'White Knuckle Care Work' – Working on the Edge with the Most Excluded

Drawing on comparative data from Canada and Scotland, this article explores reasons why violence is tolerated in non-profit care settings. This article will provide insights into how workers' orientations to work, the desire to care and the intrinsic rewards from working in a non-profit context interact with the organization of work and managerially constructed workplace norms and cultures (Burawoy, 1979) to offset the tensions in an environment characterized by scarce resources and poor working conditions. This article will also outline how the same environment of scarce resources causes strains in management's efforts to establish such cultures. Working with highly excluded service users with problems that do not respond to easy interventions, workers find themselves working at the edge of their endurance, hanging on by their fingernails, and beginning to participate in various forms of resistance; suggesting that even among the most highly committed, 'white knuckle care' may be unsustainable.

Introduction

Increasing international attention is being focused on the workforce implications of

voluntary organizations social service delivery to the most vulnerable in society. Studies

highlight the influence of New Public Management (NPM) and outsourcing in changing

the labour process in the non-profit sector so that work is intensified with the

accompanying introduction of private-sector like work organization and declining pay

and conditions (Author A; Author B; Author B and James, 2009: McMullen and Brisbois,

2003; McDonald and Marston, 2002). Workplace violence against staff is a particular

concern: new forms of 'lean' work under NPM introduced flexible shifts, lone working,

fragmentation of skills, heavy workloads, and worker stress that combine to undermine

the skills that previously kept workers safer when caring for the most vulnerable (Author A; Author B). Moreover, women in this overwhelmingly female workforce are disproportionately targets of workplace violence, especially from male clients (Author A).

The literature reveals some tolerance for violence among management and workers, operating as a gendered dynamic in which paid care work requires the same kinds of elasticity and self sacrifice expected of mothers and other unpaid females, as well as the same disregard for conditions of work and workplace safety (Author A; Baines, Evans and Neysmith, 1998). Required to deal with highly excluded service users with extremely challenging behaviours and problems that do not respond to quick and easy interventions, voluntary social service (VSS) workers often find themselves working at the edge of their skills and endurance, hanging on by their fingernails, providing 'white knuckle care' to the most excluded.

It is within this context that this paper explores three inter-related questions. First, what is the nature, incidence and causes of violence within care settings in the VSS in Scotland and Canada? Secondly, how far does worker commitment and identity among a predominantly female workforce in relation to client needs and organizational cultures explain their tolerance for violence? Thirdly, are there any limits to this tolerance for violence and if so, how do workers express this?

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Using comparative data from two exploratory, qualitative case studies of best practice agencies (one in each of Scotland and Canada), this article begins with a brief discussion of the research project. This is followed by a section reviewing the changing context of work in the voluntary sector in the era of NPM. Here, it is highlighted how workplace issues such as violence are highly gendered and based on collective assumptions and expectations of feminized self sacrifice where the 'leaning out' of care work and the pressures from the NPM agenda interact with specific characteristics of the VSS workplace to ensure violence has a disproportionate impact on women.

The next section outlines how aspects of labour process theory through concepts such as *consent* and *resistance* can provide useful tools to evaluate the reasons why these workers tolerate violence in the VSS, and their responses when they reach the limits of such tolerance. The findings section draws on data collected as part of a larger study of the non-profit social services sector. The article wraps up with further discussion and conclusions. In doing so, it highlights how workers' orientations to work, the desire to care and the intrinsic rewards from working in a non-profit context interact with the organization of work and managerially constructed workplace norms and cultures (Burawoy, 1979) to offset the tensions of caring in an environment with scarce resources and poor working conditions so that high levels of violence against staff are tolerated. It also asserts that the same environment of scarce resources causes strains in management's efforts to establish such cultures, as workers participate in various forms of collective and individual resistance, suggesting that even among the most highly committed, 'white knuckle care' may be unsustainable.

The Study

Drawing on comparative data from two significantly similar liberal welfare regimes (Esping-Andersen, 1998), namely Canada and Scotland, the data collected for this study were part of a larger, multi-site, multi-country exploration of the changing conditions of work in the voluntary sector. Best practice agencies often draw and retain workers seeking better working conditions and often have a better record of problem solving. Study sites in each country were selected using a criterion method (Strauss and Corbin, 1998), seeking service providers widely regarded as 'best practice' agencies. A total of thirty-two interviews were conducted - - fourteen in Canada and eighteen in Scotland. Both agencies provided multiple services on- and off-site to people fully- or partially excluded from mainstream services including education, housing and health care. Interviews involved: four front-line supervisors (2 in Scotland + 2 in Canada), twenty front line staff (10 + 10), two senior Human Resource specialists (1+1; in Canada this same person was responsible for health and safety), one Health and Safety Manager (in Scotland), two trade union representatives (1 + 1) and four senior heads of service in Scotland (no equivalent in Canada). Interviews were tape recorded and transcribed *verbatim*.

