaucrats) to help citizens. However, we know little about how frontline workers cope in these challenging circumstances. This article fills this gap by examining frontline workers (such as Navigators) implementing the Patient Protection and Affordable Care Act (ACA). Based on a qualitative analysis, we find that frontline workers cope by “moving towards clients”: they bend rules, work overtime and collaborate to help clients. They are less inclined to “move away” or “against” clients, for instance via rigid rule following and rationing. In other words, frontline workers try to serve clients, even “when the server crashes.” Concluding, frontline workers can play a vital role for successfully implementing e-government policies.

Practitioner Points

- Frontline workers have a wealth of knowledge about implementation challenges, such as technical problems, impossible caseloads and unclear rules. Their knowledge can improve implementation and should be gathered systematically.
- In general, frontline workers cope in ways that are beneficial for clients, even in difficult circumstances. Hence, they can play a vital role in successfully delivering e-government.

- Despite extensive coping skills, frontline workers may also experience considerable strain when implementing e-government reforms. This can lead to burnout and/or turnover. Governments should therefore pay particular attention to the challenges frontline workers face in their daily work and try to address these.

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Introduction

The delivery of public services in contemporary American government can be characterized by two contrasting trends. First, new policies are increasingly oriented around individualized digital user experiences and market-style provision. Citizens must now access and understand increasingly complex government-run websites (Tolbert et al. 2008). A second—contrasting—trend is that governments do not always have the resources to make policies work in a client-centered way. Often, political polarization and slim budgets create *barriers* to access, rather than facilitating it (Soss et al. 2011).

The implementation of the Patient Protection and Affordable Care Act (ACA) exemplifies these two trends. On the one hand, the ACA uses novel technologies (such as providing online marketplaces) to provide service to citizens. Related to this, the ACA requires many citizens who are unfamiliar with the concept of health insurance to make complex and often costly decisions about coverage in an online marketplace (Jost 2010). On the other hand, the ACA is politically contested, leading to budget constraints at the federal level (Thompson 2013). Additionally, some states provided far fewer resources to implement the policy than others (Béland *et al.* 2014a, b). Haeder and Weimer (2013, S34) even argue that the ACA “has been one of the most controversial laws in decades.”

To respond to these challenges, the ACA mobilizes non-governmental organizations to provide frontline assistance to clients (Marwell 2004). During the ACA’s first open-enrollment period, frontline—with titles like Navigator and Certified Application Counselor—
informed citizens about how the law worked and helped an estimated 10.6 million people to sign up for coverage (Darnell 2013). Hence, such frontline workers (also termed street-level

bureaucrats or public professionals) are crucial for the success of the reform. However, they have to work under challenging conditions, which includes high client volumes, technical errors in government websites, and complex rules (Béland et al. 2014a, b).

This article asks the following question: *How did frontline workers cope when implementing a major e-government policy: the Patient Protection and Affordable Care Act (ACA)?* In answering this question, we connect literature on e-government with insights from street-level bureaucracy and policy implementation. Scholars have long examined how frontline workers cope with the challenges of public policy (Evans 2013; Oberfield 2010, Lipsky 1980). Yet, to our knowledge, no studies have been conducted on how frontline workers cope with e-government policies, which have a strong technological component. While e-government is on the rise (Dunleavy et al. 2006), most studies of coping behavior focus on more traditional policies, such as accountability policies for teachers in high schools (Anagnostopoulos 2003).

This article proceeds as follows. First, we review the literature on e-government implementation and highlight the potential gains from studying frontline coping behavior. We then describe our research methods, which includes interviews, member checks, and document analyses. We then present our findings and discuss their implications for scholars interested in e-government, policy implementation and street-level bureaucracy, as well as our study's practical advice for policymakers.

Coping With Public Service Delivery in an E-Government Context

Public administration research shows the importance of coping of frontline worker for effective public service delivery. Drawing on the work of Lazarus (1966), Lipsky (1980 and 2010) notes that many frontline workers experience stressful working conditions, such as role conflicts and high workloads. They adopt ways of coping to deal with these situations. According to Lipsky, the way frontline workers cope directly influences “the decisions of street-level bureaucrats, the routines they establish, and the devices they use to cope with uncertainties and work pressure, effectively become the public policies they carry out” (2010, xiii).

Two examples show how frontline workers’ ways of coping affect clients. First, frontline workers might cope with high workload by rationing their services: not calling back and not following-up on client requests. This makes it more difficult for clients to access services (Trowler 1997). By contrast, other ways of coping can improve how e-government policies function. For instance, frontline workers can cope with stress by taking instrumental action, trying to solve policy problems by using their networks and skills, in the end improving public service delivery (Wagenaar 2004; Van Hulst et al. 2012). The next section presents an analytical classification scheme which helps to further distinguish between coping behaviors used by frontline workers during service delivery across a variety of empirical contexts .

