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Occupational status, recognizing the impact of being recognized

A qualitative assessment, exploring occupational status determinants for prime working age groups of licensed practical nurses in the Swedish home-care business



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This thesis presents and analyses the results of the prime working age (25-65), divided into two diverse groups, 25-45 and 45-65, of licensed practical nurses (LPN) perceived occupational status in the Swedish home-care business. The purpose is to understand what influences the perception of two diverse age groups of licensed practical nurses' occupational status, bringing nuance to the phenomenon, thus understanding demands for future employment, shortage of labour and staff turnover in the Swedish home-care business. In being able to develop an understanding of the phenomenon of occupational status, Bourdieu's field theory, Axel Honneth's recognition theory and the concept of symbolic violence has been used as a theoretical framework. Data-collection consists of 12 semi-structured interviews, distributed equally on the two age groups, six interviews conducted on LPN between the ages of 25-45 and six interviews conducted on LPN between the ages of 45-65. Coding and analysis of the empirical data adapts an interpretivist approach. Chapter one serves as an introductory chapter, providing background for the thesis, followed by; previous research accounting for the current field of research, methods, theoretical concepts and lastly conclusions and discussions. No evidence was found, supporting that seniority affected the informant's perception of occupational status. Determinants of occupational status consist of; salary, education, workplace and work-related duties. The empirical data supports that recognition affects the informant's perception of occupational status. The concept of symbolic violence manifested itself mainly in the relationship between LPN and the healthcare assistants (HCA).

Keywords: Occupational status, Bourdieu's field theory, recognition, symbolic violence, licensed practical nurses, seniority.

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Popular science summary

Back in 2020, the Swedish central bureau of statistics (SCB) reported that licensed practical nurses (LPN) was Sweden's most common occupation back in 2019 (SCB, 2020). Out of the 4 543 718 who were engaged in the Swedish labour market, 135 300 people worked as LPNs. Either within the home-care business or at a nursing home for the elderly (SCB, 2020;2). However, for the last couple of years, multiple news sources reported that there is a lack of LPNs in all regions of Sweden (Baudin & Bergendahl, 2018; Warnborg, 2019; Alstermark, 2020; Hedin, 2020). On April 29, 2019, a state-implemented inquiry was conducted, regarding the regulation of the occupation. The state proposed that the occupation of LPNs should be regulated with a protected professional title from 2025 onwards, which indefinitely implies a strengthening of their occupational title through changes in the secondary education including, among other things; several subjects related to health- and care education shall become mandatory (Kommunal, 2020). An improvement in working conditions and occupational status for LPNs is on its way but there is still a long way to go. After the state inquiry was presented, there is still a call out for a strengthening of LPNs' occupational title (Aftonbladet, 2019; Wiberg, 2019). Two out of three LPNs are considering terminating their employment. The questionnaire conducted by USKA (2019) concluded that; low salary, shortage of staff, and a lack of or low occupational status were the three main reasons for the outcome.

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1. Introduction

Licensed practical nurses (LPNs) was one the most common occupational roles engaged in the Swedish labour market back in 2019, the Swedish central bureau of statistics (SCB) reports (SCB, 2020). Nonetheless, multiple news-sources report that there are high demands of LPNs in numerous regions of Sweden, employers have a hard time to prevent staff turnover and the willingness of candidates to apply for the occupation (Baudin & Bergendahl, 2018; Warnborg, 2019; Alstermark, 2020; Hedin, 2020). According to Wedin (2018) the LPNs perceiving their occupational status as low is a fundamental component of the labour shortage within the occupational category of LPNs. An interview article conducted by Arbetarskydd (2019) shows that LPNs themselves also believe that a higher occupational status would bring about increased willingness to apply for employment and prevent staff turnover. According to Ulfsdotter- Eriksson and Flisbäck (2011), recognition is a fundamental part of an individual's perceived occupational status. Accordingly, it is of relevance to examine to which extent people in low-status occupations receive recognition from various fields, such as; friends and family, colleagues, supervisors, as well as the wider society, and how it affects their inherent perception of status within their occupation (ibid, 2011). During the course of the thesis, I'll refer to what the informants labeled, "*samhället*", translated to English; society or the wider society. Society is defined in this thesis as; "[...] a territorial, demarcated area where individuals share common institutions and, to a greater or lesser extent, a common culture and tradition" - (Nationalencyklopedin, 2021). While referring to society, or the wider society, this thesis refers to anyone who is not in close proximity to the informants or someone or some people that the informants aren't familiar with or know on some personal level. Therefore, considered outside of the individual's various fields. While (2014) suggests that the lack of recognition of occupational groups in the medicinal hierarchy is due to a lack of public interest. Partly due to what the media chooses to report on regarding these types of occupations. Other challenges that LPNs face in relation to their status is, the low salary (Skillemar, 2017). The education is perceived as unpretentious and easily accessible (Wallin, 2020). Their work is perceived as dirty, physically and mentally strenuous (Ulfsdotter-Eriksson & Flisbäck, 2011; Svensson & Ulfsdotter-Eriksson, 2009).

Seniority is a great indicator, previous research shows, of different social positions in society and how they adjust during the progress of time and that your perception of social positions determinants can be explained based on your past experiences (Ulfsdotter- Eriksson &

Flisbäck, 2011; Svensson & Ulfsdotter- Eriksson, 2009; Lindemann & Saar, n.d). Occupational status can be perceived as synonymous with social hierarchies, both concepts include a collection of values regarding a certain phenomenon. The only differences being that when determining an individual's social position, it is the individual themselves who is valued. While speaking of occupational hierarchies, or status, it is rather the occupation itself that is being valued (Svensson & Ulfsdotter-Eriksson, 2009; Thompson, Cook & Duschinsky, 2016; Ulfsdotter-Eriksson & Flisbäck, 2011). The Organisation for Economic Cooperation and Development (OECD) reports that the prime working age in the world-wide labour market is the ages of 25-65 (OECD, 2014). By dividing this prime working age of LPNs into diverse age groups, 25-45 and 45-65, similarities and differences in how these diverse age groups of LPNs view their occupational status can be distinguished. Further, by identifying determinants for occupational status, and bringing nuance to the phenomenon, it facilitates meeting future demands for employment, people's willingness to apply for employment and staff turnover.

1.1 Purpose and research questions

With this aforementioned introduction in consideration, the following purpose for this thesis is: to understand and bring nuance to what influences the perception of prime working age of licensed practical nurses' occupational status, thus understanding demands for future employment, shortage of labour and staff turnover in the Swedish home-care business. In order to bring clarity to this topic, the following research questions has been defined:

How does recognition from various fields and the wider society affect the prime working age of licensed practical nurses' perception of their occupational status?

- How does the concept of symbolic violence affect occupational status?
- How does the habitus and economic, social and cultural capital equity, affect perception of occupational status?

With inspiration from Bourdieu's (1987) various fields in the research question refers to those who the informants are acquainted with, such as; family and friends, colleagues and superiors in the workplace.

1.2 Background

Occupational status is a collection of values regarding different occupations positions in society, the occupation is valued and ranked in relation to other professions in society and is thus assigned a status in comparison to other occupations (Ulfsdotter-Eriksson and Flisbäck, 2011; Svensson & Ulfsdotter-Eriksson, 2009; Thompson, Cook & Duschinsky, 2016). While there are perceptions that occupational status is constant and almost unchanging (Treiman, n.d). At the same time, there is research that contradicts these speculations. Professions are constantly changing, and perceptions surrounding occupation are also changing, factors that determine the status of an occupation have the ability to change. Hence, there are several reasons for further exploring the concept of occupational status (Svensson & Ulfsdotter-Eriksson, 2009; Ulfsdotter- Eriksson & Flisbäck, 2011). Our perceptions of professions are sorted based on common doxic knowledge of said occupation and follows ideological classifications of chores that are deemed bad/good, dirty/glamorous or practical/theoretical. These characteristics are a point of reference when we relate to others, but also our own occupations (ibid, 2009; ibid, 2011). Occupational status, regardless of low or high, arises only in relation to other occupations. A profession can only withhold high/higher status if another occupational is considered to have low/lower status by having their occupation recognized as valuable, or more/less valuable than other occupations (Bourdieu, 1999; Hansen, 1999; Ulfsdotter- Eriksson & Flisbäck, 2011). The concept can thus be perceived as one of the fundamental dominant means of social reality. Therefore, it is of relevance to examine to which extent people in low-status occupations perceive the recognition they receive from the society and how it affects their inherent perception of status within their occupation (Ulfsdotter-Eriksson & Flisbäck, 2011).

No previous research on LPN's occupational status has yet been conducted. The occupational group is usually lumped together with other occupational groups such as healthcare assistants (HCA) and registered nurses (RN) (Svensson & Ulfsdotter- Eriksson, 2009; Ulfsdotter-Eriksson & Flisbäck, 2011). Therefore, it becomes relevant to examine LPNs specifically. Nor age has been a variable that is examined in relation to occupational status, which makes it relevant to examine whether there are differences between two diverse age groups due to senioritis proclaimed effect of the perception of social positions in society (Ulfsdotter-Eriksson & Flisbäck, 2011; Svensson & Ulfsdotter- Eriksson, 2009; Lindemann & Saar, n.d).