Due to volatile conditions, short participant observations and tours were undertaken in three of the Scottish agency's projects while the less volatile environment in the Canadian agency meant that we could undertake participant observations of twelve to twenty one hours in three sites within the larger agency. The observations were selected through a process in which key informants were asked to suggest sites that might

provide valuable data. Observations were naturalistic, involving a mixture of interaction

and informal discussions with agency workers and service users (DeWalt, 2002). Field

notes were taken, and written up as soon as possible after the fact. Data were analysed

using NVIVO8 and drew on grounded theory (Glaser & Strauss, 1967). Reflecting the

critical framework for this study, data analysis explored interconnections between

concepts, surface realities, hidden realities and existing knowledge (Madison, 2005).

The Changing Context of Voluntary Sector Work

Though originally a sector in which the needs of distinct populations were addressed by

religious and/or advocacy organizations, since the 1980s the retrenchment of welfare

states saw services increasingly outsourced from public to voluntary provision

(Lightman, 2003). Drawing on a range of rhetorics and ideologies, government

restructuring produced very similar impacts - - resources decreased, responsibility was

transferred from governments to the 'community', service provision shrank, and

increasingly marginalized service users scrambled to find ways to meet their needs

(Author B). Staggering under new responsibilities and programmes, the voluntary sector

increasingly adopted managerial models such as New Public Management (NPM) to trim

costs and increase efficiency (Pollitt, 1995), intentionally or unintentionally reshaping the

sector in the image and logics of the private market (Author A). These models

emphasized flexible (insecure) workforces, performance management and ongoing cost

cutting aimed at removing waste and error (Richmond and Shields, 2004).

The voluntary sector is composed of many sub sectors including the voluntary social services. In the UK, the VSS has become a particular focal point for government support under New Labour's efforts to alleviate deep poverty and provide care for service users with complex and intractable needs (Kendall, 2003). In contrast, the Canadian public sector was not originally as large as in the UK, and social service delivery always featured a mixed economy of private, public and non-profit (Valverde, 1995). Though services have been downloaded from the public to the non-profit sector, the changes have been more gradual, and the growth of social exclusion has been less pronounced (National Anti-Poverty Organization, 2007).

In the UK, as part of this agenda, local authorities in Scotland offload their care to voluntary agencies, sometimes providing more generous levels of funding than they would for less challenging service users, thus providing an incentive for agencies to develop specialty niches in hard-to-serve populations. In response, some agencies in the voluntary sector have adopted organizational cultures and practice models that allow workers a certain amount of autonomy and discretion in the delivery of more personalized services to vulnerable groups. In Scotland, this is achieved through agencies adopting the participatory practice model, Person Centred Care (PCC), and in Canada through the adoption of a more informal, less-articulated model called empowerment (Community Living, 2009). PCC, and to a lesser degree 'empowerment', asserts that service user participation in care reduces client non-cooperation, work slow downs and costly institutionalizations, thus producing a pleasing duet of cost saving and improved service. PCC pivots on the concept of providing 'just enough supports' to help

service users to reach their full potential, in what ever way they define this goal. Violence and other forms of non-compliance are thought to be expressions of feelings and/or a means of communication which staff are required to decode and interpret. (Department of Health, 2009; Joseph Rowntree Foundation, 2006).

Similarly, in Canada, though arguably any underfunded agency has a financial incentive to accept any service user, part of the financial restructuring of the VSS has been a shift from flat rate operating gratns for the agency, to a fee per client system. This creates a fiscal incentive for management to accept any and all clients, even those who should be referred to more secure environments.

Characterized by a predominantly female workforce (Wainwright *et al.*, 2006), the VSS therefore provides support and care for a variety of populations including: homeless people, youth, children, elderly people, recent immigrants, survivors of violence and people with disabilities. A commitment to idealistic missions and an opportunity to live one's values within one's work are thought to provide at least partial compensation for low wages and poor working conditions (Author B; Nickson *et al.*, 2008). This dovetails with managerial expectations that workers provide care under a variety of suboptimal working conditions including service user violence.