Classifying Coping During Public Service Delivery

Tummers et al. (2015) argue that the public administration field lacks a comprehensive classification of coping. First, scholars use different terms to discuss the same phenomenon. For instance, Satyamurti (1981) discusses “strategies of survival” in a way that is fully convergent with Lipsky’s definition of coping. Second, scholars operationalize the concept differently and sometimes inconsistently. For example, Newton (2002), distinguishes between eight coping mechanisms. “Coping” is one of those eight mechanisms. Hence, it is both a higher- and a lower-order category, which is inconsistent with a coherent classification system. Furthermore, Anagnostopoulos (2003) identifies specific coping behaviors such as “altering results” and “lowering expectations” as ways in which teachers deal with student failure. Such specific classifications do not travel well across empirical contexts, hampering for instance cross-sectoral or cross-country comparisons.

Tummers et al. (2015) therefore developed a definition of coping during public service delivery, which we employ here. They define coping during public service delivery as *behavioral efforts frontline workers employ when interacting with clients, in order to master, tolerate or reduce external and internal demands and conflicts they face on an everyday basis*. Hence, coping during public service delivery is about behavior (what frontline workers do, not cognition) that takes place when interacting with clients.

Based on a 30 year literature review, they also developed a classification of families and ways of coping during public service delivery, identifying three families of coping specific to public service delivery: “moving towards clients,” “moving away from clients,” and “moving against clients.” Moving towards clients, or pragmatically adjusting to client

needs, can be seen as coping in the client's benefit. Moving away from clients describes behavioral patterns in which frontline workers avoid meaningful interactions with clients; moving against clients describes frontline workers engaged in direct confrontations with clients. The latter two families can be seen as coping that is *not* in the clients' interest.

This classification can be linked to a related distinction between the state-agent narrative and the client-agent narrative, developed by Maynard-Moody and Musheno (2000; 2003; 2012). The state-agent narrative suggests that frontline workers are charged with implementing public policies set by government. It is characterized by a focus on 'discretion', seeing frontline workers as self-interested and as policy makers (not takers) and finding ways to limit their discretion (Maynard-Moody and Musheno 2000, 336–341). This first narrative can be linked to the coping families. Frontline workers are self-interested and use their discretion. Hence, they would probably cope with stress by moving against or away from the client, making their work easier. The second narrative, that of the citizen agent, tells a different story. Frontline workers argue themselves that they base their decisions on normative choices (who is "worthy" of help, and who is not), and not on governmental rules. Furthermore, when confronted with stress they often make their work harder in order to respond to client request. Concluding, the citizen agent narrative can be linked to the first family of coping: frontline workers cope with stress by moving towards clients.

Within these three families, various ways of coping are specified, such as rule bending for the benefit of the client (classified within the family 'moving toward clients') and rigid rule following (classified within the family 'moving against clients'). Table 1 lists and defines 10 ways of coping, grouped within 3 families of coping.

Table 1.

Families and ways of coping during public service delivery (based on Tummers et al. 2015)

Coping family and Way of coping	Definition
<i>Moving towards clients</i>	
Rule bending	Adjusting the rules to meet a client's demands
Rule breaking	Neglecting or deliberately obstructing the rules to meet a client's demands
Instrumental action	Executing long-lasting solutions to overcome stressful situations and meet client's demands
Prioritizing among clients	Giving certain clients more time, resources or energy
Use personal resources	Using one's own time, money, or energy to benefit the client
<i>Moving away from clients</i>	
Routinizing	Dealing with clients in a standard way, making it a matter of routine
Rationing	Decreasing service availability, attractiveness or expectations to clients or client groups
<i>Moving against clients</i>	
Rigid rule following	Sticking to rules in an inflexible way that may go against the client's demands
Aggression	Confronting clients in a hostile manner

We fully acknowledge that some ways of coping which are classified under 'moving towards' can be against the client interest in some situations, while others which are classified under 'moving away' or 'moving against' can be beneficial for clients. Hence, the link between the families and ways of coping can be problematic. For instance, following rules in a very rigid manner may at times be beneficial for clients. In the empirical research we have used the ways of coping in a way that that fit their (higher order) families of coping. Hence, we classified something as 'rule bending' (under moving towards clients) when a

frontline worker adjusted the interpretation of the rules so that in his view the client was better off.

Next, we will discuss the expectations on whether frontline workers in an e-government context would cope by moving towards clients or, on the other hand, moving away or even against clients.

Expectations of Coping During E-Government Service Delivery

The literature provides two contrasting sets of expectations for how frontline workers might cope during e-government service delivery. First, some scholars suggest that frontline workers will cope by moving *away from* or even *against* clients. Salamon (1987) argues that non-profits like those often involved in e-government service delivery are often limited by their small size, amateurism and scarce budgets. Working in such a challenging organizational context, frontline workers might cope by moving against or away from clients (Grønbjerg 2014). Related to this, measuring the performance of frontline workers in the e-government context can be difficult, especially given frequent technological errors and a complex legal framework. Principal-agent models note that when oversight is difficult, agents (here: frontline workers) will show self-interested behavior and will make their own life as “easy” as possible by rationing and routinizing services (Laffont and Martimort 2009). Furthermore, Delfgaauw and Dur (2008) show that “lazy” workers prefer to work in task environments where personal effort is harder to verify, crowding out dedicated workers. E-government reforms can fit this description, since they place greater responsibilities on clients to manage benefits on their own. These studies would thus suggest that frontline

workers cope with stress during the implementation of an e-government policy by choosing ways of coping that are not in the interest of clients, but more in ways which limits their own efforts, such as rationing or routinizing.