Concepts that will be used to explain the phenomenon of occupational status are Bourdieu's field theory and Axel Honneth's theory of recognition. Bourdieu's (1987) theory is primarily a theory used to explain the construction of social positions in society and not necessarily to explain the construction of occupational status. However, previous research shows that social positions and occupational status can be perceived as synonymous with each other (Ulfsdotter-Eriksson & Flisbäck, 2011; Svensson & Ulfsdotter-Eriksson; 2009). According to Olsen, Kalén and Ponzer (2019) and Hindhede (2020) the formation of individuals' habitus and equity of various forms of capital, is crucial for the experience and ranking of different occupations in society. Axel Honneth's (1995) recognition theory and how it affects the experience of occupational status becomes relevant to investigate as occupations are a large part of our identity and self-image, previous research shows that if a lack of recognition can bring about ill health and a negative self-image of ourselves and in turn our occupation (Ulfsdotter-Eriksson & Flisbäck, 2011; Svensson & Ulfsdotter-Eriksson, 2009). By investigating how the equity and recognition of the individuals; economic, social and cultural capital affect the individuals habitus and perception of occupational status. As well as to which extent the individual receives recognition based on; love and caring from others (primary dimension), their individuality (social appreciation) and the individual's ability to act and consider different moral actions (legal recognition). Occupational status determinants can be discerned which facilitates meeting future demands for the LPNs and their future employment. Further, the concept of symbolic violence within the compounds of the workplace may serve as an explanation for the development of the LPNs occupational status. I have chosen Bourdieu's (1987) theory and Honneth's (1995) theory as both these theories involve the concept of being recognized. Honneth's (1995) theory implying that recognition contributes to the individual's self-image and Bourdieu's (1987) in the manner that an individual's various capital is recognized by a other participant in a certain field or society. The cultural capital that Bourdieu (1987) describes is similar to the social appreciation that Honneth (1995) describes, in that they both involve being recognized based on their individuality. However, I chose to involve both these concepts since the social appreciation focal point is directed to the individual's actions and behavior, their skills and abilities (ibid, 1995). While cultural capital rather concerns the individual being recognized because of one's competence and experience (Bourdieu, 1987).

The study will consist of semi-structured, qualitative interviews conducted at a municipal owned home-care company in Skåne county, Sweden. The sampling of respondents will

consist of 12 LPNs, in their prime working age, who work in this facility, six between the ages of 25-45 and six between the ages of 45-65.

1.3 Thesis outline

The first chapter of the thesis aims at introducing the reader to the topics that the thesis aims at investigating, defining these topics and concepts and discussing delimitations of the thesis. The following chapter aims to map out the field of research, what previous research formerly had concluded regarding occupational status, recognition and LPNs. Further, the methods used for data-collection, coding and processing are presented. What follows is a review of theoretical concepts. Chapter five includes the results of the data-collection, accompanied by analysis of the empirical data collected, followed by a chapter concluding the thesis key findings. The last chapter discusses the execution of the study, what could have been carried out in an alternative way and a discussion concerning the results of the study as well as the contributions of the thesis.

1.4 Delimitations

The data collection will consist of qualitative interviews conducted on LPNs and will thus not involve data collected from other occupational groups or other groups of society. I have chosen to exclude the fourth form of capital that Bourdieu (1987) accounts for, symbolic capital in the research question. Symbolic capital is the assessment of; economic, social and cultural capital as experienced by another participant in a particular field or the wider society. As I believe breaking down each form of capital as a variable, brings, in a more discernible manner, nuance to occupational status determinants. Symbolic capital will rather be used as an analytical instrument in relation to the empirical findings.

The study will be limited to examining and collecting data in the Swedish home-care business, see chapter 1.3 for definitions, other workplaces where an LPN can operate such as; a hospital or nursing home will not be included. The purpose of the study aims to distinguish which elements affect two diverse age groups perception of occupational status, hence variables such as gender or ethnicity will not be accounted for in the data-collection since it is considered outside the scope of what the study aims to investigate.

1.5 Definitions and conceptual clarification

In this chapter, terms and concepts that are considered relevant to the thesis will be defined. Initially, the role of the licensed practical nurse (LPN) is described followed by a definition of the Swedish home-care business. The incentive for defining LPN and their workplace is so that the reader can situate the informants for the study, as well as explaining what their occupational role, formally, implies. As the study will be carried out within a specific area in which the LPN operates, I consider it necessary to define this area and what work-related task it entails since it may not look the same as an LPN working for example at a nursing home or a hospital. Further, occupational status is defined but further expanded upon in chapter two, previous research. Since the term “*samhälle*” translated into English; society was commonly used in the thesis and by its informants, this chapter will conclude with a brief explanation behind what the society, or the wider society, implies. Other relevant topics and concepts will be defined and accounted for in chapter three, theoretical frame of references.

Initially, a justification for the choice of term to describe the employment role that is intended to be investigated in this thesis, is required. The group that is to be examined, in Swedish, are “*undersköterskor*”, which translates to licensed practical nurses (LPNs). Since previous research doesn’t make it distinct which group they are investigating, by not thoroughly describing the tasks of the occupational group they are examining, it was problematic finding the right term to describe this occupational group. Swedish healthcare organisations are usually structured by two different hierarchies; the medical hierarchy and the administrative hierarchy. On the medical front, in mutual order¹; doctors (*läkare*), registered nurses (*sjuusköterskor*), licensed practical nurses (*undersköterskor*) and healthcare attending/assistant staff (*vårdbiträden, sjukvårdsbiträden*). On the administrative side, hospital directors (*klinikchefer*), managers (*avdelningsföreståndare*) and other management personnel who have the task of strategically planning and controlling the business (Freidson, 1986). Finally, the decision on the term licensed practical nurses was made, due to “*Karolinska Institute Medical Subject Headings*” (MeSH) which is the controlled vocabulary, produced and maintained by the U.S. National Library of Medicine which uses the majority of academic databases, adopt the term licensed practical nurses as a translation into Swedish “*undersköterska*” (Karolinska Institutet, 2021).

¹ Swedish title in brackets

The Swedish LPN mainly works with health attending tasks. The patient's general wellbeing and care are included in these tasks, such as; bedding, cleaning, feeding and taking care of meals and supporting the patient with their hygiene. There are also some medical procedures such as; measure urine output, take blood pressure, temperature controls, be responsible for fluid lists and heart rate (Byström, 2016; Tarnowski, Bateman, Stranger & Phillips, 2017). However, it's worth pointing out that these tasks may vary with regard to the organisation in which the individual is employed (Byström, 2016). In order to become an LPN a two-year secondary education is required. However, usually it is up to the employer themselves to choose whether the person in question has suitable education to be able to work as an LPN (ibid, 2016). LPNs may perform certain tasks that are considered beyond the scope of their own area of education and area of responsibility when delegated from a RN, examples of such tasks may be special blood sampling and catheterization. Decisive in this context is the need for competence and knowledge as well as urgency of the execution of the task (ibid, 2016).

In order to define the Swedish home-care business, I have chosen to use the Swedish National Board of Health and Welfare's term bank to describe home-care company usual duties, translated from Swedish;

“Assistance in the form of service and personal care in the individual's home or equivalent [...] By service is meant here e.g. practical help with the care of the home, help with purchases, matters at the post office and bank, preparation of meals and distribution of ready-made food [...] Personal care here refers to the efforts that are also needed to meet physical, mental and social needs. This can e.g. involve help with eating and drinking, dressing and moving, taking care of personal hygiene and other efforts needed to break isolation (eg some accompaniment) or for the individual to feel safe and secure in their own home (including through evening and night patrols)” - (Socialstyrelsen, 2008)

The businesses are partly governed by these incentives. The approach of the treatment and management of care-recipients is rather controlled depending on the needs of the patients (Byström, 2016).

Regarding the definition of occupational status, the word status is a collection of values of different positions in society. Where status and occupational status differs is which object or

person that is the basis for valuation. Status, the individual and occupational status, the occupation itself is the basis for valuation (Svensson & Ulfsdotter-Eriksson, 2009; Thompson, Cook & Duschinsky, 2016; Ulfsdotter-Eriksson & Flisbäck, 2011). Research conducted on occupational status is thus based on people's perceptions of occupations. Furthermore, it is suggested that an occupations status can never be valued based on its elements alone, but must always be set in relation some other occupation, this in turn determines whether a profession has a high/higher or low/lower status (Svensson & Ulfsdotter-Eriksson, 2009; Ulfsdotter- Eriksson & Flisbäck, 2011; Avent-Holt, Hällsten & Cort, 2020; Hansen, 1999). Other research suggests that occupational status can be explained based on a struggle between two different groups in a particular field, such as a workplace. The struggle is based on a need or a desire for resources, while these resources usually consist of; salary or job opportunities. Other resources may consist; access to training, respect, dignity or mentorship within the specific field. This usually occurs when two groups claim to be more deserving of the resources (Avent-Holt et.al, 2020).

During the study, I will refer to “*samhället*” translated into English to “the wider society” or simply, society, as this group was recurring in the study's data-collection. Society in this thesis is defined as; “[...] a territorial, demarcated area where individuals share common institutions and, to a greater or lesser extent, a common culture and tradition” - (Nationalencyklopedin, 2021). While referring to the society, I'll refer to anyone who is not in close proximity to the informants or someone or some people that the informants aren't familiar with or know on some personal level. Friends and family, colleagues and supervisors are not included while referring to the society.

2. Previous Research

This chapter discusses previous literature conducted in the field of research, constituting an outline, consisting of relevant topics of discussion during the analysis. Previous research that will be presented down below consist of elements that previously been shown affect occupational status, consequences of perceiving one's status as low, research conducted on healthcare related occupations and previous research regarding recognition.

Distinctive characteristics surrounding occupational status is that it's interpreted and judged by society as a whole. Cultural as well as social factors influence these assessments into a status system, resulting in an occupational hierarchy (Thompson, Cook and Duschinsky, 2016). There are a number of characteristics that affect status, Zhou (2005) suggests that status in one's occupation are affected by two factors; knowledge-based prestige, the more knowledge, qualification and skills one possesses, the higher your profession is valued. Thompson, Cook and Duschinsky (2016) provide examples regarding RNs and their knowledge-based prestige. RNs have the opportunity to increase their occupational status based on their education and ability to perform special medical delegations. In the case of LPN, whose task consists of activities mostly related to essential care that address daily requirements, rather than medicinal treatment, there is a risk that they will be devalued in their workplace. The second acquisition of status according to Zhou (2005) is Authority-based prestige; the more authority one possesses in their occupation, the higher their status in society is valued. Other research shows that the acquisition of occupational status can be explained based on characteristics, such as salary, education, influence and power (Reiss, 1961; Marsh, 1971; Lindemann & Saar, n.d; Hasegawa & Ueda, 2014; Ulfsdotter-Eriksson & Flisbäck, 2011). Occupations that are physically strenuous, occupations that involve heavy lifting, high and hard work pace and monotonous movements, are generally considered to have lower status (Ulfsdotter-Eriksson & Flisbäck, 2011; Rothman, 2005). Adding to this, Ashforth and Kreiner (1999) suggest that occupations within healthcare, such as LPN or RN is viewed by society as distasteful and physically dirty, which in turn also affects the status of professions. McMurray (2012) argues, however, that one can use their "dirty" work as a method of increasing pride in their occupation, by showing that their priorities can not only be related to their personal gain, that they are in a way "exposing themselves" to a dirty profession and duties for the sake of others.