Some argue that these expectations pivot on gendered notions of women as *natural* caregivers with porous boundaries and unending capacities for overwork and sacrifice (Author A; Baines, Evans & Neysmith, 1997). This has made it difficult to

increase the conditions or status of the work, (Szebehely, 2007). Workplace issues facing the VSS tend to be highly gendered in that they impact the female workforce in particular and often disproportionate ways, reflecting and buttressing larger societal expectations, policies and perceptions (Gibelman, 2002).

This is true of the issue of violence in care work, where literature on masculinities and occupational health assert that men in certain kinds of jobs (for example, mining or construction) tolerate dangerous working conditions as an extension of masculine identity (Burke and Nelson, 2002; Connell, 1995). In these cases, danger is not an intrinsic aspect of the work; there are ways that the work could go on without it. In the case of care work with violent service users, the tolerance of client abuse is both an extension of feminine identity as a carer, as well as an intrinsic part of the work - - some service users and their environments are so challenging that though many believe the work is essential, few imagine that the work can take place without some degree of violence. To remove the violence entirely would be to shift the work from care provision to incarceration or extensive sedation of the service user; an anathema to those in the care professions.

Violence against workers in men and women's workplaces is also treated very differently (Author A). Acts of violence against police and prison guards are criminalized and demands from the workforce for increased numbers and protection is generally responded to wholeheartedly by employers and the public (Parenti, 2000). In contrast, violence against the predominantly female workforce in the VSS is excused by diagnosis (medical model of disability), societal barriers (social model of disability) or both, while the response from the workforce is often muted and cloaked in concern for the perpetrators. Though workplace violence can be seen as a health and safety issue to

which available technical solutions can be applied, this view of violence truncates our understanding of the larger power and gender dynamics that keep it in place, reproducing and reflecting gendered roles as well as managements' expectations of female workers, and expectations workers have of themselves and each other.

Yet there remain gaps in our knowledge with regard to how these deeper societal expectations of female workers and feminine identities as carers interact with management policies that are designed to construct workplace relations that accept violence as a norm. The next section outlines how labour process theory provides insights into the construction of such high risk workplace relations.

Understanding workplace violence in the VSS– the contribution of labour process theory

Given the blurring of boundaries with regard to management practices between private, public and voluntary sectors in the last twenty years, labour process theory has provided useful tools for analysing changes to the organisation of work in the VSS in the era of NPM. In particular, it has identified how a leaning out of care work has contributed to significant work intensification and deskilling (Author A (2004: Author B 2008). In the context of this paper, labour process theory can assist in determining why the predominantly female workforce tolerates ongoing abuse and violence in care settings. In particular, it allows a recognition that within the dynamics of the work-effort bargain there are mechanisms of control and consent employed by management that are crucial in understanding how workers accept and 'make out' in difficult working conditions (Burawoy, 1979). Workers in the VSS experience social and cultural adaptation to the

challenging working environment. In the UK, these include the application of formal external controls over working practices common to the public sector (Schofield, 2001), but now disseminated to voluntary organizations delivering public services. These include specific targets that are driven by government sponsored care standards, that are accompanied by a national workforce development strategy. Embedded in these standards are the principles of 'needs-led' care promoting independence and autonomy through PCC (Scottish Executive, 2006). Strict performance criteria and targets are built directly into the contracts between voluntary organizations and local authorities, and accompanying reporting and auditing mechanisms. Such controls can also be highly prescriptive at the level of the workplace, with individual funding streams such as Supporting People reportedly responsible for standardising tasks of front-line care workers and contributing to the dilutions of skills (Author B).

While useful in illustrating how external forms of regulation aid the dissemination of approaches to work such as PCC, a singular focus on formal controls does not provide a full understanding as to why violence is tolerated among staff in care settings including those in Canada where PCC is not yet used and targets are not yet built into funding contracts. In order to understand abusive work environments, it is necessary to consider the influence of alternative forms of control that are designed to illicit consent among employees at the level of the work place (Burawoy, 1979) and the ways that these forms of control draw on feminized roles and expectations. In most workplaces, management cannot rely solely on formal control strategies to achieve the requisite levels of performance from employees there has to be some level of agreement from workers to a set of work relations. Structures or mechanisms of consent are subsequently constructed

through workers, for example, being given a degree of autonomy to harness their full potential and/or consent and cultures must be created that alter worker's perceptions of the desirability of the work and working conditions.