A contrasting view is that frontline workers move *toward* clients when confronted with stress when implementing e-government reforms. Arguing against Salamon (1987), Feiock and Jang (2009 see also Peng et al 2015) can be beneficial because they have high professionalism, know the clients they serve and enjoy legitimacy within the community. For instance, when confronted with challenging work situations, workers can reach out to other actors in the community they know well, trying to ‘fix’ the situation. Furthermore, public service motivation studies have showed that frontline workers not only work because they like the work and get rewards such as money, but also because they want to provide meaningful services, even when this comes at personal expense (Perry 1996; Bakker 2015). Furthermore, studies on policy alienation show that especially when frontline workers think a particular policy is meaningful for their clients or for society, they will show efforts to implement it (Tummers 2011; Tummers 2012). Related to this, Dias and Maynard-Moody (2007) note that frontline workers often express a “social work narrative,” focused on helping clients achieving long-term success. Based on these studies, we would expect that frontline workers implementing e-government policies would cope with stress during public service delivery by moving *towards*, instead of away from or against clients.

To answer the question of how frontline workers coped during e-government service delivery, we conducted a study of frontline workers implementing the ACA, arguably the

most salient instance of e-government implementation in the US. In the next section, we detail the methods we employed in our analysis.

Methods

We examined the implementation of the ACA during the law's first open-enrollment period in 2013–14. The ACA is a valuable case for two reasons. First, e-government, in the form of online insurance marketplaces, run by either the federal government or the states, is at the core of the ACA's expansion of access to health care. To obtain insurance coverage, people must use online interfaces to select qualified health-insurance plans and determine their eligibility for tax credits or other public support for healthcare, such as Medicaid (Grob et al. 2014). Second, frontline workers are essential to the implementation of the ACA's e-government component. The ACA explicitly opted for developing and subsidizing organizations to develop “navigators,” “in-person assisters,” and “certified application counselors” (CACs) to help connect citizens with either qualified health plans or access to Medicaid (Volk et al. 2014). Despite their differing job descriptions and funding streams navigators, in-person assisters, and CACs have all facilitated enrollment under the ACA.

Our study relies on an analysis of frontline workers' coping behavior in Minnesota and Wisconsin. While we fully acknowledge that no two states are nationally representative of in terms of the way the ACA has been enacted, Table 2 shows that both states have demographic properties that put them close to national medians (and to each other) on key variables like population and poverty. Although the two states are comparable on many background characteristics, the state implemented the ACA quite differently. These

differences allow us to examine how frontline workers are coping with a diverse array of problems they currently confront in the implementation of the ACA.

Table 2. ACA Implementation Context in US States, Minnesota, and Wisconsin

	<i>Median (All States)</i>	<i>Minnesota</i>	<i>Wisconsin</i>
Population	4,315,000	5,314,000	5,661,000
Percent of Population Under 100% Federal Poverty Level	19%	13%	16%
% Non-citizen Residents	5%	4%	3%
Median Annual Income	\$50,443	\$56,869	\$52,574
Per Capita State Spending	\$5,740	\$5,920	\$7,534
% Vote for Obama in 2012	50.67%	52.65%	45.89%
% Uninsured	14%	10%	17%
% on Medicaid	16%	14%	17%
% Private Employers Offering Coverage to Employees	50.10%	50.10%	49.60%
State-based Marketplace?	N/A	Yes	No
Medicaid Expansion	N/A	Over 138% Federal Poverty Level	Up to 100% Federal Poverty Level
Restrictions on frontline workers' discretion?	N/A	Regulations	Legislation
Assistance Program Capacity	N/A	One assistance program for every 300 uninsured	One assistance program for every 2,650 uninsured

Sources: **Population, poverty, and non-citizen residents:** Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2012 and 2013 Current Population Survey (CPS: Annual Social and Economic Supplements). **Median Annual income:** U.S. Census Bureau, Current Population Survey, 2009 to 2011 Annual Social and Economic Supplements. Three-Year-Average Median Household Income by State: 2009-2011 and Two-Year-Average Median Household Income by State: 2010 to 2011, available at <http://www.census.gov/hhes/www/income/data/statemedian/index.html>; **State spending:** Kaiser Family Foundation based on National Association of State Budget Officers State Expenditure Report: Examining Fiscal 2010-2012 State Spending, 2012; Table 1 and the U.S. Census Bureau Resident Population Data, 2012. **% of Vote for Obama in 2012:** 2012 Federal Election Commission Report. **% Uninsured and % Medicaid:** Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2012 and 2013 Current Population Survey (CPS: Annual Social and Economic Supplements); **% Private Employers Offering Coverage:** Agency for Healthcare Research and Quality, Center for Cost and Financing Studies. 2012 Medical Expenditure Panel Survey - Insurance Component. Table II.A.2. **State-based marketplace and Medicaid Expansion:** Kaiser Health Facts: <http://kff.org/state-category/health-reform/>. **Restrictions on frontline workers' discretion and program capacity:** authors' calculations.

