Institutional work aimed at increasing employment orientation in mental health services

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Abstract

Purpose – The importance of employment participation in recovery from mental health illness has led to broad recognition of the integration of employment-oriented support into mental health treatment. However, there is variation in the extent to which an employment orientation permeates healthcare services. This article explores how managerial-level actors in health and welfare services in Norway, who function as "change agents", work to increase an employment orientation in mental health services.

Design/methodology/approach – The empirical material consists of 20 interviews with managerial-level actors, namely managers and advisors in health and welfare organisations. They work to implement a model – individual placement and support – for the integration of employment measures into healthcare services. The findings are analysed using the framework of "institutional work" to elucidate the strategies used by managers and advisors.

Findings – The findings underscore a consensus on the health advantages of employment and the place of employment-oriented support in mental health treatment. However, this concept requires further cultivation within healthcare services, with managerial-level actors playing a key role as change agents. Depending on the stage of the various organisations in the change process and the positions of the actors within the institutional context, the actors engaged in both creative and maintenance institutional work.

Originality/value – This article sheds light on the processes of integrating employment-oriented support into mental health services, the complexities of translating policy into practice and the critical role of managerial-level actors in this process.

Keywords Mental health services, Managers, Institutional work, Employment, Organisational change

Article classification Research paper

Introduction

Participation in the workforce can be crucial to achieving good health and quality of life for individuals experiencing mental illness or health problems (Waddell and Burton, 2006). For many of these individuals, employment participation may even be instrumental in recovering from mental health disorders (Van der Noordt *et al.*, 2014). It has also been noted that employment-focused interventions are cost-effective compared to traditional treatment, such as medication or psychotherapy, and that employment participation can prevent the worsening of mental health problems (Drake and Wallach, 2020).

In OECD countries, a primary policy objective is to make mental health services more employment-oriented (OECD, 2021). Many individuals have demonstrated the ability to contribute to the workplace despite facing mental health challenges (Suijkerbuijk *et al.*, 2017; Corbière and Lecomte, 2009). In Norway, these understandings are echoed in policy documents related to the health sector, designating employment-oriented efforts as part of the service offerings by both state and municipal health services (Helsedirektoratet, 2014; St.meld. nr. 33 (2015-2016); St.meld. nr. 23 (2022-2023)).

Despite significant political attention, there is considerable variation in the role of employment in the treatment of mental health problems, including Norway and other OECD countries. The idea of integrating employment measures as part of healthcare treatment is linked to a general development in understanding regarding ways in which society can include more people in the labour force. There is a growing belief that more people can participate in the workforce despite health problems and that health and welfare services should focus more on individuals' capabilities and opportunities than on their limitations. This has been referred to as the "resource approach", the antithesis of the "deficit approach" (Håvold *et al.*, 2018; Lundberg, 2023; Morgan and Ziglio, 2007).

Previous studies have shown that despite good intentions, the resource approach is not easily applicable in practice and that its success often relies on the actions of individuals. Lundberg (2023) demonstrated that while welfare frontline practitioners had the desire to abolish the deficit approach in favour of the resource approach, they encountered challenges. Furthermore, Andreassen and Fossestøl (2014) showed that the resource-oriented framework faced challenges vis-à-vis the predominant institutional logics of healthcare and welfare organisations in Norway. Håvold *et al.* (2018) further pointed to the significance of work by individual actors to promote the resource-oriented perspective. These studies all elucidated that despite the intentions of

policymakers and practitioners to embrace the resource approach, the applicability of the idea has been challenging.

This article explores efforts by managerial-level actors aimed at encouraging professionals in mental health services to recognise and prioritise employment-oriented measures as a crucial part of healthcare treatment. Through the perspective of institutional work (Lawrence and Suddaby, 2006), the article underscores change processes within health organisations as they adopt new practices in line with the resource-oriented approach. It asks the following question:

What kinds of institutional work do managerial-level actors engage in to increase an employment orientation in Norwegian mental health services?

The empirical case examined here is the implementation of an employment-oriented practice in municipal and state mental healthcare organisations in Norway. This practice – individual placement and support (IPS) – is an evidence-based model for the employment (re-)integration of people experiencing mental illness (Hasson *et al.*, 2011; Bond and Drake, 2014; Bond, 2004; Moe *et al.*, 2023). In Norway, the model is organised as cross-sectoral collaborations between organisations within the public employment services (the Labour and Welfare Administration, also known as Nav) and state and municipal mental health organisations. IPS is grounded in the resource approach because it emphasises that everyone can work with the right support and focuses on what individuals can manage in spite of their health problems.