Our argument also draws on other strands of labour process debates, specifically that of cultural management. Scholars assert that employees are obedient not only to keep their jobs, but also as a means to realize their self identity (Smith and Thompson, 1998). Examples of this have been found in healthcare settings where employees' acquiescence and obedience occurs as workers identify with the vocational nature of the work (Willmott, 1993). Recent studies have found evidence of high commitment among voluntary sector employees to the well-being of service users, which in turn leads to a significant degree of self-sacrifice including poor working conditions (Nickson *et al.*, 2008; McMullen and Brisbois, 2003). This self-sacrifice seems to be a way that workers affirm their identities as caring people who put their values ahead of their own well-being and feel they are conducting themselves in tandem with their appropriate gender roles and understanding of themselves as moral actors (Author A).

It is unlikely that workers adopt an uncritical view of PCC, the empowerment model, or management cultural engineering. Nor are workers' capacities to tolerate poor working conditions and violence infinite. Labour process theory highlights how tensions in the work-effort bargain can lead to breakdowns in the structures of control and consent in any set of work relations, leading to varied types of conflict (Burawoy, 1979: Thompson, 1983). Resistance to working conditions can occur through traditional

collective means, via trade union mobilizing industrial action (Kelly, 1998), as well as through individual means such as high staff turnover, absence, sabotage or humour.

In accepting that the work-effort bargain within the VSS can be characterised by this dynamic of control, consent and resistance, he remainder of this paper considers the following research questions in comparative perspective:

> What are the nature, incidence and causes of violence within care settings in the VSS in Scotland and Canada?

> How far does worker commitment in relation to client needs and organizational cultures explain their tolerance for violence?

> And, are there any limits to this tolerance for violence and if so, how do workers express this?

FINDINGS

Violence against staff

With reference to the first question, in both countries, the data reveal a stressed environment where workplace violence is an everyday possibility that took many workers to the edge of their skills, tolerance and equilibrium. This *edge* included the places and spaces in which violence occurred as well as the mindset of stressed workers dreading another day of anxiety-ridden work. For this reason the paper refers to care work in the context of ongoing violence as 'white knuckle care' – drawing on images of hands clenched in fear at the breaking point of endurance. The paper also uses the notion of working on the edge to capture the sense of violent, abusive workplaces and communities and their marginal, excluded inhabitants, as well as the emotional state of workers soldiering on despite their trepidation.

Among the front line staff interviewed in Scotland, half reported experiencing some form of physical assault *in the last year*. Two had been involved in separate incidents in the last ten days. Six individuals indicated that they had been targeted by the assailant, while one individual felt she had been caught in the crossfire between service users. Front-line managers also reported verbal abuse and assault from service users, one within the last week. A similar trend was noted in the Canadian data with forty per cent experiencing violence in the last year, and another eighty per cent witnessing a violent assault on a colleague. Verbal abuse and foul language was reported as an everyday occurrence in all but the head office.

In both agencies, violence occurred repeatedly at particular times and referred to as 'hot spots' such as shift change. Several research participants also reported being assaulted while taking service users out on community visits. One incident involved an assault on an employee while she was in sole control of a vehicle.

Violence also happened without warning or any link with previous behaviour or event. In Scotland, workers at a project for homeless young people reported that the main risk to their safety came from rival gang members in the community, and random acts encountered walking to and from work in communities characterized by high levels of crime and deprivation. They told stories of community lock-downs in which police would not allow them to enter the housing estate where their project operated because of active gang violence or other standoffs with police.

Gender played a role in much of the violence. Observations in Canada showed that many tasks in day programmes and group homes were divided informally along gender lines. Male workers spent more time in physical activities with service users such

as ball toss, ping pong and basketball while women were more likely to be turned to for quiet conversation and reassurance. The outcome was that women were in closer physical proximity to clients, while men were arm's length and largely out of harm's reach. Dismissing the argument that proximity results in higher rates of violence against female staff, one young, female, front-line staff at a day programmeme argued:

> There's always a choice. They know who they want to hit and why – just like men always know that it's easier to hit women. It may be a cry for help and we need to help them find better ways to ask for help, but it's always a choice.

Representing an additional gender dynamic, this explanation pivots on the notion that clients chose female victims because they are unlikely to hit back, while there is always the possibility that male workers may respond in kind.