According to Thompson, Cook and Duschinsky (2016), long-term care occupations, such as LPNs, are attributed to lower status than other occupations. Furthermore, Ulfsdotter-Eriksson and Flisbäck (2011) believe that long-term care is associated to a greater extent with work performed at home; cleaning or cooking which affects the status that the occupation is assigned.

Another researcher who has contributed research in the field of occupational status is Rothman (2005) who suggests the development and construction of occupational status in other terms. Rothman argues that occupational status is created based on two processes; Assigned status; which emerges in the social process. There are several factors that affect the assigned status process, including; the socialization process, which implies that children, from an early age, are influenced by their parents, relatives and society to value certain professions to varying degrees. It can also be discerned in the professions that the children are exposed to during their upbringing. Language is another influential element, that refers to the language used to describe a certain profession. Rothman provides examples of professional titles and how they are used, as well as their power to influence our experience of professions status (ibid, 2005). Lastly, media influence, which refers to the ability and opportunity to give more space to certain professions in TV, newspapers and also to what extent characters in movies and series play certain professions. Further, Ulfsdotter-Eriksson and Flisbäck (2011) suggest that the way you choose to present your occupation and how oneself choose to talk about different occupations affects to a large extent the public's knowledge and values about the profession in question. Rothman (2005) goes on to describe what is called; acquired status; which distinguishes itself in measurable and actual conditions that exist in a profession, for example; as salary and what education is required. Competence, according to Rothman, also contributes to higher levels of status. If you look at the professions that are considered to have high status, they usually require longer and, what is perceived, more advanced and less accessible education while professions that do not require any further education will be placed significantly further down. Rothman (2005) also adds that factors that affect occupational status, salary and education, can vary to the extent of what class in which the assessor is located; working class, lower middle class or upper middle class. For a person who is further down the class scale, salary is usually a much more important factor, while for those who are higher up in the class scale, education is usually the most important.

Holding a particular position in the social or occupational hierarchy can affect an individual's health. Those who acquire higher forms of education, are located at a higher social class and have a higher income than others, have the opportunity to live a more healthy and wholesome life (Rostila & Toivanen, 2012). Those who are exposed to physically heavy work, attain low education and who possess low economic equity, are susceptible to retiring prematurely or suffer from serious illnesses. Good working conditions are of great importance for human wellbeing and health (Fritzell, 2012). Low-status occupations are often associated with low autonomy in the workplace and with high levels of psychological or physical demands, which in turn has shown to contribute to an increased risk of ill health (Toivanen & Vinberg, 2012). Low occupational status creates a negative spiral when it comes to the wellbeing of the individual. Factors such as; low salary and stressful work-related tasks lead to ill health, ill health in turn leads to difficulties in improving chances of better work-related conditions (Fritzell, 2011). Low income, how the individual carries out their work and the possibility to socialize with friends and family are indicators of stress, which in turn, after longer periods of perceived higher levels of stress may affect the individual's health (Lundberg, 2012).

Johnson and Bowman (1997) research conducted on RNs could distinguish that the RNs' had an almost "deceptive degree of subordination" towards the doctors. There was a lack of trust between the patients and the RNs since the patients perceived the RNs' knowledge, in relation to the doctors, inadequate. This lack or neglect of one's knowledge and competence may result in a disinterest in discussions regarding patients' health with colleagues, a feeling of limited autonomy regarding decision-making and reduced professional satisfaction. It is not entirely unlikely to conclude that an LPN would gain even less trust from patients than a RNs receives as they have even lower education in relation to each other and therefore demonstrate similar behaviour as the RNs. This exercise of power becomes a way to further dominate the field in which people operate, by neglecting others one raises oneself (Ulfsdotter-Eriksson & Flisbäck, 2011; Svensson & Ulfsdotter-Eriksson, 2009; Hansen, 1999; Avent-Holt et.al, 2020; Rothman, 2005).

According to Ulfsdotter-Eriksson and Flisbäck (2011) individuals with low occupational status may manage their low position through three different strategies. The first position includes asserting the value of one's own professional activity and thereby identifying with it. Individuals in the first position are usually drawn to claim that the public image of the profession is incorrect or too generalizing. According to the authors, this is perceived as a

way to renegotiate the existing status hierarchy. The second position involves the worker distancing themselves from the occupation, by neglecting the need for recognition. The authors equate this as an act of symbolic violence, where the employee puts themselves in a dominant position. The third strategy includes an ambivalent state of both shame and pride in one's profession.

A study conducted on Swedish RNs and LPNs showed that an important component of LPN's competence development and professional identity in the workplace was being recognised by the RNs (Thunborg, 1999). Since work-place education and development of one's skills and competence in the workplace is a large section of one's perceived occupational status, it is not entirely unreasonable for organisations in the hope of raising the status of their employees to try to train them further through on-the-job training. In the case of LPNs, it has proven to be somewhat problematic. The workplace-education and training resulted in the LPNs' tasks becoming the same as an RNs, this only resulted in more tasks and at the same time as the occupational group of LPNs shrank in numbers, which in turn led to an experience of lower status. The LPNs in the study rather requested that the RNs contributed and assisted them in their everyday work task, the RNs didn't see this as appealing or attractive since daily nursing work didn't align with their skills or competence. This led to even higher strains between the two occupational groups (Sebrant, 2000).

Ulfsdotter- Eriksson & Flisbäck (2011) suggest, depending on the status of a profession, people receive different degrees of recognition and respect. At low levels of perceived recognition, different strategies can be developed to protect self-worth or compensate for the lack of recognition. Furthermore, the author believes that recognition from different fields in society; the private field; which consists of family and those closest to us, the social field; our friends and acquaintances and the field of the workplace are fundamental parts of an individual's wellbeing, absence of recognition affects our health negatively and how we perceive our occupational pride. Positive endorsement is essential for us to affirm a positive self-image. A feeling of invisibility, or being doubtful about our importance in a work-related context can lead to psychological exhaustion. Honneth (1995) suggests that feeling invisible or disrespected arises when other people neglect our past experiences or do not consider aspects of our identity to which we ourselves attach great importance. Thus, when disregard is directed at fundamental aspects of our perception of identity, the individual tends to react more strongly. An essential foundation in our self-image and a foundation for how we choose

to classify ourselves and others is our occupation. Adding to this, Braganca and Nirmala (2018) research shows how important a positive public image is for the individual's perceived occupational status and perceived meaningfulness in their work. According to While (2014) the lack of recognition of people working in health care is due to a lack of interest in these types of occupations. The low interest is an effect of how the media chooses to depict their work.

The above presented research provides a considerable perspective of what the field of research for occupational status looks like, accounting for several determinants of occupational status and what consequences may follow. There is no research that has been conducted directly on LPN in relation to occupational status, as a result, some of the research above was not necessarily conducted on LPN, in which case, I have argued for why it still can be perceived as relevant to this study. Research regarding recognition influence on occupational status is also quite limited, hence, the research presented is mainly based on Ulfsdotter-Eriksson and Flisbäck (2011) and also the potential effects of perceived recognition from different fields.

3. Methods

This chapter aims at describing the methods used for data collection, including; sampling, data processing, coding, methods, analysis, background to the research field, a reflexive reflection regarding research bias and epistemology concludes this chapter. Throughout, an account of the study's implementation, implications and limitations will also be discussed.

This qualitative case study aims to acquire a deeper understanding of the informant's perception of occupational status, how perception of occupational status is influenced by economic-, social-, cultural- capital, recognition and symbolic violence. These concepts include interactions with other actors in the field and understanding the meaning of these actions and interactions. With the interpretivist approach to coding and analysis, it fits with a semi-structured approach to data collection. Given the thesis inductive approach, it is suitable with a data collection process which is characterized by the researcher being open minded and susceptible to the empirical data in order to portray and understand the concepts and results that the thesis generates (Bryman, 2018). By exploring phenomenon with openness and receptivity to what the empirical data disclose facilitates the process of generating theories. The data collection was conducted in Swedish language and has thus been compelled to be translated into English.

The following two paragraphs are committed to account for validity and reliability of the study. This thesis bases its definition of reliability and validity on Denscombe (2018). Reliability signifies the ability to recreate a similar study and account for the same results.

According to Denscombe (2018) reliability can be seen as problematic to achieve in qualitative studies since soft values are examined, which is a variable that may change as time progresses. Qualitative researchers rather aim to be credible in their research. Credibility of this thesis is achieved through a thorough description of the research process and motivation of choices in the process of data collection (ibid, 2018).

Regarding validity which according to Denscombe (2018) and Mason (2018) implies the researcher examining what is actually said to be examined. In accordance with the thesis validity, all irrelevant data that is collected during the data-collection process will not be accounted for and through defining all the theoretical concepts used, achieving concept

validity. According to Denscombe (2018) it is important for the validity of the study that the chosen method is performed correctly, hence all parts of the study's methodological tools have been described.

3.1 Background to the field

This chapter aims at describing the facility in which the study is conducted. The descriptions serve as a clarification of the company's hierarchy and where in this hierarchy the informants (the LPNs) are situated.