The empirical material for this article consists of 20 semi-structured interviews with healthcare and employment service managers (12) as well as project leaders, advisors or coordinators responsible for providing implementation support on local, regional or national levels, here referred to as advisors (8). These actors are intermediaries between policy and practice, as they influence how policy is interpreted, communicated and carried out in practice in local contexts.

The IPS-adoption initiative originated from practitioners in the health and welfare services, with the practice going on to gain broad recognition at the policy level, generating significant funding through the national budget and expanding throughout Norway (Moe *et al.*, 2023). As IPS represents one of the most substantial efforts to incorporate employment into healthcare treatment in Norway, it is relevant in exploring the role of employment in healthcare treatment. Furthermore, Norway has placed tremendous effort in the integration of health and welfare services and has made significant progress in the implementation of employment-oriented interventions (Holmås *et al.*, 2021; Moe *et al.*, 2023), thereby making the Norwegian case a notably interesting subject for study within the international context.

Employment orientation in mental health services

According to the OECD (2021), while "there is an increased recognition of integrating mental health care treatment with youth, workplace and employment interventions", these efforts are often mostly strategic, with practical implementation often lacking due to structural barriers (pp.55-56). These perceived barriers have been explored from slightly different perspectives.

Collaboration studies have suggested that the lack of integration of an employment orientation into health services may be due to challenges in the collaboration between different sectors. Formalised collaboration between sectors can be difficult because of varying objectives and responsibilities (Bryson *et al.*, 2015; Huxham and Vangen, 2005) and can be guided by different institutional logics (Bonfils, 2020; Sharek *et al.*, 2022). In simplified terms, healthcare services primarily provide treatment and care aimed at reducing illness symptoms, while employment services aim to enhance workforce participation (Wharakura *et al.*, 2022).

Other studies have focused on the challenges of changing the attitudes and beliefs of professionals regarding the employment participation of individuals or groups who have previously been deemed "not job-ready" (Marwaha *et al.*, 2008; Thornicroft and Kassam, 2008). Studies have shown that despite efforts to shift professional mindsets towards a resource orientation, there is a persistent tendency to focus on limitations instead of possibilities (Lundberg, 2023) and prioritise rehabilitation before employment is considered (Andreassen and Solvang, 2021). Furthermore, the resource approach has been shown to challenge the traditional expert status of professionals in healthcare services, partly because professionals are obliged to protect patients from stress and potential setbacks and may have limited belief in the possibility that severely ill patients can work (Knaeps *et al.*, 2015; Skogstad, 2023; Bonfils, 2020; Sharek *et al.*, 2022).

Some studies on the implementation of IPS have examined mental health services. While several of these studies point to a lack of focus on employment in health as a barrier to the implementation of employment-oriented efforts (Moe *et al.*, 2023; Rinaldi *et al.*, 2010; Rinaldi *et al.*, 2008; Bonfils, 2020; Bonfils *et al.*, 2017), some also demonstrate that practices and mindsets can change over time when practitioners are exposed to alternative understandings (Bonfils, 2020; Sharek *et al.*, 2022; Skogstad, 2023).

The above-cited studies point to challenges regarding incorporating an employment and resource focus into health services while also demonstrating that changes can occur over time within organisations. However, there is a lack of research on the dynamics of organisational change processes where the goal is to strengthen the focus on workforce participation within health services. The current article addresses this knowledge gap by directing attention towards what is

being done to increase an employment orientation in mental health services and what managerial-level actors perceive as important in achieving this. These processes are important to explore, considering that workforce participation has been highlighted as important for improving general population health and quality of life (Waddell and Burton, 2006; Van der Noordt *et al.*, 2014). Furthermore, employment-oriented interventions have been advocated as an efficient and cost-effective method to realise this goal (Drake and Wallach, 2020; Holmås *et al.*, 2021). Increasing the focus on employment participation in the health sector could contribute to the prevention of mental health problems, liberate resources in health services and be of crucial importance from individual and socio-economic perspectives. These are important insights with implications for the future organisation of health and welfare services.