Minnesota took the path of most states governed by Democrats and established its own state-based marketplace, thereby triggering federal grants for navigators and assisters, which the state supplemented with additional funding (Snowbeck 2014a). As with other states like it, such as Maryland, Minnesota's health-insurance exchange—MNSure—had serious difficulties with implementation. Combined with technical malfunctions which prohibited the uninsured from accessing the website, MNSure was also delayed in producing coherent procedures for frontline workers and completing the task of licensing and making grants to these organizations (Olson and Crosby, 2013). By contrast, frontline workers in Wisconsin faced direct challenges posed by the state's decision to refuse to establish a state-based marketplace. Wisconsin's default to the federal marketplace blocked consumer assistance organizations from receiving federal grant money. This resulted in a much smaller pool of frontline workers, known as Certified Application Counselors (CACs). One indication of the potential for overburdened CACs in Wisconsin is that there is one navigator or assister organization for every 2,600 uninsured persons in the state. Comparatively speaking, there is roughly one organization for every 300 uninsured in Minnesota.ⁱ

Data Sources

To ensure the validity of our insights, we used a variety of qualitative methods. First, from January to June 2014 we conducted 21 telephone interviews. We conducted an additional 4 interviews in December 2014 to check the validity of our findings with frontline workers in underrepresented rural settings. We checked the validity of our analysis by sending the draft article to the interviewees (a member check). The characteristics of the respondents are

shown in Table 3. To complement our findings and to check its validity, we interviewed an expert who has studied service delivery in Minnesota and Wisconsin. Furthermore, we conducted a document analysis of newspaper articles in Wisconsin and Minnesota. Using LexisNexis, we identified 70 articles (N=54 in Minnesota, N=16 in Wisconsin), which focused on frontline workers.ⁱⁱ Last, to validate the findings, we conducted a document analysis of published reports detailing the behavior consumer assistance organizations implementing the ACA nationwide (N=28). After examining each study, we identified and coded any instances of coping behavior.ⁱⁱⁱ

Table 3. Respondent Characteristics

	<i>Wisconsin</i>	<i>Minnesota</i>	<i>All</i>
Organization Characteristics			
Urban	8	9	17
Rural	5	3	8
Mean Years in Operation	38.13	36.8	37.5
Non-profit Community Service Organization	5	5	10
Federally Qualified Health Center	7	4	11
For-profit Organization	0	3	3
State/County/Local Government	1	0	1
Interviewee Characteristics			
Male	4 of 13	2 of 12	6 of 25
Mean Years of Experience	7.75	4.75	6.34
Social Work Background	3	4	7
Public Health Background	2	3	5
Lawyer	1	1	2
Bachelor's Degree Only	7	4	11
N=	13	12	25

The interviews were conducted using the “Critical Incident Analysis” technique, which is especially suited to analyzing coping (Dewe et al. 2010). Interviews were anonymized, with pseudonyms assigned (these pseudonyms are used in the results section) and were transcribed. The authors read all transcripts and discussed the coding and interpretation. Each “difficult” fragment was discussed via phone, Skype or face-to-face meetings, until consensus was reached. One of the decisions made during these meetings, for instance, was that we should distinguish between instrumental actions which were related to (individual) learning (entitled: instrumental action: individual learning) and instrumental actions related to collaboration (entitled: instrumental action: collaboration).^{iv}

Results

In this section, we review the results of our interviews and document analyses. Briefly, the results are as follows. First, we found that few frontline workers we interviewed coped by ‘moving against’ or ‘moving away’ from clients. Second, frontline workers relied on client-centered organizational expertise to cope in ways that moved towards clients, such as learning, rule bending, and using personal resources. Third, the vast majority of our interviews revealed that frontline workers collaborated with one another, both within and across organizations, to solve client problems and improve access to services. Fourth, despite strong evidence of coping, we found that frontline workers experienced considerable strain in their work, especially in cases when staff cuts loomed or client volume peaked. Finally, the document analyses in general confirmed the patterns identified in the interviews.

Limited Evidence of “Moving Against” and “Moving Away” from Clients

The interviews and document analysis revealed little evidence of frontline workers coping with stressors by moving away from or against clients—regardless of the worker’s organization or state. This finding was surprising to us, and especially so in the case of Wisconsin, where legal- and resource-based constraints on Certified Application Counselors (CACs)—such as limits on their capacity to guide clients to insurance plans—might be expected to be associated with behaviors like the rationing of services and rigid rule following. Below, we will discuss the incidents where we *did* find ways of coping by moving against, and away from clients.