This thesis will be conducted at a municipally owned home-care company in Skåne county, Sweden. As the company is owned in its entirety by the municipality, no profit may be taken out of the company. The structuring of Swedish municipalities varies somewhat from one another. The municipality consists of various administrations which in turn are responsible for an area within which the municipality operates, for example, the administration that handles everything in health care is managed is, in this case, called the “social administration department” (see figure 1 for the structure of the municipality)

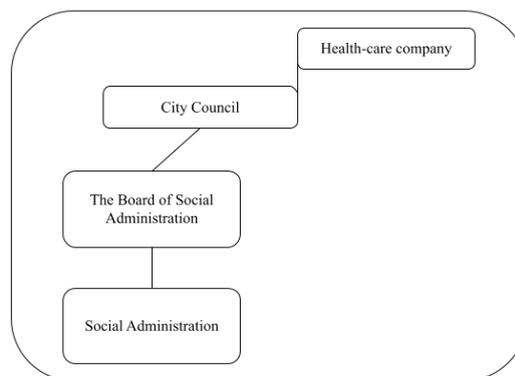


Figure 1 - structure of the municipality

The administration operates towards “the board” of said administration which in turn reports to the city council and its city council members. The head of the board for social administration, also operates as the CEO for the healthcare company. There are other administrations within the municipality which I have chosen not to address since these are not of direct relevance for this study.

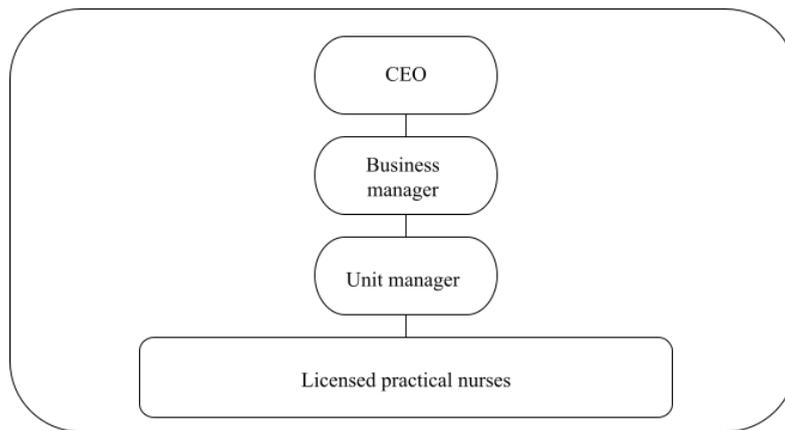


Figure 2 - structure within the healthcare company

The home-care company itself has the following hierarchy (see figure 2). The LPNs report to unit managers who in turn report to the business manager, the business manager reports to the CEO and therefore also the board of social administration.

3.2 Process of Sampling

The informants for the study consist of LPNs. As I aim to distinguish between two diverse age groups of LPNs, I have been prompted to find an even number of informants between the age groups; six informants in the ages between 25 - 45 and six informants in the age between 45 - 65. The logic of studying these two diverse age groups stems from both the accessibility to these age groups in the facility where the study is carried out as well as from previous research showing that age is a great indicator of the transition of social positions in society (Ulfsdotter- Eriksson & Flisbäck, 2011; Svensson & Ulfsdotter- Eriksson, 2009; Lindemann & Saar, n.d). Other traits such as; work experience, gender or ethnic background are considered outside of the thesis scope of research and will therefore not be accounted for. The selection process began with me contacting one of the unit managers at the business where I intend to carry out the study. I was fortunate to have a close acquaintance who works in the facility, as an LPN, who provided me with contact information for their unit manager. This relative will act as a "gatekeeper", a person who is anchored in a field that the researcher intends to investigate but who does not further contribute to the study more than letting the researcher in, and creating conditions for the researcher to enter the field (Eklund, 2010). After I got in contact with the unit manager, they did not think that it was necessary for me to pay a visit to the facility to look for informants myself due to the ongoing Covid-19 pandemic, instead they prompted me writing a short introductory letter where I described the

study; the process for data collection or any other information needed is able to participate in the study (see appendix 1) and send it over to them. Instead of me approaching several of the employees' group meetings to try to find informants, the manager themselves would ask their employees if they were willing to participate and then arrange the interview in their work schedule so that the informants get paid for their participation in the study. We also agreed on dates when the interviews could be conducted. A couple of days later, the manager returned with all the interviews arranged and set up. The manager also sent out the introductory letter to the informants so they could prepare for the interview, every informant fit the description of the population the study considered to examine; six LPNs who were between the ages of 25-45 and six LPN who were in the ages between 45-65. The fact that the manager was of so much help facilitated the work of gathering informants drastically. However, it can be perceived as problematic that the manager themselves collected the informants for the study; that the manager may select informants that they believe will provide answers that do not harm or create a bad reputation about the business. However, the informants worked in different teams and had different, in Swedish, "*närmsta chef*", which is an informal way in Swedish to refer to the manager that the employee primarily reports to, which partly contradicts these suspicions. Personally, I did not experience any kind of bias from the informants as they did not praise the business and accounted for their experiences in a genuine manner.

I did not have the opportunity to meet any of the informants before the interview was conducted. As I grew up in the municipality area where the business operates, there was a risk that I had a personal, or former personal, relationship with the informant. The number of residents in the municipality is small and as far as I know, some of my former classmates work in the business. However, this did not become a problem and I had no previous relationship with any of the informants. Regarding my relatives that work in the same workplace, I asked the unit-manager beforehand not to involve them as one of the informants, which they didn't. Some of the informants' worked together with my relatives, however, I didn't perceive this as a factor that altered the informants answers during the interviews. This selection process in this thesis is somewhat similar to what Bryman (2018) calls convenience selection, where the thesis author bases his selection of informants on what is most appropriate for the author. If I did not get enough informants the first time around, I would have used what Bryman (2018) calls Snowball Selection, which includes the author asking

the people they have already interviewed if they have any relatives or friends who they imagine would like to participate in an interview.

3.3 Data collection, coding and analysis

The data collection will consist of 12 semi-structured interviews, divided between two diverse age groups of LPNs, six interviews conducted on LPNs between the ages of 25 - 45 and six interviews conducted on LPNs between the ages of 45-65. According to Bernard (2017) and Mason (2018) semi-structured interviews is a freewheeling quality of interviewing, implying the usage of an interview guide characterized by different themes that are going to be brought up during the interviews, for example; occupational status and recognition. The interviewer guides the interviewee and maintains discretion, adopting the questions based on what comes up during the discussion. The interview guide simply provides the interviewer with guidelines for what's going to be discussed.

The place for the interview will be a neutral space, free from interruptions and distractions where the informants can feel calm and safe (Bryman, 2018; Denscombe, 2018). The interviews were conducted at the informants' workplace in a closed off breakroom. All interviews began with a brief description of myself, that I am a student, and the data collection will only be used for academic purposes, a review of ethical considerations, the purpose of the study and a verbal approval of consent to participate. My role as an interviewer was rather passive, letting the respondent lead and address what they perceived as important while I was rather probing the interviews by following up on important themes when they emerge. Only when the interview starts to derail to topics that are perceived to be outside the scope of the study, I guided the informant back on the right path (Bernard, 2017). The interviews were recorded on the authors telephone and later transferred to their personal computer, during the interviews notes were also taken by hand.

After the interviews were conducted, the recordings were transcribed in order to turn the empirical data into free-flowing texts, which later could later be coded into nominal variables. I committed to an interpretivist strategy of coding which according to Bernard (2017) consists of reading through, transcriptions and notes taken during the interviews, highlighting themes, keywords and quotes. These themes were later summarized in a separate document, reviewed and interpreted into separate themes for analysis. For the analysis I'll

also adopt an interpretivist tradition, a hermeneutic strategy, searching for meanings and interconnections in expression and interaction, acquiring symbolic references that emerge during the study.

3.3 Reflexivity and research bias

As previously mentioned, a close relative of mine will act as a gatekeeper in order to get in touch with the organisation where the study will be conducted. This relative works as an LPN and therefore I have a particular bias to the field of research and the occupational group that is to be investigated in this study. Therefore, a discussion regarding this bias and reflexivity is of relevance in order to sustain a righteous outlook on the study.

According to Hastrup (2004) knowledge is both selective and reductive, selective in the sense that researchers have to disregard some information in the data collection and reductive in the sense that it renders the empirical messiness and complexity apparent, while at the same time limiting propositions about the world. Knowledge is accordingly a matter of perspective, it is dependent on a “knower” and in order to maintain authenticity, the researcher must account for the particular mode of interest that gives direction and shape. Knowledge bears marks of its institution, a particular style of reasoning that by itself becomes a standard of objectivity, partly based on people having different experiences and differentiated perceptions of knowledge. Acquiring research evidence, can only be perceived as evidence if it was not placed at the research field with the intention of altering the empirical observation. With this outlook on knowledge and what can be classified as knowledge, it is relevant to account for the author's background. I will not make any commitments regarding my own potential bias, but an account of one's background facilitates discerning these potential biases. I was born and raised in a white, working class family. Both my mother, my sister and my aunt have worked for several years as LPNs in the municipality I grew up in. Which has contributed to me having a certain preconception about their work situation; the profession is low paid, situations they are exposed to in their line of work and struggles for better conditions in working life. My academic background with five years of sociology studies with alignment in working life and work-life sciences. Has prompted an interest in their working life situation which in turn induced several discussions regarding the LPNs in working life during my time in studying these phenomenon.

3.4 Ethical considerations

This thesis is committed to the Swedish Research Council; "*Good research practice*" which was published in 2017 and describes the ethical aspects a researcher should relate to when he carries out research. All information that emerges during the course of the study will be kept confidential. Transcripts will be destroyed after examination and not shared with anyone else. The recordings will be treated in a similar way. All data, such as the transcriptions and the recordings, have been stored and saved on the author's personal computer, protected with passwords, that only the author has access to. The essay will not in itself be classified, and will at a later stage be published and shared with the organisations where it is carried out if desired. All participants will remain anonymous in their participation in the study. Describing variables such as; name, personal information, gender or ethnic origin will not be accounted for. As the age of the informants is relevant for the purpose of the study, the age of the informants will be reported but only that they are either aged between the ages of 25 - 45 or 45 - 65. All means will be taken to reduce the risk of transparency in the participant's privacy. Data that may be considered harmful to the informants, information that could jeopardize their position in the facility or their employment, will also not be reported in the thesis. The informants' integrity is protected, among other things, by their anonymity. The thesis author has an obligation not to spread information regarding the participants partaking in the study. All information that is not considered relevant for the purpose of the study will not be accounted for. If there is a desire for any particular information that may be of interest for the study, permission will be requested before this is included in the thesis (Vetenskapsrådet, 2017).