Institutions and institutional work

In the current article, the concept of institutional work is applied to better understand the challenges of implementing an employment orientation in mental health services and what is being done by managerial-level actors to make the services more employment-oriented. Institutions are here understood as contexts characterised by well-established sets of rules, mindsets and practices that guide behaviour, upheld by three pillars that provide institutions with meaning and stability: the regulative pillar (e.g. rules, laws and regulations the institution must follow), the normative pillar (e.g. norms, values, moral obligations, expectations) and the cultural–cognitive pillar (e.g. shared beliefs, logics and understandings that constitute the institution´s social reality) (Scott, 2014).

Putting novel ideas into practice in institutional environments can be challenging, thereby requiring significant efforts from individuals capable of influencing and modifying established organisational arrangements, for example, through institutional work (Lawrence and Suddaby, 2006; Cloutier *et al.*, 2015). Institutional theories can be deployed to explain organisational resilience and slowness in the face of changes as well as elucidate the complex dynamics of change processes and the efforts of the actors involved.

Institutional work can be defined as "the purposive action of individuals and organizations aimed at creating, maintaining and disrupting institutions" (Lawrence and Suddaby, 2006, p.215). Institutional creation involves altering institutional frameworks, restructuring belief systems and replacing structures with new ones, for example, political work aimed at manifesting the framework of a new policy reform. Institutional maintenance refers to processes of ensuring compliance with the existing structures, rules or boundaries of institutions, such as supporting or repairing social systems (Lawrence and Suddaby, 2006). Maintenance work can encompass safeguarding institutional resources, persuading groups to adhere to established norms and retaining existing

beliefs and practices. Thus, it may involve resistance towards efforts of "creating" institutions through policy reforms (Currie *et al.*, 2012; Breit *et al.*, 2016) or facilitating smoother institutional change processes (Courpasson *et al.*, 2012). Finally, institutional disruption involves delegitimating current belief systems or practices, that is, shaking up the status quo to prevent conformity to established institutional arrangements (Lawrence and Suddaby, 2006).

Cloutier *et al.* (2015) developed a "model of forms of institutional work in the enactment of policy reform" (p.265), which is used as an analytical tool in the current article. They studied the work of managers in the implementation of a government-led reform in the public healthcare system in Canada and found that in the face of constraints, managers turned to various forms of structural, conceptual and operational work, all underpinned by relational work. Structural work involves efforts to establish regulatory frameworks and organising principles; conceptual work refers to establishing new norms and belief systems; operational work encompasses efforts to implement policy goals into concrete everyday practices in frontline services; and relational work refers to efforts to establish connections, build trust and encourage collaboration between the actors involved in change processes (Cloutier *et al.*, 2015).

Methods and study context

IPS implementation in mental health services in Norway

This article concerns organisations in the mental health field. In Norway, this field is divided into state (specialised) and municipal services. Although the patient population is heterogeneous and may overlap, state services typically offer care to individuals experiencing severe mental illness (e.g. schizophrenia, bipolar disease and severe depression), while municipal services often support people with mild to moderate mental illness (e.g. anxiety and depression). Municipalities also provide community-based services and seek to prevent mental health conditions from escalating to a level of severity that requires intervention from specialised healthcare services.

State mental health services consist of hospitals, child and adolescent psychiatric outpatient clinics and district psychiatric centres. Municipal health care consists of services such as general practitioners, social services and mental health and substance abuse work. The Directorate of Health develops national professional guidelines, recommendations and priority guidance in line with updated evidence for use in both state and municipal services. However, these policy guidelines are more suggestive than prescriptive. Regional healthcare trusts possess significant authority in determining how to apply these recommendations, thus shaping treatment and resource allocation. Moreover, in both state and municipal services, local managers have more or

less significant scope in shaping services to meet local needs, provided they align with what is considered "best practice".

In policy documents related to the Norwegian healthcare sector, labour market participation is increasingly treated as a means to prevent mental health problems and achieve better population health and quality of life (e.g. Meld. St. nr. 15 (2022-2023); St.meld. nr. 23 (2022-2023)). A specific measure often suggested to achieve this is closer and more systematic collaboration between the healthcare and employment governance systems (OECD, 2013). In Norway, this means that the state and municipal health services need to collaborate with Nav. Nav is similar to Norway's public employment services, as it offers financial support, social benefits and job assistance to individuals facing labour market entry challenges, often due to health issues. While collaboration with Nav is encouraged according to the policy guidelines, it is not mandatory. Furthermore, as healthcare services are not assessed on the basis of employment outcomes, there might be a lack of incentives for cooperation with Nav (Andreassen and Fossestøl, 2014).