Rigid Rule Following and Aggression. Only two frontline workers reported engaging in rigid rule following, or strictly obeying the letter of the law despite its adverse effects on clients. For one of these workers (Calvin, note that all names are pseudonyms), from Wisconsin, state’s regulations mattered a great deal:

As a CAC, I am not supposed to recommend [insurance plans] to them, I’m supposed to get them to the stage where, “Here’s what plans are available, you pick.” And then if they can’t pick, say, “Well, you should go and see an insurance agent who can help you understand all these nuances.”[...] Everybody I’ve tried that with, nobody wants to go to an insurance agent. They want me to help them.

However, we must note that Calvin, who prided himself on knowing the law, did not state that the strictures imposed on him were good for clients and that he sometimes had difficulties following the rules to the letter. Perhaps this is why we found no other instances of rigid rule following as a way of coping in our interviews, or of aggression towards clients.

Routinizing. Similarly, only one interview contained evidence of routinizing work, or

dealing with unique client problems in a standardized way. As Gina, a navigator in Minnesota told us, the sheer number of clients expanded severely in the final weeks of open enrollment, making it difficult to provide what she described as the “quality” of service that she was used to providing. Rationing care was “ethically hard” for her, but she did feel comfortable in routinizing her interactions with applicants—asking them the same questions rather than investigating the unique aspects of their problems. She spent less time building trust with doubtful clients, listening to their stories, phoning them if they missed an appointment, or following up with them after enrollment.

Rationing. We found more evidence of rationing, namely in 6 interviews. We did find rationing when frontline workers experienced high “client overload”, especially during the peak of open enrollment. As Amina, a navigator in Minnesota put it, the diversity and complexity of client challenges extended beyond glitches in the state marketplace to clients’ own difficulties with English-language comprehension, health and financial problems, and precarious legal statuses. When client volumes expanded, she simply did not always have the time to effectively translate technical health-insurance language to her clients. Client overload led her to ration her attention to problems clients had with state’s health-insurance marketplace and to give the state “the benefit of the doubt” and not pursue cases further.

Yet for Amina, as well as the vast majority of our interviewees, rationing was a “last resort”. As Beza, another navigator in Minnesota told us: “A lot of people can’t advocate for themselves” and that she felt it was important to devote as much time as she could to each client, especially in adverse situations. One of Beza’s clients was a paraplegic man in an

extended-care facility who could not show up in person to meet with her. His wife could intervene on his behalf, but she did not speak English. It took the clients over five months to receive coverage, during which time they placed constant phone calls to Beza and visited on a regular basis. Beza's level of involvement with casework was something that she did not expect, and it profoundly affected her life outside work. She was working overtime frequently and getting little sleep, yet she did not ration her time with cases. Only recently insured herself, she felt she knew what her client was going through, which gave her the ability to 'push through' for him. In addition to identifying with the client, she reported that she knew insurance would make a 'huge difference' in his life and the lives of his family. In each of our interviews, we found frontline workers "pushing through" on behalf of clients. The next two sections describe those behaviors in greater detail.

Moving Towards Clients: The Role of Client-Centered Organizational Expertise

In addition to personal identification with clients and commitment to providing meaningful public services, the ACA's frontline workers operate in an organizational context imprinted with a logic of service delivery in which clients come first. We identified links between this organizational background and three of the ways of coping in the family moving towards clients: instrumental action (in the form of individual learning), using personal resources, and rule bending. We did not, however, observe evidence of other client-centered ways of coping, such as rule breaking or prioritization among clients

Instrumental Action: Individual Learning. First, client-oriented organizational

expertise helped frontline workers to take instrumental action in the form of learning about how to solve client problems with accessing online insurance marketplaces, both on the spot during client meetings, and more systematically. We found evidence of this pattern in 22 interviews. Often, we heard frontline workers describing their organizations as having a ‘health care nerd’ culture, in which familiarity with the insurance market and associated regulations was a common source of support. Jeff, a CAC at a rural county hospital in Wisconsin, reported that he relied on his extensive experience with the insurance market to solve the problem of client confusion with the website. When interacting with clients who did not appear to understand the concept of health insurance, Jeff used examples from his 23 years of experience with insurance providers to demonstrate the tradeoffs inherent in alternative plans and the likely benefits of each given a client’s medical history. Jeff and his colleagues also developed a long-term strategy to solve this problem, developing instructions for clients to take home and a process for re-scheduling appointments when clients did not feel they were prepared to complete their application.

Other frontline workers used similar behavior to help clients in stressful circumstances. Beza, a navigator in Minnesota, found major problems with the state marketplace (MNSure) when she started her position. MNSure was late in developing navigator-training materials, and when they finally arrived, they were – in her words – “awful”. For instance, virtually no information was present on how to serve non-traditional families (with a for instance a grandmother as parent). Beza coped with these problems by helping to develop training materials—including powerpoints, tip sheets, and guidebooks—

that filled in the gaps left by state training materials. If navigators “knew their stuff”, Beza said, they would be better able to contest erroneous rulings from MNSure officials.