Verbal abuse was another condition of work that was difficult for many to absorb. Several research participants reported that verbal abuse occurred on a daily, repetitive basis and often focused on vulnerabilities such as build, weight or sexual orientation. One long term employee noted"The number of times I get verbal abuse in a day is amazing. An example would normally be you know, 'you fat b……..' "

In the case of a children's project in Scotland, verbal abuse was often delivered by a number of children all at once while they casually walked down the corridors, their targets was whoever was in hearing range. They also engaged with targeted abuse. A support worker described her experience:

> There was one boy who was here for a while and I was to do one-to-one with him, he was about 13, and he targeted me right from the very beginning. It was target, target, target. And there were two occasions where I just sat in a room and sat down and was crying because I just couldn't take this constant bombardment…it was verbal, but now and again you would get physical, not punching you but pushing you. So there were times when I was just so down I was just so exhausted.

The following quote highlights the reaction of a mid-level staff person in the Scottish study site to verbal abuse:

> Off you go down the corridors here, you will hear the language and it's atrocious and by the second month you could only take so many swear words directed at you. …as a member of staff you got bombarded with that…I just thought this job is not worth it.

In Canada, the staff seemed willing to absorb a voluminous amount of verbal abuse, but certain kinds of threats disrupted their sense of safety and equilibrium. These included threats that crossed the lines between work and home life or from the presumed sexual neutrality of the workplace to gender-specific, sexualized violence. Examples included 'stupid, mouthy bitches like you need to be taught a lesson' or 'you [obscenity], I'm gonna [obscene term for rape] you . . . you aren't safe anywhere'. Female participants were also more deeply disturbed by threats made against their children or families and threats involving damage to staffs' houses particularly when children or other dependents lived in the home.

Why did people tolerate violence at work?

This section highlights the ways that worker commitment and organizational cultures built on mechanisms of control and consent interacted to produce employees likely to tolerate violence in their working lives. In terms of the impact of worker commitment, he data from both countries showed that management and non-management employees almost universally exhibited a high degree of commitment to the care and well-being of service users, and reported this as their major reason for working in the sector. .

Employees reported how they identified with the organizations' values and how they were applied to a specific client group. Workers also felt that the agencies had good reputations in the wider VSS and were seen as a better or 'best practices' employers in the sector.

This strong commitment among workers was accompanied by management in each agency constructing a variety of consent structures to illicit the acquiescence of workers to accept dangerous conditions. This began with management establishing regimes of *non-exclusion for service users*, where a key characteristic was acknowledgement of the threat or actual incidence of violence being part of normal working life. The Scottish agency, for example, adopted a policy of *non-exclusion*, as far as was 'practical' and 'safe'. This included working with client groups with which Local Authorities and other providers were unable to cope. A senior manager confirmed that non-exclusion was at the core of organizational approaches to service user needs:"We have never been the sort of organization that gives up on people; it's about sticking with them. (Scottish agency)"

Care models, such as PCC, and non-exclusion policies set up an automatic tension between the service user's right to care and workers' rights to work in an environment free of violence. The perspectives of managers are useful in illustrating the line between balancing the rights of the employee and those of the service user in policy context of non-exclusion:

> You are asking them (the staff) to do a really difficult job where they may face violence and abuse from people we support, but at the same time taking the employee and trying to provide them with the support they need to tolerate that. (Scottish agency)

In Canada, managers conceded that they 'sometimes temporarily' limited workers' knowledge of service users' past in the hopes that staff and the new service user would create bonds of affection with 'a clean slate', unblemished by a record of violence. Workers, on the other hand, told us that management routinely withheld information in the hopes that staff would not instantly demand the service user's removal to a more secure facility. Alarmingly, management remained committed to this stance even after a new worker was permanently lost the sight in one eye when she stepped in to an altercation between a newly admitted violent service user and a long-time service user.

In the both agencies, management made further efforts to socialize employees. Socialization techniques included various means of selecting appropriate personnel and persuading/encouraging them to accept a fair degree of violence in their working lives. The first stage in this process was recruitment. Management emphasized the importance of recruiting the 'right people' into the right jobs. In Canada, recruitment and hiring revealed a gendered dimension. Managers noted that they tried to hire staff who were 'warm and caring' and most often found these characteristics in women applicants, particularly 'motherly' women. As one male, long-term, multi-programme supervisor commented:

> All my staff are great but lots of times clients want a mother figure to cry on. Isn't that what we all want? . . . Lots of the men are just as warm and giving as the women, but most of the time, you'll find that when people want a hug or a listening ear, they turn to a female.

It is disturbing to note that these same warm, caring mother figures were regularly assaulted and threatened by those for whom they care.