3.5 Epistemological perspective

This study will be seen through an interpretivist approach. The theoretical concepts used in this study used to understand occupational status, such as recognition, symbolic violence and Bourdieu's Field theory involve interactions with other people, either through the judgement of their inherent forms of capital or getting recognized or exposed to symbolic violence through a gesture or verbally spoken words. According to Mason (2018) and Jackson (2010) interpreting the meanings of these interactions, language used and the informants' stories regarding these interactions related to these concepts, through an interpretivist approach, provides explanations and "sense-making" behind the perception of different phenomenon. Bernard (2017) describes interpretivism as the author looking for hidden subtexts,

interpreting and telling a story by accounting for the existence, or absence, of themes of analysis. The concept of occupational status complex and situational notion which changes during the course of history (Ulfsdotter- Eriksson & Flisbäck, 2011; Svensson & Ulfsdotter-Eriksson, 2009). By adopting interpretivist approach support explaining and understanding conjunctions between the concepts used and the empirical data.

3.6 Limitations

Data collection consisting of 12 semi-structured interviews is difficult to perceive as generalizable to other facilities. The study rather aims to be informative and transferable, accounting for and mapping how LPNs experience their occupational status in this specific situation, which can later be used to validate other similar studies (Denscombe, 2018; Bryman, 2018). Despite these limitations, this study provides insight into a specific case that has yet not been investigated, how seniority affects the perception of occupational status, providing further insight regarding the informants age influence for occupational status determinants.

4. Theoretical frames of references

Below, the theoretical frames of references will be presented; Axel Honneth's recognition theory and Bourdieu's field theory (1987). In conjunction with Bourdieu's (1987) theory a review of the concept of symbolic violence will be accounted for. Honneth's (1995) theory is used to describe the development of an individual's self-image. Since our professions tend to become a large part of our identity, it is not entirely unlikely that occupational status becomes part of, or contributes to our self-image (Svensson & Ulfsdotter-Eriksson, 2009; Ulfsdotter-Eriksson, Flisbäck, 2011). Recognition itself is a fundamental component in the creation of occupational status, since it requires a collective judgement from people in our surroundings in order to manifest itself (ibid, 2009; ibid, 2011). Bourdieu's field theory is used primarily to explain the establishment of different social classes in society and not necessarily to explain and understand the creation of an occupational hierarchy. Nonetheless, if you perceive social class as a party of individuals who possess the same amount of, or simular, socioeconomic circumstances and statu, as a collective judgement of one's occupation in a hierarchical order, there is not much difference. Other previous research has formerly used Bourdieu's theoretical concepts explaining the construction of occupational status (Olsson, Kalén & Ponzer, 2019; Hindhede, 2020). According to Ulfsdotter- Eriksson and Flisbäck (2011) status and class can be perceived as synonymous with each other. Bourdieu's theory is based on the assumption that various capital is valued and recognized by dominant groups in society (Bourdieu, 1987). Making the overall theme of the theoretical framework, recognition.

Cultural capital is somewhat similar to what Honneth (1995) describes as social appreciation, in that they both involve the individual being recognized based on their individuality. However, I chose to involve both these concepts since the social appreciation focal point is directed to the individual's actions and behavior, their skills and abilities (ibid, 1995). While cultural capital is about the individual being recognized because of one's competence and experience (Bourdieu, 1987).

This study's purpose is to investigate the informant's personal perception of status and how they perceive how their inheritance and recognition of various capital, recognition in the form of; love and caring from others (primary dimension), their individuality (social appreciation) and the individual's ability to act and consider different moral actions (legal recognition) and

symbolic violence affects their occupational status. Hence, the thesis focal point is how the informants themselves value their various forms of capital and to what extent they experience that their capital is getting recognized by the wider society and participants of various fields, such as; family and friends, colleagues and superiors.

4.1 Axel Honneth's Recognition Theory

Recognition theory is based on the idea that the development of a positive identity and self-relationship is a prerequisite for an individual's wellbeing, perceived worthiness and ability to achieve goals in their lives. This can be achieved through three, different, dimensions of recognition, which can only be realised in interaction with other people (Honneth, 1995). These three dimensions create and enable a positive, self-perceived, self-image for the individual (see figure 3). If these three dimensions are not fulfilled, it may lead to the person disregarding themselves. Disregard of oneself is a form of non-recognition and implies a rejection of the individual's perceived self-worth that has the risk of damaging an individual's self-image (ibid, 1995).

Social appreciation refers to the fact that the individual needs to be affirmed based on their individuality, for who they are or what they do. Obtaining social recognition includes being encouraged and valued and being acknowledged by others in your way of life. The properties that are valued depend on time and place, which means that they are constantly changing. Properties that are desired are also ranked hierarchically by those around them. This in turn contributes to the individual's perceived self-esteem. Self-esteem equates to that the individual is aware of their ability and qualities to be recognized as valuable to others (Honneth, 1995).

Primary relationships are often described as loving and caring, displayed from people in your surroundings, and are perceived as the most basic form of security regarding the value of oneself, through a trust in the durability of emotional bonds with other people. Primary relationships contribute to the individual's ability to establish self-confidence, which is a necessity for inaugurating a positive self-image. Self-confidence enables the person to express individual needs and desires without the fear of being neglected or abandoned. This type of relationship is strengthened/neglected by close relatives; family and friendships. (Honneth, 1995).

Legal recognition implies that the individual has the ability to independently consider different moral actions, alternatives and prevailing social norms in a rational way, a form of moral rigor. It's a proof of an individual's worth - that one is worthy of certain rights and the privileges that come with it. By being deprived of one's self-determination, one is also deprived of special rights and privileges. A lack of legal recognition not only leads to a neglect of but also gives rise to the feeling of not obtaining the status of being integrated into society where everyone should have equal moral rights. Legal recognition is equated with the respect and recognition the individual needs to experience himself as a worthy person, citizen or member of society and contributes to the individual's self-respect and ability to acknowledge themselves in regard to others (Honneth, 1995).

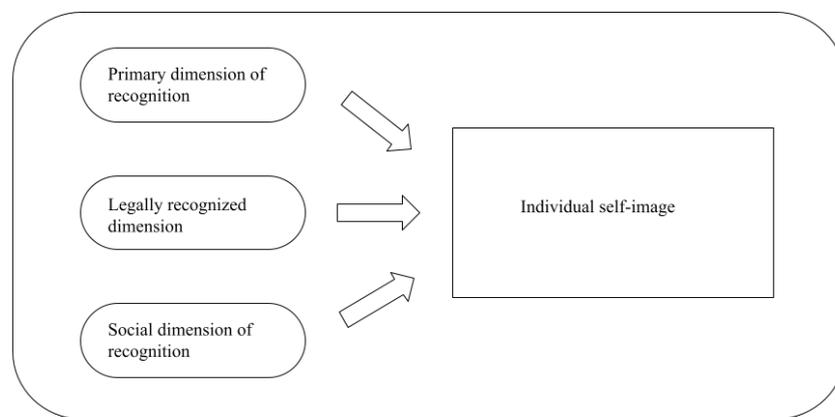


Figure 3 - portrays the development of an individual's self-image. While quite simply illustrated, the figure conveys that the three dimensions of recognition, as described by Honneth (1995) are the primary dimension, social dimension and the legally recognized dimension contribute to the individuals' self-image. The contribution of recognition does not necessarily imply that the individual experiences a positive self-image, but can also contribute with a negative experience of their self-image when one either lacks or experiences the recognition from these dimensions as negative.

4.2 Bourdieu's Field Theory and Symbolic violence

In order to explain differences in social classes of society, Bourdieu suggests that one must construct a space in which predictions and explanations of the largest possible number of differences between different individuals can be observed. By empirically constructing the social world as a multidimensional space, you are able to discover differentiation factors which account for the differences observed in a given social universe, otherwise referred to as a field. In order to avoid a one-sided focus on objectively defined positions, Bourdieu uses the term field in order to describe a position within which one can study an individual's

actions and patterns of their everyday life. A field may be described as a structured system of social positions which in turn are owned by either institutions or individuals who determine the conditions of its members (Bourdieu, 1987).

By unveiling various forms of capital, which can be used in the struggle for the appropriation of scarce resources. It follows that one's place in the structure, within a particular field, is determined based on the distribution of different forms of capital. These capitals, or properties, have the ability to confer strength and power as well as consequent profit on their holder (Bourdieu, 1987). Different forms of capital that Bourdieu account for are as follows; economic capital, which mainly consists of salary, properties and other assets that derive economic value. Cultural capital, how we have learned to act and behave in certain formal, and informal, situations (ibid, 1987). Cultural capital also includes our legitimate knowledge regarding; art, language and education as well as our taste² (Andersen & Kaspersen, 2007). Social capital is based on resources consisting of connections, networks and group memberships (Bourdieu, 1987). According to Andersen and Kaspersen (2007) social capital must involve a form of relationship which can later lead to career crucial resources. Lastly, Bourdieu (1987) accounts for symbolic capital, which consists of a collection of different forms of capital which after these have been recognized and proven to be legitimate by other members of a certain field transforms into symbolic capital³ (ibid, 1987) (see figure 3).

The participants in a social space, or field, are divided; first based on the volume of the capital they possess, in the second dimension according to the composition of their capital, which in turn refers to the weight of the various forms of capital. The third dimension is based on the extent to which both the volume and the composition of their capital evolve over time, otherwise called the trajectory of the individual's capital within the social space. Based on these dimensions, the individual, or a group of individuals, is assigned a position, a place or a precise class of neighbouring positions. Thus, people are defined based on their relative position in terms of a multi-dimensional system of coordinates whose values correspond to the values of the different relevant variables. Bourdieu gives an example of occupation which usually is an indicator of position in a social space (ibid, 1987). These aforementioned capital in turn forge the individual's habitus, which is a form of cognitive or mental map based on

² Although it is not entirely apparent what Bourdieu tries to convey with the word "taste" it is not unlikely he refers to our preferences when it comes to subjects related to culture, such as; fashion, music e.t.c. (Andersen & Kaspersen, 2007).