Use of Personal Resources. A second way of coping was the use of personal resources by frontline workers to aid their clients. This was found in 16 of our interviews. Frontline workers dealt with more clients than they initially imagined. Many clients had complex situations not easily addressed with government websites. This often resulted in uncompensated overtime work. By January of 2014, the barrage of glitches and client-based problems pushed Amina and her colleagues into what she described as a “catch all” role. Not only were they helping clients understand the policy and get signed up, they were becoming daily caseworkers before, during, and after the enrollment process. The labor, especially during open enrollment, resembled a “political campaign” with eighteen-hour days.

Aside from (often uncompensated) overtime in the office, we also identified frontline workers using personal time outside of the office. Calvin informed us that he spent personal time—up to 6 hours a week at the beginning of open enrollment—reading the text of the ACA and federal regulations to make proper determinations about eligibility rules.

Rule Bending. Third, we discovered that organizational expertise gave 8 of our interviewees the capacity to “bend” their interpretations of ACA rules to fit particular client needs. Interestingly, most of our interviewees reported that they did not see bending the rules as even a modest violation of the law. Rather, they suggested that they were “bending the rules back into place.” As a number of our interviewees suggested, since state and federal agencies often interpreted statutory guidelines in erroneous ways, it became the job of frontline workers to ‘know the law’ and to ensure that applicants for public services were

being treated fairly. Jim gave one example of how ‘bending the rules back into place’ works. As Jim discovered, healthcare.gov applications required married applicants to file taxes jointly in order to be eligible for subsidies. Yet, as he told us:

Something we have a lot of [is] separated couples that haven’t lived together for years, wives that don’t even know where their husbands are, or even if they are alive...but they’re still married. Maybe they never actually got a divorce because expense or time, or something like that.

In these cases, correctly filling out online forms would lead to a deprivation of tax-credits that seemed to Jim to be nonsensical. His solution was to bend the rules to help clients. In Jim’s words, he and his colleagues “find loopholes, and we are good at finding loopholes, and ways to help the people we are trying to help. We will never do anything that’s actually illegal.” To aid married clients seeking subsidies but for whom filing jointly was impossible, Jim told us that they filled out the application without the correct information: “we put ‘no’ [on the application], that they are not married, they are just filing as ‘head of household.’” Only after he studied and pursued this course of action did Jim check with federal officials, who later approved the change.

Rule Breaking and Prioritization Among Clients. By contrast, our coding of the data revealed no evidence of rule breaking or prioritization among clients. Hence, some ways of coping grouped under ‘moving towards clients’ were probably not used often. While we were not especially surprised to find an absence of evidence of rule breaking (also because of social desirability, see discussion and conclusion), we were puzzled by the absence of prioritization of clients with complex cases over “low-hanging fruit.” As the next section reveals, however, frontline workers often dealt with complex cases through inter-

organizational collaboration.

Moving Towards Clients: The Role of Inter-Organizational Collaboration

In 21 of our interviews, frontline workers reported engaging in another form of instrumental action: collaboration. When confronted with challenges, they cooperated with others in inter-organizational networks made up of peers, representatives from state agencies, and insurance companies. These networks tended to be highly formalized, rather than ad hoc. In Wisconsin, the state Department of Health Services worked with community partners, health care providers, income maintenance consortia, managed care entities, and other key stakeholders to establish 11 Regional Enrollment Networks (Wisconsin Department of Health Services 2014). In Minnesota, the state's marketplace contributed to local implementation efforts like Insure Duluth, a consortium made up of 17 organizations, representing community non-profit agencies, health care providers, a foundation, faith communities, and higher education (Insure Duluth 2014). These networks organize both in-person and online interactions. Frontline workers often meet each other in person in the form of "study groups" on particular issues as well as for larger group sessions with state officials and health-insurance professionals. Online, these networks keep frontline workers apprised of rapid changes in regulations and technical fixes. Informally, members of these networks often keep in close contact through shared online documents and spreadsheets. In both states, inter-organizational networks facilitate collaborative activity that has become essential to how frontline workers cope to provide better service to clients. We will provide examples of how collaboration (via networks) was used as a way of coping.

First, networks provide a resource for on-the-spot challenges that workers face with enrollment. As Calvin, a CAC in Wisconsin, told us:

There's a navigator group in a county not too far from us that I met at a meeting, and I called that individual a number of times for assistance when I had a question I didn't understand, or how to do something. So, the resources are there, and some people who are [providing assistance to CACs] on a daily basis.

Second, networks provide a means of recognizing broader problems with enrollment and developing systematic solutions that cover broader client populations. Amina, a navigator in Minnesota, reported that regional networks allowed her to pick up tacit knowledge from others who had worked on the challenging issue of enrolling immigrants who lack citizenship status. Recognizing the power of these networks, Amina told us that one way she coped with these challenges was by developing a 'manual' she could use when facilitating enrollment for clients who were recent immigrants to the US. This manual, and a presentation based on it, has been distributed informally nationwide.