In Scotland, once appropriate staff members were recruited, the emphasis shifted to robust training and induction processes aimed at clarifying the nature of the work and preparing staff to deal with it safely and competently. A senior manager observed:

> The recruitment processes are pretty rigorous and about trying to do good assessments on where people are with their values and their understanding of the nature of the job and what we are asking them to do, so that they are not too shocked when they start. *Its difficult treading that balance between attracting people positively, and being totally honest about what you are really asking them to do.* (Emphasis added)

The environment leads to questions regarding what workers gain from being employed in the VSS. As already outlined, employees are given the opportunity to express their commitment to and identity with the organisational mission and cause of their respective agencies. Yet there were other aspects to the work – effort bargain that were attractive to them. Some respondents from the Scottish agency did express satisfaction with pay and conditions when they were first recruited. However, other management consent mechanisms related to the organisation of work were also significant. For example, although there was adherence to external care standards and regulations in Scotland, in order to meet the particular needs of each group of service users and quality standards of the funder, the agency used a deliberately 'decentralized model' ofPCC. In Canada the more informal 'empowerment model' was invoked in an offhand way producing a similar level of decentralization. These models led to a

relatively high degree of autonomy for workers in defining, setting the order for and

carrying out daily work tasks and activities. As a senior director in Scotland noted:

> Who am I to make decisions about how a person lives when I have seen him maybe once in four years.The people who work best are the people who see him every day, so we devolve to them, the immediate people in his life. I think if we started making decisions about people's lives from up here we would have a better chance of getting it wrong.

Front-line workers and supervisors expressed a strong commitment to these models and

welcomed the autonomy that allowed them to shape service according to the client's

individual needs. Reporting that every day could be different or 'no two days are the

same' or as one worker asserted:

> Everyday I've been here I don't think I've done a shift the same, it's totally different. It's that what draws me to it as well because I don't know what I'm going to be dealing with. (Scottish agency)

Falling over the edge or hanging on: Coping and not coping with violence

The ways that employees coped or did not cope in this stressed environment form

additional strands of the management culture in which 'white knuckle care' was the

everyday reality for many workers. Staff and managers in both agencies spoke of a

number of ways of coping with service user violence

A common coping mechanism within both agencies was normalizing and

excusing violent behaviour so that it was seen as 'just part of the job'. Here, workers

devised their own means of 'getting by'. In the Canadian agency, a common expression

was, 'It's the diagnosis, not the client, that's beating me up'. Many employees in the

Scottish agency reported that one of the ways they tried to look at 'the whole individual' or the 'whole relationship with the individual', rather than the violent aspects.

Inadequate responses from management gained a further foothold in the workplace through the actions of some line managers, who, according to research participants, had persuaded them and others not to document violent incidents. Managers in Scotland attributed this approach to: relations with Local Authorities becoming difficult during investigations of violence against staff, usually accompanied by a tone of suspicion and accusation.

In addition to muted and discouraging responses from management, under- and non-reporting in the Canadian agency was attributed to a 'culture of bravado', in which, as noted by a fairly new female worker,

> [W]e all act tough — we can take it. Nobody wants to admit that they feel
> sick or discouraged or freaked out. The guys (clients) need us and we just
> keep coming back for more. It's crazy, really.

According to a senior worker, this culture was 'composed of equal measures of toughness and caring' and acted as a force which encouraged workers to downplay and refuse to document their injuries. Commenting on this circumstance, a long-term female employee in the Canadian agency noted sarcastically that she and her colleagues were as 'bad as a bunch of battered women for staying with people who slap us around'.

On the other hand, some employees coped by sharing 'gallows humour' and refusing to see themselves as victims. The Scottish research participant who had been subject to an assault in the ten days preceding the interview revealed that she had not been traumatised by the blows she had received because she felt there was no malice directed towards her:

The few incidents that I've been involved with that have become violent have not been aimed at me, and I think that is the difference. I think if I had been deliberately assaulted by one of the boys then I would find that a lot different, but I don't feel that I have ever been deliberately assaulted. I put myself into a situation to try to protect somebody and got a punch, which I think is an entirely different thing than somebody lashing out at me.

Respondents in both agencies expressed feelings of deep compassion and love for service users despite the violence, and generally accepted their expressions of deep remorse. A long term supervisor in the Scottish agency told us that the man who assaulted her and other staff was always:

very remorseful, for about two days. He is sorry and he cries and he is apologising to you and he's really, really sorry. He apologizes because he requires that reassurance that you are still going to support him and that your relationship with him hasn't changed.