³ For example; family members, friends, co-workers or members of a certain field of society (Bourdieu, 1987).

how the person perceives, understands and values the world they live in. Habitus consists of internalized structures that guide the individual's actions and thinking (Bourdieu, 1999).

These different forms of capital mutually influence each other and are transferable within the family. An example of this could be if a well-to-do family settles in an area that is generally considered to have a high status, it can also be expected that the children within this family will be assigned to a “high-status school”. Through this type of socio-cultural environment, there is a possibility that the children will acquire certain values which are important for the culture capital. The transferable character of cultural capital is also prevalent in the context of networks, if your parents have a wide and extendable network of contacts within a certain industry, it may aid their children finding job opportunities (Bourdieu & Passeron, 2008). This is also supported by Loury (2000) who claims that an adult worker can be perceived as a product that gets its value through various inputs of socialization, education, parenting and nutrition.

Bourdieu (1999) argues that the design of human habitus is partly controlled by a dominant class in society, or a specific field. Society follows the dominant class' template for desirable knowledge, which most likely prompts certain people in society to gain an advantage over others whose origins come from families with lesser assets in terms of capital. According to Bourdieu and Passeron (2008), this development of society and its various fields leads to what is called symbolic violence. The conditions for being able to exercise symbolic violence come down to the possession of symbolic power. Symbolic power signifies that a person or institution has the power to preserve, transform or create new classifications regarding social status, gender and age. This is done through the words used to describe or categorize institutions, groups or individuals. In order for symbolic power to function and offer a legitimate perception, two conditions are needed; symbolic capital, the power to transfer a perception of an individual, or occupation, to various fields. Lastly, the perception must comply with reality, to the extent to which between the views proposed by the holders of symbolic power and the actual situation on the field. If compliance occurs, this tends to lead to the existing order being strengthened and reproduced (Bourdieu, 1999). The term *doxa* is another term that Bourdieu uses to explain how classifications in society are created. Within each field, these *doxas* exist; rules for what is accepted and unacceptable behaviour as well as norms about what is considered right and wrong. *Doxa* consists of a set of unconscious, pre-reflexive and partially embodied rules of behaviour for the game that takes place within

the framework of the field. Something that is seen as common to all fields is the ongoing struggle between the already established participants in the field and the field's newcomers (Andersen & Kaspersen, 2007).

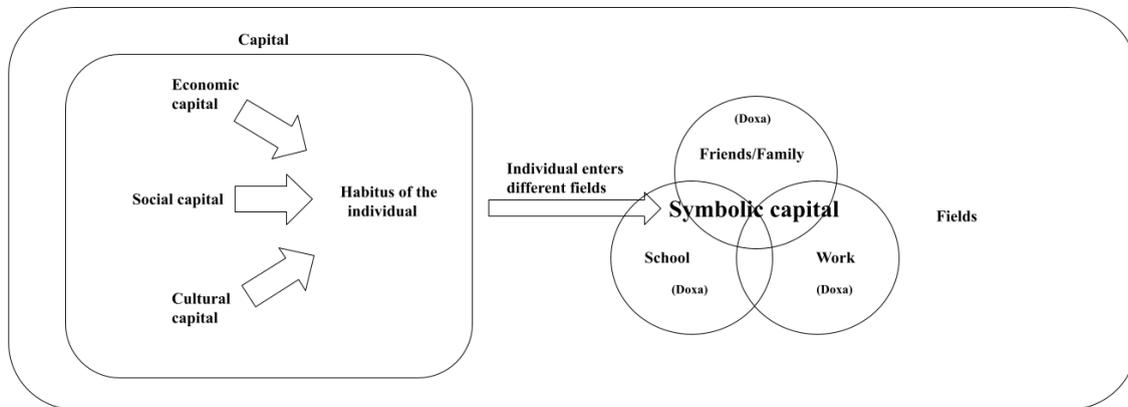


Figure 4 - illustrates the process of Bourdieu's field theory. The collection of the various capital contributes both to the development of the habitus of individuals but then, when an individual enters a field in society, the various forms of capital transform into symbolic capital. After being recognized by the participants in that specific field, which is partly controlled by the fields doxas and the dominant party of that specific field. After capital has been recognized, the individual is placed in the social hierarchy.

Previous research has formerly used Bourdieu's (1987) theory to explain the hierarchy of occupational status in the different fields of society (Olsen, Kalén and Ponzer, 2019; Hindhede, 2020). According to Ulfsdotter-Eriksson and Flisbäck (2011) recognition contributes to a positive self-image and identity, which in turn, affect our occupational pride and status. According to Braganca and Nirmala (2018) being recognized by the society and other fields in society, is a fundamental part of the individual perception of occupational status. Since occupations have become a large part of our self-image and identity, therefore it investigates how recognition contributes to our perceived occupational identity and how this in turn affects our perception of the occupation's status. The figures described above (see figures 3 and 4) demonstrate the common theme of the two theories involving recognition. As well as, the importance of receiving recognition. Whether it is recognition of one's various forms of capital or being recognized, based on; love and caring from others (primary dimension), their individuality (social appreciation) and the individual's ability to act and consider different moral actions (legal recognition). One other aspect of Bourdieu's theory that I find the concept of symbolic violence useful - a mechanism for raising one's own occupational status by lowering others (Bourdieu, 1999). Since LPNs that are going to be

interviewed work together with both HCAs and RNs, it becomes relevant to investigate how these relationships affect the LPNs perceived occupational status.

5. Results and analysis

This thesis aims at investigating the prime working age, divided into two diverse age groups, of LPNs in the Swedish home-care business and their perceived occupational status. Occupational status is a collection of values regarding different occupations in society. Based on the collection of values, the occupation is then put against one another, forming a hierarchy where some occupations are regarded having higher status than others (Svensson & Ulfsdotter-Eriksson, 2009; Thompson, Cook & Duschinsky, 2016; Ulfsdotter-Eriksson & Flisbäck, 2011). To develop an understanding of the phenomenon of occupational status, Bourdieu's (1987) field theory has been used to investigate the informants; economic, social and cultural capital, which previously have been used to explain the establishment of occupational status (Olsen, Kalén and Ponzer, 2019; Hindhede, 2020). Furthermore, Honneth's (1995) recognition theory has been used as a theoretical framework. According to Honneth (1995) recognition derives from three different dimensions; primary, social and legally recognized dimension, affected occupational but to varying degrees. Symbolic violence was not prevalent in relation to the informants' superiors but rather the HCAs, where the LPNs displayed behaviours similar to what Bourdieu (1999) describes as symbolic violence towards the HCAs. Recognition, whether being in the terms on Honneth's (1995) or Bourdieu's (1987) theory, is a fundamental component in the creation of occupational status (Svensson & Ulfsdotter-Eriksson, 2009; Ulfsdotter-Eriksson, Flisbäck, 2011)

In this chapter, three themes will be introduced. Initially a theme aimed at clarifying the elements that affected the perception of occupational status, factors such as salary, work-related tasks, education and workplace will be brought up. In conjunction with the review of salaries implication on occupational status, an analysis regarding the inherence and recognition of economic capital will be presented. Secondly, a theme aimed at explaining how the inherence and recognition of the informants social- and cultural capital as well as recognitions based on; love and caring from others (primary dimension), their individuality (social appreciation) and the individual's ability to act and consider different moral actions (legal recognition) influence over occupational status. Lastly, a theme dedicated to describing the concept of symbolic violence and how it affects an inherent perception of occupational status is introduced.

5.1 Determinants of work that affects occupational status

Despite previous research showing that seniority influenced the experience of social positions (Ulfsdotter- Eriksson & Flisbäck, 2011; Svensson & Ulfsdotter- Eriksson, 2009; Lindemann & Saar, n.d), no differences between the informant's opinions could be explained by their seniority. The informants usually differed on their own personal perception of their occupational status and how others, commonly referred to as society or the wider society, perceived their status. The informants estimated that their personal perception of their occupational status was higher than what society valued it to be. According to Ulfsdotter-Eriksson and Flisbäck (2011) this is a strategy typically used by those who currently are located in a state of low occupational status, opposing the public notion in order to negotiate a higher occupational status position. This theme's main findings identify salary as being the most bearing component of occupational status. Other influences consisted of; educational length and curriculum, your workplace, assigning LPNs who work in hospital higher occupational status and the execution of intricate work-related duties.

An occupation's salary was the most bearing factor of occupational status. All informants justified LPNs low status based on their low salaries. As previous research shows, salary serves as a great indicator of an occupations perceived status (Reiss, 1961; Marsh, 1971; Lindemann & Saar, n.d; Hasegawa & Ueda, 2014; Ulfsdotter-Eriksson & Flisbäck, 2011; Rothman, 2005). The higher the salary, the higher the status. Similar to Rothmans (2005) assumption that those who are located at a lower level of occupational status prioritize salary to a greater extent than those in higher occupational classes. Making the salary a more urgent factor while working in a low status occupation. When asked why the salary was an important indicator, the answer was multifaceted. All informants believed that it was a way to prevent the high staff turnover, increasing willingness to work as an LPN and to increase the force of labour. Three informants said that the low salary brought about difficulties when applying for a mortgage from the bank so that they could eventually buy their own apartment and not always stay in condominiums. Eight informants implied that because of their low hourly earnings, they were forced to work all the more hours which resulted in them having less time to take care of themselves; exercise and eat healthier, go on vacations, recover from a tough workweek and spend time with their family. According to Rostila and Toivanen (2012) and Fritzell (2012) people in lower occupational status jobs do not have the time or resources to live a healthy life. The stress of not being able to buy your own home can be

equated with Lundbergs (2012) research, which implies that those who are in low-status occupations find themselves in a state of stress regarding their financial life. A state of stress was also evident in the context concerning the informant's future pension. According to the informants, the physical and mental exertion one is exposed to as an LPN also affects their status, explaining that these kinds of jobs bring about early retirement, which in turn affects their pension. Similar to the negative spiral of wellbeing that Fritzell (2012) describes; low pay and stressful work-related tasks leads to ill health, ill health in turn leads to difficulties in improving one's chances of better work-related conditions and a healthier life.