Finally, inter-organizational collaboration helped to secure clients' trust and infrastructure for service delivery. As Martha, a navigator in rural Wisconsin told us, networks allow organizations to "use what's around." In her case, this meant the space to hold longer informational sessions with an aging population and internet access. In both rural and urban settings, we found evidence that networks linked navigators to community organizations like churches, schools, local libraries, and chambers of commerce. These organizations provided not just infrastructure, but their own connections to existing uninsured populations (Gregg et al. 2014).

Barriers to Moving Towards Clients

We found substantial evidence to suggest that the ACA's frontline workers cope with adverse circumstances by moving towards clients, in both states. Yet we must state that we also found that the workers' experienced considerable strain from their work. This strain is potentially because moving towards clients was not always beneficial for frontline workers. Interviewees across state contexts reported a lack of resources and an almost constant pattern of overwork during open enrollment. For instance, we heard reports of a presumably talented worker quitting because he simply "couldn't take it anymore."

Respondents also reported that uncertainty about their role under the ACA made it difficult for their organizations to maintain a steady stream of employees. Several told us that frontline worker positions have been cut since the close of open enrollment, and since their functions must be re-appropriated by Congress and state legislatures and re-evaluated by philanthropic organizations, the prospects of the navigator program remain uncertain. Though our findings would suggest that moving away from or against clients will remain a last resort, it is possible to imagine that increased job demands could increase its use over time (Bakker 2015).

Consistency of Interview Data and Document Analyses

Table 4 summarizes the findings from our interviews. Additionally, it presents sample citations from our analysis of published reports on frontline workers in the ACA nationwide and in the two states. These analyses suggest that our interviews are consistent with broader national trends. Multi-state studies and news reports from both states contained numerous

observations of frontline workers collaborating with one another and with community organizations on how to solve implementation problems. We found little evidence of rule bending, however, and with the exception of one published study that discussed rationing, we found virtually no evidence of moving away from or against clients.

Table 4. Summary of Findings

Type of Coping	Specific action(s) found in interviews	Challenges addressed	Example citation in analysis of published reports (N=28)	Example citation in Minnesota news coverage (N=54)	Example citation in Wisconsin news coverage (N=16)
<i>Moving towards clients</i> Instrumental action: collaboration Instrumental action: collaboration Instrumental action: learning	(a) Building connections to existing community organizations and service providers	Lack of awareness about marketplaces in community, lack of internet access	Pollitz et al. (2014, 19); Hoag et al. (2014, 9)	Olson (2013); Crosby (2014)	Dowd (2013)
	(b) Regular in-house and regional meetings to share information	Website errors, legal rigidity, complex clients	Gregg et al. (2014, 2); Williams et al. (2014);	Legal Monitor Worldwide (2013)	Shafer (2014)
	Compiling information about insurance literacy challenges to create new educational materials	Low computer- and insurance-literacy	Grob et al. (2014, 9–10); Dybdal et al. (2015, 57)	Snowbeck (2014b); Nord (2014)	Lindquist (2013)
Rule bending	Interpreting website procedures in a flexible way to serve clients	Legal rigidity, website errors	None	None	None

Type of Coping	Specific action(s) found in interviews	Challenges addressed	Example citation in analysis of published reports (N=28)	Example citation in Minnesota news coverage (N=54)	Example citation in Wisconsin news coverage (N=16)
Use personal resources	Working overtime during peak enrollment season.	Client overload, complex clients	Volk et al. (2014, 5–6)	None	None
Prioritize among clients	None	N/A	None	None	None
Rule breaking	None	N/A	None	None	None
<i>Moving away from clients</i>					
Rationing	Limiting population served	Client overload	Pollitz et al. (2014, 14)	None	None
Routinizing	Treating all clients the same, not investigating complex situations	Complex clients	None	None	None
<i>Moving against clients</i>					
Rigid Rule-following	Interpreting applicable eligibility rules in a strict way	Client eligibility issues	None	None	None
Aggression	None	N/A	None	None	None

Discussion and Conclusion

The central goal of this article was to analyze how frontline workers – such as Navigators and Assisters – cope in the challenging circumstances of implementing the ACA, a major reform with substantial e-government characteristics. In implementing the ACA, frontline workers confronted a policy shot through with technical failures, legal rigidity, low resources, and political polarization. Based on the document analysis, the interviews and the member checks, our conclusion is that frontline workers often coped with stress by moving *towards* clients.

Our study makes three contributions to the literature. First, our study is one of the first to directly address how frontline workers cope with the challenges of e-government reforms. Although e-government reforms place additional demands on frontline workers and clients alike, our evidence suggests that it is possible for frontline workers to respond to these challenges in client-centered ways. Despite real barriers to this form of coping, we found “moving towards clients” to be overwhelmingly evident.

Second, and relatedly, our article makes a methodological contribution to the literature on coping by providing an initial application of a classification scheme developed by Tummers et al. (2015). We are among the first to use this classification to qualitatively study how frontline workers cope with new reforms, in this case a core e-government reform. Our research provides additional specific indicators of the concept, such as ‘on the job’ learning and inter-organizational collaboration to solve client problems, that can aid future scholars attempting to refine and systematize this conceptual framework (Adcock and Collier 2001). More generally, this study adds to the growing body of literature on coping in

public administration, which analyzes coping on the individual (Morrell and Currie 2015; Teelken 2015) and the organizational level (De Graaf et al. 2014; Steenhuizen and Van Eeten 2013).