Resistance

Tolerance for violence, did, however, have its limits. Within a Scottish community project for high needs clients, several workers claimed that the early days of the new programme were characterized by daily and often protracted physical assaults on staff. This included assaulting staff and pinning them for hours between the toilet and the bath tub. The research participants did not report these incidents because they feared it would lead the closure of the project and the re-institutionalization of the service user. However, staff experienced serious health impacts including: difficulties sleeping, hearing problems connected with the constant, high decibel noises (produced by the service user), stomach and digestion problems, and headaches. Several staff asked to be transferred to another

unit in the same agency, where service user needs were less intense. After a time, most staff eventually returned to the high needs unit, though they, like others working in high violence settings, saw themselves leaving the agency within in the next year or so to find new employment.

The above reflected the fact that despite their commitment to service users, the application of coping strategies and the existence of various consent mechanisms constructed by management, the difficult environment within both agencies began to lead to a break down in the work – effort bargain leading to a number of forms of collective and individual resistance by employees. In Canada the workplace was one hundred per cent unionized (closed-shop) and in Scotland the agency recognized a union, with a density of around thirty per cent.

The unions were active in attempting to bring the issue of violence to the bargaining agenda in both agencies. In Canada, the union mounted a campaign encouraging workers to document their workplace experiences. Moreover, in response to workers' concerns over not being informed of service users' histories, the union local coordinated an informal pressure campaign to get the most sympathetic supervisor in the agency to divulge information on violent new service users. However, through the eyes of the research participants, since the supervisor's loyalties lay more with newly admitted clients (at least his financial loyalty) rather than with long-term service users and workers he was placing at risk, the supervisor and other managers in the agency resisted the campaign.

In Scotland, the union official campaigned against the lack of consistency among management in terms of reporting violence accurately, and how the balance between the right of workers to be free from violence at work and the rights of the service user were skewed towards the latter so much so that he felt that management had an attitude of 'let's not talk about it'. In the words of the union representative:

> They are very keen to protect the image of a very caring service. I can see that point of view but it shouldn't be something that is hidden completely, it (violence) has to be tackled.

Moreover, in the Scottish agency, wider dissatisfaction with pay and conditions, including violence manifested in a strike in the year before the study. Interviews with front line staff who experienced almost daily abuse and violence revealed deep dissatisfaction with the degree of effort and stress this drew from them for such limited financial reward. One front-line worker had reluctantly participated in the strike and told us:

> The front-line support workers, if you ask anybody, they will tell you they are the hardest working group in the service and they are the lowest paid…because when you come in here you hit the ground running and it doesn't let up…and I think we probably have a lot more responsibility than people in a main stream classroom…we went on strike once, they had to close the service and that's not fair but how do we make our point? I know what we do and how hard it can be and I think we should be rewarded for it financially.

The outcome of the dispute led to a marginal increase in pay for the lowest paid front-line workers. However, management's ongoing inattention to violence and the unions' limited capacities to deal with the issue continued. Consequently, individual

forms of resistance emerged in both agencies. In the Scottish agency, staff retention in the projects with higher violence was an ongoing problem. A number of staff quit work reportedly because of the rigors of working alone, on unsocial shifts, in dangerous communities. . Somewhat disturbingly, management's response to high turnover in the Scottish agency was often to argue that the agency needed to reinforce its efforts to socialize employees during recruitment and induction rather than introduce any significant changes to the work.

The intense environment and continuing violence also contributed to staff absence:

> To be honest, I think that there are people not just phoning in sick because they feel like it. If you are feeling under the weather and you are looking at well I'm going to come in, I'm going to have to fight fire and going to get verbally abused ...it would be lot easier to just pick up the phone. (Scottish agency)

Staff absences unintentionally contributed to violence. In the Canadian agency, full-time workers used their sick time as a means to cope with workplace violence and stress, while other categories of workers (without sick-time benefits) turned down shifts or failed to report to work. Consistently absent casual and part-time staff were eventually replaced by new hires who continued the cycle. The end result was a staff complement that was often absent, called into work at the last minute, constantly moved around to fill vacancies, and/or worked double shifts and extensive overtime to fill unexpected absences. Constantly changing staff disrupted service user routines, adding more anxiety to a stressed environment and exacerbating conditions for violent outbursts.