It was not only a matter of the salary being too low, but also too similar to the HCAs. The informants felt that their education didn't matter, and got neglected by the low wage gap between the two occupations. The average salary for an LPN being SEK 28,900 per month (SCB, 2020;3) and for HCA SEK 25,300 (SCB, 2020; 4). All the informants suggested that a change in salary was needed in the whole medicinal hierarchy not only for the LPNs. The RNs' average salary being SEK 38,200 (SCB, 2020; 5). While the wage gap between the LPNs and the RNs is quite substantial, the messages that the informants are trying to convey are that they do not want to expose RNs to the same unfair treatment, in terms of pay, as they themselves experience in relation to the HCAs. The salary was also perceived as an injustice in relation to the compensation the LPNs get for working uncomfortable hours, called "supplementary pay for unsocial (inconvenient) working hours" (Kommunal, 2020). Some of the informants had previously worked in a retail and convenience store where the supplementary pay is much higher, at least when compared to working as an LPN. Occupational status can only be measured and determined in relation to other occupations which explains why the informants keep comparing themselves with other occupational groups, such as RNs, HCAs or even a retail worker (Svensson & Ulfsson-Eriksson, 2009; Ulfsson-Eriksson & Flisbäck, 2011; Arent-Holt et.al, 2020)

The salary turned out to be all the more important determinant for those who were in a financially vulnerable situation; one of the informant partners had passed away a couple of years ago and another informant was divorced and was living as a single parent. For these two informants the salary became all the more significant influence of occupational status due to the fact that they were situated in a financially vulnerable situation, and didn't have access to a second income. One of the informants had previously worked as a manager for a larger company and earned around SEK 10,000 a month more than they do working as an

LPN. This informant however chose to go back to working as an LPN since their managerial job brought about stress and negatively affected the informant's health. According to this informant, salary didn't matter as much in relation to occupational status, it was still a large component, but the informant valued their psychological wellbeing and not being stuck in a job that was stressful and brought about ill health. This informant was transparent in the fact that they were in a financially comfortable situation and were therefore not in the same extent in need of financial earnings. While the informant whose partner passed away a couple of years ago, implying that they didn't have a second income, thought that the salary was one of the dying parts of the LPNs' occupational status. This informant thought that the salary contained finite resources, and were all the more anxious regarding their pension than the informants that were financially better off. While both of these different respondents both argued that income affects occupational status, one can distinguish a difference in priorities when it comes to different influences of their working lives. The equity of economic capital affects their way of thinking and their arrangements of priorities. The difference in the informants' priorities can be explained on the basis of the field theory. The possession of economic capital affects the individuals' habitus, which in turn leads to them perceiving, appreciating and valuing elements that influence occupational status differently than others (Bourdieu, 1999). It is not just about prioritizing decisive factors but the ability to choose. The informant who was financially well off had the ability to choose whether to keep their managerial job or to start work as an LPN, while the informant that was worse off, financially, may not have the same options, that due to their financially vulnerable situation not being able to apply for another job, and jeopardize being unemployed, since they are to a greater extent in urgency of economic capital and a stable occupation (Fritzell, 2012).

The informants did not perceive that their economic capital was recognized in a positive manner by either the wider society or the participants in the different fields, quite the contrary. The occupation's low salary prompted people in the wider society as well as the participants in the informants' fields, not applying for the job and brought about staff turnover. The recognition the informants received, based on their economic capital they earned working as an LPN, caused the informants, and the occupational group of LPNs as a whole, to be recognized as possessing a lower occupational status (Boudieu, 1987). This lack of recognition of the informant's economic capital, however, is solely based on the fact that the LPNs inherit a low salary, not the other economic assessment that the informant, personally, possesses.

All informants believed that education affected the perception of occupational status, which is supported by previous research (Reiss, 1961; Marsh, 1971; Lindemann & Saar, n.d; Hasegawa & Ueda, 2014; Ulfsdotter-Eriksson & Flisbäck, 2011; Rothman, 2005). Jobs that required both longer and, what seemed to be, more challenging education were assigned higher status than the jobs that required shorter, and apparently, more accessible and effortless education. The informants' educational backgrounds varied to some degree. The only difference being that some of the informants underwent their education during high school while some carried out a supplementary adult education through adult school, the Swedish Komvux: Hermods, Lernia or other adult school institutions. High school education for an LPN is three years while other adult school programs are usually two years long. The reason for this is because the first year of LPN high school education consists of compulsory subjects such as; Swedish, English and math - subjects a Swedish high school student must pass in order to graduate. The remaining two years consist of the same health- and care related subjects that you study during your time in adult school (Skolverket, 2021). However, students who undergo adult school education have the ability to influence how long the education is. If one chooses to study courses in parallel with each other, the education can be completed in less than two years (ibid, 2021). Three of the informants, who had gone through their three yearlong high school education, signified that they considered it harmful that the LPNs' education could be completed in a shorter time than they themselves had completed their education, one informant stated; "Today we have problems with educated staff. Some can conduct an LPN education in a few weeks and will later be classified as a person as well educated as I Am. Have they learned the same things as me? I do not know" - (Informant #4). Another informant stated; "[...]because now there is LPN education that is in one year and here we, who have been educated for three years get the same as those who have gone one, so it is called LPN regardless but it is not really the same" - (Informants #6) Lastly, a third informant implied;

"The employer recruits anyone, they do not need to have much education, it also affects the status, it shows that I who is an educated LPN do not have to go these three years to learn what I have learned, because we can recruit whoever, they'll handle an LPNs work just as well" - Informant #11

According to the Swedish National Agency for Education, there are certain basic subjects and courses that a person must pass in order to work as an LPN, if you have not completed these courses, you cannot work as an LPN but will be employed as a health care assistant (HCA) (ibid, 2021). Regardless of where or when one completes their LPN education, whether during high school or later in adult school, all LPN educations contain the same courses and content for what one is to learn. Which implies that some of the informants' assumptions regarding the people with shorter education and that their curriculum does not contain the same content is incorrect. The employer has the authority to decide what education is relevant in order to hire someone as an LPN as Byström (2016) account for, but those who have not completed the mandatory courses as determined by the Swedish National Agency for Education, get formally hired as an HCA (Skolverket, 2021). Despite these three informants being mistaken regarding the length of the education affecting its curriculum, I cannot oppose the fact that they experience both the length and the content of the education as crucial to their perceived occupational status.

The incentive may be that the different schools possess different levels of prestige, or status, than others. That adult school programs may be considered having lower prestige than some high school educations. Therefore, the informant, or LPN, that underwent adult school education is considered having less prestigious educational background and possessing inferior competence. Effectively assigning those who underwent high school education higher status, based on their, what is perceived more beneficial competence. The informants that undergo high school education acquire higher status through what Zhou (2005) calls knowledge-based prestige, gaining occupational status based on their competence. This struggle of one LPN possessing more beneficial experience and competence than others has the potential to forge an informal hierarchy in the facility. Some LPNs consider their education as more prestigious, their competence and experience working as an LPN more valuable and more accomplished than others, setting themselves at a higher authority and yield, a self-proclaimed, authority over the other LPNs, gaining a higher level of occupational status (ibid, 2005). Similarly, Rothman (2005) suggests that one can acquire higher status through educational and authoritarian means.

An alternative incentive, regarding the importance of education, may be that it was not entirely uncommon that the managers and the RNs made any major difference between the LPNs and HCAs in the facility. This was not well received by the informants. Occasionally,

for example, an HCA was assigned a task that actually belonged to an LPN, as Byström (2016) explains, RNs can delegate tasks to other occupational roles based on the knowledge, competence and experience of that specific individual, regardless of occupational title. This may explain why education was important to the informants. Education served as a mean for the LPNs to differentiate themselves from the other LPNs, who they consider possesses substandard competence than themselves or other occupational groups such as the HCAs who had gone through substandard education, a method of attaining higher status through differentiation with those, who they perceive having lower status. According to Ulfsson and Flisbäck (2011) neglecting others of the same occupational group, or other occupational groups in general. Is a common strategy for those of those who find themselves in a low status occupation.

During the interviews, it emerged that the workplace influenced the experience of occupational status. For example, an LPN can work both in a nursing home, hospital, home care but also as a personal assistant to a specific care recipient (Byström, 2018). The informants perceived that LPNs who worked in hospitals possessed higher occupational status than those who worked in home care, nursing accommodation or as a personal assistant. The reason for this, the informants said, was due to the general view in society that it was more difficult to work in a hospital, in terms of more advanced work-related duties and the general perception of the skills necessary to work in a hospital. Five of the informants had previously worked in a hospital as LPNs, saying that this was partly true. It was more stressful to work in a hospital, especially in Covid-19 times. As the RNs had to a greater extent access to their patients, they delegated to a lesser extent tasks that were more advanced, to the LPNs. Which in turn lowered the informant's occupational status, as the execution of more advanced tasks enhanced their personal perception of their occupational status.

One explanation for why the informants believe that it is perceived as more difficult to work in a hospital than other workplaces as an LPN is the influence the socialization process has over the creation of social classes that Rothman (2005) accounts for. Similarly, Bourdieu (1987) accounts for that a person's upbringing and socialization contributes to the individual's cultural capital and habitus. Additionally, according to Loury (2000) adult workers are the product of their inputs in their socialization and parenting. Hospitals may to a greater extent be associated with execution of more advanced work-related tasks. This may also be due, as

one of the respondents mentioned, to the fact that as a young person you are not introduced to the home care service or nursing homes in the same way as hospitals. When you hear about healthcare and nursing-related occupations, hospitals are usually the workplace all children associate with healthcare rather than a nursing home or the home-care business. In the same manner, peoples' perception of hospitals may be associated with doctors and their profession, which possess high occupational status, while the home-care service is usually associated with LPNs that retain lower status. The occupations associated with a certain workplace can thus have a "bleeding effect", assigning higher status to the workplaces that are to a greater extent associated with more prestigious and high-status professions than those workplaces who are associated with low status and less prestigious occupations.