Third, our study contributes to an emerging literature on the implementation of a landmark health reform. Important studies have discussed other relevant topics about the ACA, for instance analyzing how the policy has become polarized (Thompson 2013), the role of governors and state commissioners of insurance in state implementation (Haeder and Weimer 2013) and access of immigrants to healthcare (Pandey et al. 2014). A recent Kaiser Family Foundation report (Pollitz et al. 2014a) did study frontline workers, by analyzing the challenges ACA implementers face (see also Darnell 2013). Furthermore, Henderson (2013) analyzed the way paramedics dealt with the ACA. However, to date no studies focuses on coping behavior of frontline workers such as navigators and assisters. To the emergent literature on the implementation of the ACA, our study adds weight to the argument that improving client access to health coverage relies crucially on the quality of support provided by non-governmental organizations and their frontline workers.

For practitioners, there are two key takeaways from our research. First, we argue that governments developing (e-government) policies should pay attention to what implementing organizations and individual frontline workers do and learn from them. We saw that frontline workers have a wealth of knowledge about implementation challenges. Furthermore, they have often found ways to cope with these challenges in ways that are beneficial for clients. Their knowledge can improve implementation. For instance, rules which are unjust or unclear as determined by frontline workers could be detected and re-analyzed on a higher

level. Second, we see that frontline workers have resources at their disposal to deal with challenges, even if they don't have direct control over computer interfaces or technical expertise (see also Bovens and Zouridis 2002). Rather, they have the capacity to interpret rules, learn, and collaborate in ways that help clients get access to services and improve reform. Hence, frontline workers are able to make a difference and can cope in ways that are beneficial for clients. Spreading this knowledge might even prevent some of them from burnout (Grant 2008).

This brings us to the limitations and future research suggestions. First, we must note that the results found could be dependent on the research context (the ACA implementation in two states). It would be valuable to replicate this study in a different point in time using other states and other methods. Furthermore, scholars can conduct studies using the same theoretical model which focus on other groups of frontline workers who have other types of professional training or who have to implement quite different policies in different circumstances. For instance, while some welfare-to-work programs may also include e-government components, their institutional design and implementation context may pose greater barriers to client-centered ways of coping (Watkins-Hayes 2009; Soss et al. 2011).

A second limitation is that our findings may be biased against finding instances of moving away from or even against clients. As with much research, the answers interviewees give are prone to socially desirability bias, for instance noting that they 'move toward clients' while in fact they often do not. Similarly, news coverage and published reports may be less apt to find instances of this behavior, especially if frontline workers might not admit to it. Although we tried to reduce social desirability by stressing anonymity and asking non-

leading questions in our interviews, the potential for bias cannot be eliminated. Future studies could analyze the coping behavior of frontline workers by asking others about this behavior, especially clients, supervisors and colleagues.

Third, our findings suffer from ‘survivor bias.’ We did not study how frontline workers who quit their jobs—voluntarily or not—coped with stress. Furthermore, the interviewed frontline workers might have a positive stance towards health reform, which could influence their coping behavior. Although our member check and document analysis returned little in the way of criticism of our finding that coping by moving towards clients was a predominant strategy we should acknowledge this bias. Future work should consider the issue of survivor bias in studies of coping during public service delivery more thoroughly.

Finally, future studies could more systematically analyze coping behavior and its antecedents using a quantitative approach (using for instance longitudinal surveys or experiments). By quantitatively showing how much frontline workers use specific ways of coping, it can be statistically shown whether (not) they really move more ‘toward’ clients. Important variables are, for instance, personal and client characteristics, workload, social support and work experience (Thomann 2015; Brodtkin 2011).

To conclude, this article has shown that frontline workers implementing an essential e-government component of the ACA cope with stress by helping clients, even in adverse circumstances. In other words, frontline workers try to serve clients, even when ‘the server crashes.’ These findings provide an important insight into frontline work in an e-government context. It also adds to a growing number of studies which suggest that frontline workers in a

range of countries, policy areas, and organizations behave in ways that are beneficial for clients (DeHart-Davis 2007; Maynard-Moody and Musheno 2003; William 2015; Wright et al. 2012). Further research on frontline behavior – both potentially harmful and potentially beneficial for citizens - should prove to be a timely and productive endeavor for both scholars and practitioners alike.

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Note: References with an * are included in the document analysis and cited in this article. For a list of all items included in the document analysis, see Online Appendix.

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Endnotes

ⁱ Estimated by the authors based on filings at Healthcare.gov (Wisconsin) and MNSure.com (Minnesota).

ⁱⁱ For a list of all articles included in the first document analysis see Online Appendix 2.

ⁱⁱⁱ For a list of all articles included in the second document analysis see Online Appendix 3.

^{iv} For a list of all coding decisions, see Online Appendix 1.