To address the need for enhanced collaboration, a policy-level joint initiative – "Strategy for the Work and Health Field" (Arbeids- og velferdsdirektoratet and Helsedirektoratet, 2022) – was launched, partly to ensure "a foundational understanding of the importance of work and activity for health and well-being" (p.5). One of the central measures in this strategy is IPS, whose main goal is to increase employment (re-)integration among people experiencing mental illness. IPS offers an organisational set-up for the realisation of work and healthcare policy goals in line with the resource approach and aims to integrate employment support in mental health care. It operates in the context of a standardised fidelity framework (Becker *et al.*, 2015) and is often referred to as "evidence-based" due to its testing in RCT studies in a variety of settings (Modini *et al.*, 2016; Hasson *et al.*, 2011). It has seen considerable expansion in Norway (Holmås *et al.*, 2021; Moe *et al.*, 2023), having initiated six pilot programs in 2012 (Reme *et al.*, 2016) and expanding to approximately 100 programs by 2023 (Helsedirektoratet, 2023).

While the general political objective is to increase the focus on employment in mental health services, the IPS model is slightly more radical. It proposes that employment participation be viewed as a form of treatment, equal to traditional treatment methods, such as therapy and medication. In IPS, employment integration into mental health treatment involves adding an "employment specialist" to clinical treatment teams within healthcare services. The employment specialist offers employment-oriented support to service users undergoing healthcare treatment who also wish to work. In the Norwegian context, employment specialists are typically employed by Nav while being co-located with healthcare professionals (Moe *et al.*, 2023).

Empirical data

The data material for this study consists of semi-structured interviews (20) with managers and advisors functioning as change agents. Interviews are appropriate when the intention is to obtain the informants' opinions and perceptions about a topic (Brinkmann and Kvale, 2015). Interviews were used to explore change agents' perspectives on their efforts to promote the resource approach. Managers held decision-making authority and were responsible for promoting IPS and realising new methods and mindsets. Among these, six managers were from the health services (three from municipal and three from specialised services), and five were managers of local Nav offices. The Nav managers worked primarily to implement IPS in their own organisation, but they also shared experiences from their collaboration with the health services. Therefore, they were included in the analysis for this article, although mainly relating to the healthcare side of the collaboration. Twelve managers affiliated with IPS collaborations of varying characteristics (e.g. time of operation, size, affiliation of employment specialists) were interviewed. These collaborations were chosen to represent diversity while also representing typical cases (Seawright and Gerring, 2008) in the Norwegian context. The aim was to capture shared experiences across Norway.

The eight advisors worked on different levels and provided support to establish new collaborations and secure adherence to the IPS framework. They were employed by Nav (two in the Directorate of Labour and Welfare, one in a regional office and one in a local office) and in the healthcare sector (one in the Directorate of Health and one in a specialised healthcare service). Two advisors were employed by both the Nav regional office and a specialised healthcare service. The advisors were able to promote the standardised IPS framework from an external position, unlike the managers. Although the advisors did not operate entirely detached from the organisational interests of the various stakeholders, such as the higher-level managers or frontline workers, they did not need to consider this to the same extent as the managers.

Informants were recruited from an IPS program list supplied by the Directorate of Labour and Welfare. The author contacted these individuals via email, providing project details and a consent form. The interviews explored their experiences with IPS, reasons for its adoption, tensions encountered and their respective responses. All interviews were conducted and transcribed in Norwegian, and the quotes presented were translated by the author.

Data analysis

The analysis was inspired by the principles of reflexive thematic analysis (TA) (Braun and Clarke, 2021) to identify patterns (themes) within and across the data. The reflexive TA comprises six

phases of qualitative inquiry: 1) familiarisation, 2) coding, 3) generating initial themes, 4) developing and reviewing themes, 5) refining, defining and naming themes and 6) writing up (Braun and Clarke, 2021). These phases represent guidelines rather than a linear process or recipe for qualitative analysis. The analysis process was iterative, moving back and forth between the six phases of reflexive TA. Initially, four interviews were subjected to in vivo coding to capture the surface meaning of the data. Various informant types were used to identify common patterns across the interviews but without predefined expectations to mitigate bias. This phase resulted in 217 codes, which were then grouped into initial themes based on frequency and commonalities.

In the next round of coding, the initial themes were used to navigate the 217 codes, with a focus on identifying themes related to what the informants did to introduce or increase an employment orientation in the healthcare services. Finally, the theoretical perspective of "institutional work" (Lawrence and Suddaby, 2006; Cloutier *et al.*, 2015) was introduced, and actions were grouped into categories of structural, conceptual, operational or relational work. This led to two main categories of institutional work that the informants engaged in: *redefining mental health treatment* and *cultivating a resource approach*.

