

*Dealing with precarity under precarious conditions:  
Welfare services responding to life-course risks and  
the mitigating role of emotional regimes*

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# Structure



1. Starting point
2. Research design
3. Institutional settings for elderly care in Germany
4. Emotional regimes: Concept & empirical illustration
5. Conclusions

# 1. Starting point

*Background:* **towards a 'welfare service state'** to facilitate critical life-course transitions & new care needs, through 'activation' & 'social investment'

- expansion of human services...
- exposed to new modes of governance ( NPM ) ...
- translating into precarious organisational settings

Case in point : ***elderly care in Germany***

(but similar situation elsewhere, e.g. results for continuing occupational training)

= **sector under pressure**

- rapidly growing needs due to demographic ageing, changing family models & evolving gender regime
  - rising expectations on *social care* by the wider public and state authorities
  - uneasily mixed provision of intergenerational support (family, state, market)
  - limited/curtailed capacities/issues of care quality & equal access to services
  - commercialisation of elderly care and large 'grey market' of informal care
- **How does this work?**

## 2. Research design

- Focus of research : **emotional underpinnings** of social care arrangements
- ... deemed highly relevant for better understanding current dynamics and problems in the welfare state
- ... embedded in an uneasy tension field (between diffuse *compassion* for the frail elderly & *feelings of anxiety/distrust*)

### Hypothesis:

**institutional arrangements** are reflected, processed & regulated through **emotional regimes** in human service organisations

### Approach:

- Focus on care providers & staff providing elderly care services (both residential & domiciliary settings)
- Qualitative methodology: field & case studies...

**Research question:** *What role do emotional dynamics play in elderly care settings under current welfare state regulations?*

### 3. Institutional arrangements of elderly care in Germany - in a nutshell

- Welfare state framework: Social insurance for elderly care, only *partially cost-covering* (co-funding by users or social assistance)  
=> **uncertainty** for users (scope of services; quality)
- Governance through *NPM principles*:  
cost-unit rates for (medical & social) care tasks, time constraints, low wages, formalised output control (quality inspection)
- Implementation of *market logic*: direct payments to users / free choice / competition between providers  
=> **uncertainty** for service providers
- ➔ **Tensions** between the 'mission' & formal goals at provider level  
=> what happens on the grounds?

## 4.a Emotional regimes

Sets of mechanisms at work in the organisational translation of the aforementioned institutional arrangements

= emotional regimes (see also Wettergren) which moderate institutionally induced tensions, have *regulative functions*, and are composed of several factors:

1. *Institutional rules* impact on emotional resources of staff, motivating & governing their behaviour, but also irritating them → forming the regulative context for their subjective construction of meaningfulness, and the organizational processing of institutional prescriptions

## emotional regimes (continued)

2. **Service providing organizations** implement these institutional prescriptions, with a strong regulating role of **management** which influences emotional resources of staff.
3. **Individual care workers** in their roles as staff/colleagues and in interaction with users' need to 'process' these institutional and managerial governing rules by *coping* – which has regulative functions and impacts on their emotional resources.

Our field study reveals ***the ambiguous character of these regimes:***  
...as these are essentially contributing to the **functionality** of care provision (despite shortcomings in the institutional arrangements)  
...yet have ***dysfunctional side-effects*** due to institutional & managerial inconsistencies and disruptive coping mechanisms, with negative impacts on staff & organisational outcomes

## 4.b Empirical illustration

- 1. Institutional settings are experienced emotionally in a diffuse way** – between frustration & anxiety and embraced glorification  
*“We’re doing a great job to help them, this is my mission” – “One is always afraid that someone says one has worked badly” – “always under harsh time pressure”*
- 2. Hybrid or meandering management modes of ‘emotional governing’ & empathy with staff** – between empathetic governance and disciplining with (implicitly) raising fears  
*“I feel I’m cummerband auntie for the staff” – “fake illness reports must be reduced”*
- 3. Individual acting-out emotions, tentatively & by self-governing** – unsettling seesaw between following managerial rules & ethical norms, heroic self-sacrificing & fatalist demarcation against users’ needs  
*“the client should not notice that I’m under pressure” – “Am I stupid? I don’t work overtime anymore, it’s over” – “clients have the right to get in a bad state”*



# Emotional Regimes at a glance

## WELFARE STATE INSTITUTIONS

Performance expectations ↔ Constraints

→ Impacting on emotional resources (de-problematising / burdening)

### ORGANISATIONS: Top level management

,winning favor with staff' ↔ disciplinary management

→ Inconsistent emotional governing  
→ Moderating emotional resources

### Medium-level management

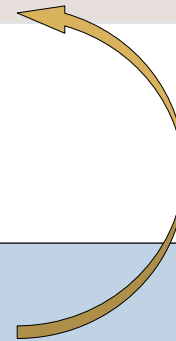
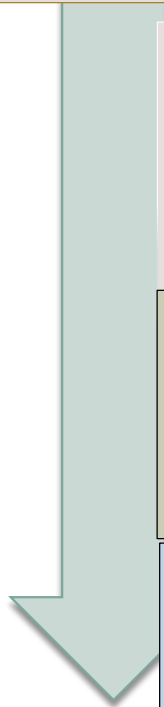
,winning favor with staff' ↔ 'co-disciplining'

→ Governing in ,sandwich position'  
→ Moderating emotional resources

### Employees as co-workers and interactive service workers

Coping with tensions & inconsistencies ( ↔ )

→ Tentative acting-out of emotions;  
Emotional self-governing  
→ Moderating emotional resources



# 5. Conclusions

*Emotional underpinnings of human service provision matter and reveal:*

- inconsistent expectations & requirements, going along with little leeway for control, lead to systematic uncertainty or even a latent climate of anxiety
- the emotional ‘cocktail’ of (expected) high intrinsic motivation & (latent) fears of failure may be functional for ‘squaring the circle’ of fulfilling care tasks under institutional arrangements provoking precarious settings
- ... but ‘bad feelings’ (frustration & anxiety) are latent or manifest undercurrents that may have corrosive effects on care workers(‘ health) & service = welfare state outcomes

## conclusions (continued)

### further implications

- managing human services by strengthening their ‘resilience’ is fashionable but will have limited effects overall
- besides more resources for ‘good care’ & ‘decent work’, different institutional designs may relieve some strains and tensions: *less* market-pressure & NPM governance, *more* leeway for, and trust in, (non-commercial) service providers
- the sociology of social policy and social welfare should pay greater attention to non-material factors as a transmission belt of material forces



*Thanks for listening!*