Despite their coping mechanisms and outlets for resistance from staff, there was also evidence of severe emotional distress following violent incidents. Reflecting on the experience of putting a child in a safe hold after a violent incident, one worker noted:

> They (safe holds) are very physically draining. Its like been hit with a sledgehammer…You come away from the situation and there are people around you and you think 'ok job done'. And you've got a blank expression. When I got home, oh Jesus, I couldn't function at all. I had to go to sleep, wake up two hours later, turn on the T.V. It felt like somebody had just sucked the life out of me. (Scottish agency)

Though this quote is the most strongly worded, similar post-violence experiences of emotional depletion and difficulty functioning outside work were described by other employees. In most cases, senior management appeared completely unaware of the intensity of dysfunction experienced by workers involved in violent incidents.

Discussion

Drawing on comparative data from Canada and Scotland, this study explored the reasons why violence is tolerated and absorbed by the predominantly female workforce in non-profit care settings. In both countries, workplace abuse saturated everyday workplace experience and many workers' sense of themselves as caring, productive employees. In essence violence had become an actual aspect of the work effort bargain and a problem for which solutions, other than tolerance, were not sought. In seeking to explain the tolerance of violence among workers, labour process theory has helped identify key factors including: workers' commitment and identity to care (Smith and Thompson, 1998: Willmott, 1993). This is reinforced with managerially constructed mechanisms designed to generate consent (Burawoy, 1979) such as establishing cultures of non-exclusion, socialization techniques during recruitment, induction and training and decentralized care models that provide relative autonomy in working conditions and the delivery of care packages. Here, managementbuilt on pre-existing identities among staff

as caring and ethical people to socialize them into a culture where the *risk and experience* of violence was an accepted norm. Though the gendered roles, identities and expectations of self-sacrificing care were pre-existing, that is, society generated them rather than employers; management took full advantage of these workforce characteristics , building workplace cultures in which employeesare encouraged to focus on the much needed care they provided to others, rather than the abuse they absorbed as workers.

The workplaces in this study effectively acculturate the predominantly female workforce to the notion that providing care to excluded and marginalized people is a valuable and laudable undertaking, involving a work – effort bargain that contains particular benefits and risks. The benefits include the opportunity to help others and find meaning in everyday tasks, as well as a fair degree of discretion in certain aspects of work life such as the order of the tasks and how they should be undertaken. Violence, verbal abuse and ongoing self-sacrifice are the obvious risks, which are aggravated under

NPM where inadequate funding results in understaffing and lean shifts, leaving staff with few opportunities to learn from each other, receive support or back each other up; in effect making them more vulnerable to violence and experiences of deep distress and disruption. Though the relative autonomy of the workers in the agencies we studied shifted some power to workers in the form of task selection and task ordering, the framework of management control remained wholly intact and workers were vulnerable and exploitable. Lacking adequate protections and solutions, white knuckle care became the tolerated norm and working on the edge became a little questioned reality.

As with other studies of work in alienating or difficult surroundings (see Nicols and Armstrong, 1976: Burawoy, 1979 – need more recent refs here) workers practising 'white knuckle care' adopted their own means of 'getting by', which included a mix of accepting management's message of violence being 'part of the job', but also through bravado, humour and refusing to see themselves as victims.

Tolerance of white knuckle care had its limits and that, despite their commitment to clients, many respondents participated in traditional forms of resistance including the obvious dissatisfaction with the work–effort bargain among employees on the front line of violence to the point where they reluctantly agreed to participate in strike action. Moreover, as a consequence of relatively weak unionisation individual forms of resistance such as absenteeism and quitting were very apparent.

The latter option of quitting may become a diminishing option with increasingly depressed labour markets. Even before the current recession, labour markets provided little in the way of permanent, full-time, high wage employment, especially for the female majority workforce (Wainwright *et al*., 2006). Lacking other opportunities, many will remain in the VSS balancing the satisfaction that comes from helping others with the abuse they experience from those for whom they care.

Conclusion

In the era of NPM, the work – effort bargain in the VSS in the UK and Canada involving care for the most vulnerable can contain as a central element the acceptance of regular violence perpetrated against staff. Tolerance for such working conditions is built upon strong worker commitment, but also managerially constructed mechanisms

designed to foster consent, and a series of efforts by workers to 'make out' or cope with the accompanying stress. This tolerance among workers for 'white knuckle care' among a predominantly female workforce has its limits as the stress and health implications associated with regular violence and abuse, long working hours, intensive work and poor pay, undermine these consent and coping mechanisms, resulting in varied forms of resistance. The results leave significant questions over the sustainability of 'white knuckle care' as an approach to caring for the most vulnerable in society.

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