Findings

Redefining mental health treatment

> Many [healthcare] professionals probably had the mindset that the client is going to get well first and then they'll start working. But we've completely turned everything upside down. Now we say that clients start working to get well. (Advisor, Nav office)

The above quote summarises what has been described as a "paradigm shift" (Moe *et al.*, 2023) in how people working in support services perceive the employability of people experiencing mental health illness and the types of treatment they need. Each of the managerial-level actors interviewed shared a common concern: the redefinition of what qualifies as "treatment" for mental health conditions. They held a firm belief in the possible health advantages of employment and advocated for its inclusion alongside conventional treatments, such as therapy and medication. They stressed the importance of incorporating employment as a fundamental element of the treatment process rather than only considering it when other treatment had been finalised. Since IPS is based on this mindset, the managers often referred to it as the reason for their decision to adopt IPS, expressing their desire to change persistent understandings around when employment should become part of the support process. Two of the managers explained as follows:

> We have great faith in the follow-up and job hope embedded in the IPS method. Being able to think in terms of simultaneity between health and work. So, IPS fits very well in every way, as there is a very clear foundation of the perspective that everyone possibly can

> work. This view was completely in line with what we wanted to achieve. (Manager, Nav office)
>
> It matters how you think about treatment and what treatment entails. If you have an expanded concept of treatment, you naturally incorporate other elements as part of the treatment. (Manager, municipal healthcare service)

The managers viewed IPS as a way to promote employment-related health advantages for individuals experiencing mental illness and thereby change the treatment content. A strategy to achieve this was to make frontline workers experience the benefits first-hand:

> People [the practitioners] have experienced that when patients start to work, there is more vitality both in the patient himself and also in the treatment sessions. This makes it apparent that work is beneficial to one's health, and, in fact, the treatment process becomes easier. (Advisor, specialised health service)

Both managers and advisors worked to facilitate these first-hand experiences, although they approached it in different ways depending on their position. This work was either conceptual or operational, with a creative or maintenance focus. The work of the advisors, who mostly viewed IPS from an outside perspective when providing implementation support to organisations, was largely conceptual, as they worked to promote the idea that employment should be a central part of mental health treatment by educating practitioners or developing course materials about IPS.

Conversely, the managers facilitated the integration of employment in healthcare treatment by engaging in operational work, as they were positioned to influence the workings and organisation of daily practices and the allocation of internal resources. For the managers, the necessary practical and operational changes seemed to generate more resistance and negotiations than the mere concept of employment embedded into mental healthcare treatment:

> As I recall, it was actually quite well received as an idea and model. There was more resistance to the idea that someone who was not a healthcare professional would join our treatment teams. There was a lot of discussion around that. (Manager, specialised health service)

This work could be time-consuming because of the need to convince other managers or professionals of the merits of a new professional role or why resources should be allocated in favour of the new practice:

> Initially, it [IPS] was somewhat unfamiliar. However, after explaining IPS and its principles, no one disagreed. The next challenge involved resource allocation within our office and to integrate the job specialist into the municipal healthcare service. This process has taken longer than expected. We're currently in discussions and meetings regarding this to see if the municipal healthcare service can recognise the value of collaborating with a job specialist. (Manager, Nav office)

The above quote demonstrates that the Nav office manager engaged in creative work in various ways, for example, by presenting and explaining the concept of IPS, commenting that "no one disagreed". The conceptual work of legitimising the new practice was a prerequisite for the operational work that followed, which involved reallocating resources. It was in the operational phase, when the idea led to possible organisational change, that the managers were first faced with resistance. After hiring an employment specialist, the focus shifted from Nav towards the potentially collaborative healthcare service, which needed to be persuaded about the value of integrating an employment specialist. This effort can be creative work of a structural and conceptual nature, as it involves establishing new organising principles, formalised roles and belief systems. It is also operational work because it is supposed to trigger concrete actions aimed at influencing the everyday practices of frontline workers. These forms of institutional work are "creative" in the sense that they aim to establish new institutional arrangements.

The healthcare managers also engaged in what can be understood as operational maintenance work, work aimed at maintaining existing organisational arrangements. This became visible in the way in which the Nav managers experienced the collaboration with health services, for example, in cases where the employment specialist's participation in meetings was limited. While the healthcare managers generally recognised the importance of employment, this was not always reflected in the way in which services were organised. For instance, in one of the cases, employment specialists could only attend parts of treatment meetings, indicating that job support was considered an optional rather than a mandatory service in health care:

> We [the employment specialists) are not part of the entire treatment meetings; we are present at the beginning of the meetings, where we discuss specific candidates for IPS. It's the wish of the hospital that they don't want us to be present throughout the meeting. It's because they discuss many other types of matters that are not related to our area of interest – they tell us. (Advisor, Nav office)

These instances suggest that despite the consensus around the value of employment participation for health, it was not necessarily seen as a healthcare priority and responsibility. Another manager emphasised that having faith in the mindset represented by IPS must translate into concrete actions and that it is not sufficient to merely agree in theory:

> One thing is to be open to the [IPS] mindset, and another is to take a somewhat proactive stance, to put it on the agenda in your treatment sessions. You know, are we in or are we really *in*? (Manager, Nav office)

Cultivating a resource approach

> How we approach our users is crucial. If we primarily think, "Oh, there are so many limitations here…", well, do we have faith in people? We must, to a much greater extent, see the possibilities. We engage with people differently when we focus on possibilities rather than primarily seeing limitations. (Manager, Nav office)

The quote above illustrates the shift from a deficit approach to a resource approach. So far, the findings have shown that the idea of employment as health-promoting was widely accepted; however, the practical changes implied (e.g. hiring employment specialists and integrating them into mental healthcare teams) challenges. This also considered whether a resource-based approach could genuinely permeate practice, that is, whether the practitioners genuinely believed that individuals could participate in the workforce despite health problems. Thus, to address operational challenges, the managers and advisors consistently endeavoured to cultivate the resource-oriented perspective and the view of employment participation as health-promoting. They strived to fully integrate this idea into the services to the extent that it would significantly impact service delivery. Thus, although the idea of employment as health-promoting was widely accepted as legitimate, further cultivation of the idea was needed.

The work to cultivate a resource-based approach could be structural, conceptual or operational, with the commonality that it was largely underpinned by *relational* work. Both managers and advisors often found that they did not have sufficient authority to influence organisations in the desired direction. Consequently, they relied on enlisting the support of individuals who held the necessary authority and legitimacy within the organisations. For managers, this meant getting higher-level leaders on board, both within their organisation and collaborating entities:

> Having a strong foundation in the [top] management is crucial in getting the ball rolling. It is the managers who hold the authority to make decisions and focus on certain tasks. Therefore, it means a lot that they prioritise the IPS practice and are committed to it. (Manager, municipal mental health service)

Advisors employed by Nav encountered challenges when seeking recognition within healthcare organisations and needed to recruit allies on the inside who possessed the legitimacy that they themselves lacked. Therefore, for many, a deliberate strategy was to involve healthcare professionals who had a strong belief in or positive experiences with IPS in the past to share their perspectives with their colleagues:

> Healthcare professionals tend to listen to other healthcare professionals. While we [from Nav] can share our own experiences, ultimately, we work in different organisations. However, if we bring in healthcare practitioners or managers who have the necessary experience and can effectively communicate in their native language, we can achieve a lot more. (Advisor, Nav regional office)

One of the advisors mentioned that simply signalling organisational affiliation could enhance legitimacy. This advisor had a dual employment relationship with Nav and a hospital and explained that the hospital email was always used when reaching out to healthcare professionals, making it easier to get the message across. However, few advisors had this opportunity, which made them rely more on relational work to mobilise possible allies.

The advisors also relied heavily on enlisting influential managers to communicate the resource approach to practitioners. This effort involved creative structural work, as they sought to establish new organising principles, which could in turn have operational consequences, as leaders had the authority to reallocate resources and positions as well as prioritise and communicate employment and the resource approach in a positive manner:

> Currently, one of my key tasks is to schedule a meeting with the top manager of a healthcare organisation. My goal is to promote IPS and ensure that it is given the utmost importance within the organisation. This will allow the director of mental healthcare to confidently discuss IPS in her forums and have a positive outlook on it. (Advisor, Nav regional office)

The need to engage influential managers stemmed from the advisors' perception that they had limited influence to create new institutional arrangements. Nonetheless, by referencing the principles of the IPS method and encouraging fidelity to the model, they sought to influence the leaders to internalise a resource-based approach, enabling them to subsequently disseminate it throughout the organisation – for example, in the context of steering group meetings where they would often attend to provide guidance on IPS to managers:

> I do not have the authority to make decisions in steering group meetings. The managers make the decisions. I attend these meetings to listen to what is being discussed and to provide feedback, advice and recommendations about the IPS method. (Advisor, Nav regional office and specialised health service)

There was substantial variation among the health services in the study, including among the managers and professionals working there, in terms of how far they had progressed (or perceived themselves to have progressed) in working in accordance with the resource-based approach. A common theme that most informants shared was the sense of a shift having occurred, even though some also felt that the deficit approach was still present:

> In health care, there's a lot of focus on obstacles. While I find that in Nav, we are trying to increasingly acknowledge that, yes, you have health challenges, but despite that, what can you do? There seems to be a mismatch there. At the same time, I perceive at the management level that there's a cultural shift happening within the municipal healthcare service. I believe my most crucial responsibility as a manager now is to continue driving the message that we need to change our attitudes. (Manager, Nav office)

The quote by this Nav office manager suggests that the structural and conceptual work around changing attitudes in alignment with the shift from a deficit approach to a resource approach was an essential and ongoing effort. The type of work that the managers and advisors engaged in was influenced by the specific phase in which the various organisations found themselves. In contexts where the organisations were at the initial phase of IPS or trying to establish collaborative relationships, the informants engaged mostly in structural and conceptual work of a creative nature. In other contexts, they had moved beyond this stage and were working more at the operational level, either through creative (e.g. introducing new practices or methods) or maintenance (e.g. striving to uphold established practices) efforts.

Discussion

This article examined the kinds of institutional work that managerial-level actors perform to increase an employment orientation in Norwegian mental health services. The findings demonstrated that despite the perceived consensus regarding the importance of focusing on resources rather than limitations for health service users and the integration of employment support into mental health treatment, the managers and advisors encountered various forms of resistance. This was especially so in relation to the operational changes mandated by the IPS method. At the same time, the findings indicated that managerial-level actors not only faced resistance but that the managers themselves also resisted certain elements of the IPS standard, although they agreed on the general ideas that it represented.

Scepticism towards novel organisational arrangements was an impetus behind the managers' and advisors' engagement in institutional work. Resistance largely concerned the operational adjustments needed to align with policy. For example, the healthcare managers would occasionally resist an employment specialist, perceived as an outsider in the team of healthcare professionals, due to confidentiality concerns.

Professional guidelines for mental health services emphasise employment participation as a key intervention towards improving health and quality of life, with the recommendation of an increased employment orientation in health services, including for those previously deemed "too ill to work". However, these guidelines amount to nothing more than recommendations, thereby leading to varied treatment priorities. Without a "regulative pillar" (Scott, 2014) for employment-oriented measures, the focus on employment participation can be overshadowed by other professional recommendations aligned with healthcare logics, practices and mindsets. The current study demonstrated that when the managerial-level change agents experienced legal regulations as

insufficient in supporting the establishment of employment-oriented health services, they engaged in institutional work to achieve this goal.

Forms of institutional work

Resistance and lack of formal guidelines elicited various forms of institutional work, which the managers and advisors performed through both "creative" and "maintenance" work. For instance, the healthcare managers tried to shift practitioners' understanding regarding job readiness by advocating a resource-oriented approach (creative work) while also limiting the integration of employment specialists due to confidentiality requirements (maintenance work).

First, the managers and advisors aimed to *redefine mental health treatment* by challenging prevailing perceptions of what individuals with mental health conditions require for recovery, thus reshaping the content of mental health treatment. This was conceptual work to create a context where the organisations would experience common goals, for example, shared success stories over time. As the healthcare managers in this study perceived the lack of a legislative frame that would legitimise their investment in employment efforts, both groups (the managers and advisors) attempted to broaden the scope of treatment to include employment support, thus making this type of support constitutive of the jurisdictional domain of healthcare services.

Second, they envisioned their efforts as means to *cultivate a resource-oriented approach* within their services in order to displace the deficit-oriented approach. The word "cultivate" is used to signal that the resource-oriented approach is not completely new to the Norwegian health sector or the study organisations. The IPS method itself, being a novel intervention, disrupted and challenged existing mindsets and practices. However, since the decision to adopt the IPS method had already been made, the institutional work of the informants was not about advocating for a new intervention; instead, it was about cultivating a resource-oriented mindset to the extent that the new ideas would thoroughly infiltrate day-to-day practices.

Actors´ position in organisation or field

The position that managerial-level actors occupy within their organisations or fields can influence their likelihood of participating in change initiatives or efforts and the opportunities they have to achieve these changes (Battilana, 2006). Actors in central positions, such as influential managers, may also be deeply embedded in the institutional context, making it difficult to break away because they may have internalised taken-for-granted norms and mindsets in the organisation. In institutional theory, this is called the "paradox of embedded agency" (Hardy and Maguire, 2017). In contrast, actors who view an organisation from an outsider's position may have the ability to

allude to organisational problems and possible solutions, albeit lacking the influence to implement their suggested changes (Hardy and Maguire, 2017).

The actors in this study held different positions, which influenced the type of institutional work they engaged in. For instance, the managers and advisors employed by Nav, tried to influence health service managers to organise the services in a more employment-oriented way. From their position, they could argue that health services should work differently – but they often lacked the influence and legitimacy to implement the changes. They therefore engaged in relational work and sought allies who held this legitimacy.

The fact that the leaders in healthcare services had decided to adopt IPS could mean that they had the ability to break out of the institutional context of healthcare services and envision and initiate changes. At the same time, they were not only part of a healthcare service context but a larger field that could be defined as a "work and health field". Actors´ position within institutional fields, and membership of social groups, may also influence the likelihood of them initiating changes (Battilana, 2006). Through these networks, managers could potentially have been exposed to alternative ways to organise healthcare services.

The health service managers, who were subject to the proposed changes and had to make operational adjustments, engaged in maintenance work to (in some areas) maintain the status quo. Maintenance work performed by managers indicate that resistance towards change need not be negative per se, although it is often presented as such (Ford *et al.*, 2008). Breit *et al.* (2016) argued that deviation from policy ideas need not be dysfunctional or negative and that the maintenance-based institutional work performed by local actors could essentially "grease the wheels" of change processes (p.726). What might be perceived as resistance can, in fact, be an endeavour to bridge new and existing institutional practices, ensuring the long-term viability of the policy (Klemsdal *et al.,* 2022). Thus, by engaging in maintenance work, the study managers both promoted and cultivated an employment orientation while trying to integrate it seamlessly into the organisation's overall practices. Conversely, the advisors focused more on ensuring adherence to a specific standard and highlighting the health-promoting effects of employment participation. The findings suggest that such managerial-level actors expend considerable effort in change processes, particularly in situations where the regulative pillar does not adequately support the new institutional framework.

Limitations and avenues for future research

In 2022 (following the completion of the study interviews), the Directorate of Health issued a legal clarification assigning responsibility for IPS to Nav (Helsedirektoratet, 2022). It specified that

according to Norway's healthcare law, job specialists should not be classified as "healthcare professionals". Consequently, IPS was mainly organised as part of Nav's employment scheme, reducing the healthcare sector's employment-oriented responsibilities in IPS (Moe *et al.*, 2023). It is unclear how this has affected the overall implementation of IPS or, more generally, whether it has influenced an employment orientation in mental healthcare. Future studies could explore this or examine how shared goals and expectations across sectors (or the lack thereof) influence the ability to change practices on the frontline.

While this study has taken the perspectives of managerial-level actors into account, it did not explore how frontline practitioners have incorporated an employment orientation into their day-to-day practices. Also, although the degree of commitment and enthusiasm among the managers towards IPS varied slightly, there is a chance that the interviewees already had positive attitudes towards the idea of employment-oriented health services, although they may not have necessarily represented the majority. Studies with more respondents from a variety of health services as well as those that take the perspective of service users into account could provide a deeper understanding of the current status of employment-oriented health services.

Contribution

This article demonstrated that managerial-level actors work in different ways to make mental health services more employment-oriented. These actors function as change agents who seek to redefine mental health treatment by arguing that employment participation can be seen as a form of treatment and cultivating a resource-oriented approach so that health service employees can be persuaded by service users' ability to participate in working life. The study showed that the efforts of individual actors were instrumental because of the lack of common goals and legislative regulations. Means to ensure an increased focus on employment included facilitating employees in gaining experience over time with working in an employment-oriented manner, enabling them to resist or adapt IPS elements to take into account existing organisational practices.

By adopting an institutional perspective, the study helped in understanding the variation in whether health services have incorporated an employment and resource focus as well as what managerial-level actors can do, from the positions they hold, to motivate employees to prioritise employment-oriented efforts, even though health services are not measured and managed based on employment-related goals. The findings will potentially influence future policymaking in helping to shape future guidelines and strategies for integrating employment and resource-based approaches into health services.

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