When the informants accounted for working in a hospital in comparison with working in the home care service, adaptability was mentioned. The four informants who previously worked in hospitals said home-care service requires much more adaptability when it comes to performing work-related tasks. The reason for this was that in the home-care service, the LPN had to adapt to the care-recipient's home and preferences, while the hospital was a sterile environment, all resources were in place, such as medications and bandages. According to Toivanen and Vinberg (2012) low-status occupations are usually associated with low autonomy, which would imply that LPNs in hospitals would possess lower occupational status than those in the home-care service, since home-care implies more adaptability and freedom to carry out their tasks. Low status jobs are also more associated with higher levels of psychological demands and extension (ibid, 2012). While the five informants who previously worked in a hospital, implied that they could sometimes experience high levels of stress and psychological demands in the home-care service, it was not comparable with the stress and demands of working in a hospital. Further implying that LPNs working in a hospital, technically speaking, should be attributed lower occupational status.

Regarding work-related tasks, as previous research shows, tasks in different professions contribute to perceived occupational status. Mainly apparent if the occupation was perceived as physically and mentally demanding and to which extent the operator got exposed to "dirty" tasks, such as; cleaning, washing, either patients or premises. These factors influenced occupational status in a negative manner (Ashforth & Kreiners, 1999; Ulfsdotter- Eriksson & Flisbäck, 2011; Svensson & Flisbäck, 2009; Toivanen and Vinberg, 2012). The physical, mental and dirty strain not only affects how occupational status is perceived but also in the

sense that these types of jobs put strain on the practitioners' body and psychological wellbeing, which Ulfsson- Eriksson and Flisbäck (2011) and Fritzell (2012) argues bring about premature retirement for the practitioner which in turn affects one's' post-work income and therefore their occupational status.

McMurray (2012) argues that some occupational groups, which engage in dirty work, may use their dirty tasks to raise their occupational status; by claiming that they voluntarily expose themselves to this type of work to help others in need. While the LPNs' tasks consist of tending and caring for old and sick people, facilitating their conditions for their wellbeing and through this process exposing themselves to dirty work-related duties, all informants considered that it did not contribute to increased occupational status. Partly due to their work being physically- and mentally demanding as well as dirty. However, the main incentive was how the tasks are perceived by the wider society. According to the informants, the LPN's job is perceived as long-term care, nursing, cleaning, washing and serving the care-recipients in a usually harmless and controlled environment which previous research shows affect occupational status in a negative manner (Thompson, Cook and Duschinsky, 2016). Ulfsson -Eriksson and Flisbäck (2011) believe that long-term care is equated with work performed at home; cleaning, taking care of the children and cooking, tasks that do not require a set of certain skills or competence, thus explaining why these types of tasks are valued to a smaller extent. The informants believe that the wider society does not appreciate or pay any attention to the work they conducted that goes beyond the framework of cleaning and cooking. The majority of the informants thought that in the public eye, they are maids who look after the care- recipients and not medically treat them in any way. Not getting their efforts recognized by the wider society, affected the informants' perception of their occupational status in a negative manner. According to Honneth (1995), not getting recognized based on their efforts, social appreciation, brings about a negative self-image. Additionally, Ulfsson- Eriksson and Flisbäck (2011) implies that a negative self-image causes the individual to perceive their occupational status as low. Which all points to the fact that through inadequate perceived recognition of one's work-related efforts brings about lower occupational status. Further on, if you were to perceive work-related tasks as capital, and that the value of this capital was based on how much a particular individual contributes to society. Bourdieu (1987) suggests that recognition of an individual's various forms of capital is decisive for which placement you are attributed in the social hierarchy. If society, or

another participant of the field recognizes the LPN's efforts as insufficient to other occupations, they would be placed lower in the occupational hierarchy.

Fritzell (2012) suggests that physically demanding jobs are usually low-paid which inhibits the practitioner to create better conditions for themselves, a negative spiral; low possession of economic capital can lead to the practitioner not being able to afford fees at the gym or buy healthy food. While physical exertion leads to exhaustion and the practitioner not having the strength or the energy to look for other, more healthier jobs, educate oneself or train after work. The informants' views support Fritzell's (2012) assumption, but with a certain addition. Eight of the respondents implied that they felt exhausted after work but that they simply did not have the time or energy to work on and improve their health. The low income prompted the informants to work more; working over-time, coming in on weekends when they were not supposed to work, in order to raise enough economic capital so that they may pay for their living expenses. So it was not simply due to the low equity of economic capital but also due to time constraints and exhaustion that contributed to this negative spiral of ill-health.

The perceived degree of difficulty of the execution of the tasks also affected occupational status, the easier the work was to perform, the less status it was appointed. All informants therefore believed that when the RNs delegated, what were considered to be more advanced, tasks, such as; blood testing, giving out insulin and catheter insertion, this increased their personal experience of their occupational status, similarity what Thunborg (1999) previously has concluded, that work-place education and the development of one's competence with the frames of the workplace are related to a positive self-identify. According to Ulfsdotter-Eriksson and Flisbäck (2011) a positive self-image, or occupational identity, in turn leads to the individual perceiving their occupational status as higher. Thompson, Cook and Duschinsky (2016) conducted research on RNs and came to the same conclusion, that delegations increased the informant's perceived occupational status. According to the informants, this was a way to get their skills affirmed. According to Zhou (2005) individuals have the ability to acquire status by educating oneself and being perceived as competent which the author calls; knowledge-based prestige. Previous research shows that delegations of more advanced tasks from RNs may not always bring about positive effects, but rather overwhelm the practitioner, affecting their occupational status in a negative manner (Sebrant, 2000). However, the overwhelming, was not necessarily due to the delegation itself. But rather in conjunction with the LPNs being able to perform more tasks, they became burdened

with more assignments. Accordingly, in connection with an LPN being able to perform more advanced tasks, the amount of assignments must still be balanced and not overwhelm the practitioner. During the interviews, some of the informants explained that they felt overwhelmed with work, but at the same time this could never be traced back to the fact that it was due to the delegation of tasks from the RNs. Nor did they ever perceive RNs as uncooperative, the informants only had a positive attitude towards the delegation of tasks that RN accorded the informants with.

The informants' work-related tasks were a contributing factor to the experience of their occupational status. Both due to the fact that it was physical, mental and dirty affected the occupational status negatively. The most important factor, however, was that the public perception of the occupation was perceived as unrighteous. LPNs occupation got reduced to simply consisting of; cleaning, long-term care and cooking, tasks that previous research shows do not require high competence to perform, which affects occupational status negatively (Ulfsdotter- Eriksson & Flisbäck, 2011; Svensson & Ulfsdotter- Eriksson, 2009; Thompson, Cook and Duschinsky, 2016). This serves as an explanation why the delegation of tasks from RNs was perceived as a factor that increased the informants' occupational status, they were given the opportunity to perform more advanced tasks, which opposed the public's negative view of the occupation's duties and the development of their competence as suggested by Thunborg (1999).

5.2 Recognitions, social- and cultural capitals influence over occupational status

This chapter is dedicated to explaining how recognition from different actors affected the experience of the informants' occupational status. This chapter also analyzes how the equity of cultural and social capital affects the experience of occupational status. I have chosen to involve these two concepts in this chapter based on the fact that all three concepts, recognition, cultural and social capital, include various forms of interactions with other participants in the fields or the wider society. During the interviews, discussions regarding different groups in close proximity to the informants; their family and friends, the wider society, colleagues, superiors and subordinates, patients and relatives of the patient emerged. Like the previous chapter regarding which elements influenced the experience of occupational status, no evidence was found supporting that seniority affected the experience of occupational status concerning either recognition, cultural or social capital. Recognition

from all dimensions, primary, social and legally recognized, proved to be determinants of occupational status.

While colleagues, such as; other LPNs, RNs and managers as well as friends and family contributed to recognition that affected the informants occupational status in a positive manner, the wider society didn't recognize the informants in such a way. But rather treated them in a derogatory manner, which affected the informant's perception of occupational status in a negative manner. Cultural capital, affected occupational status to the extent that the informants went through a certain socialization process, affecting their habitus. The socialisations process also serves as an explanation as to why the informants receive derogatory treatment from the wider society. Further, no data was found supporting that social capital affected occupational status, the explanation behind this is based on the fact that social capital is prevalent and to a greater extent applicable in more competitive occupations.

Recognition from family and friends facilitated the informants to emotionally cope with their day at work. When they got home, they could talk about problems and difficult situations that happened during the workday. This, the informants stated, was a sign that their family and friends realize how tough an LPN's work can be, which in turn contributed to both higher levels of occupational status, both for the LPN and the related parties, and emotional comfort. Recognition from family and friends, Honneth (1995) labels the primary dimension of recognition, love and affection shown towards an individual effectively reaffirming their self-image. I asked the informants if they think that their family and friends do not necessarily recognize the role of an LPN but rather based on their personal relationship with each other. This was however not the case, the recognition the informants received from their family and friends was perceived as genuine and honest. The informants believed that by having close connections with their family and friends, facilitated transferring a more justified depiction of what it is like working as an LPN to the wider society.

Recognition from their colleagues, other LPNs, was very recurring. This type of recognition were described in the terms that the informants experienced that their colleagues always supported each other in their daily tasks; discussed future actions for the care-recipients improved health, supported, reaffirming and assured each other once they had done a good job. Similar recognition was evident in relation to the RNs. All RNs were attentive to acknowledge the LPNs' efforts and competence. The recognition from the RN led to the

LPNs' work and competence being legitimized, which prevented staff turnover and contributed to psychological wellbeing (Thunborg, 1999; Ulfsdotter- Eriksson & Flisbäck, 2011). The unit-manager also recognized the LPNs' commitments in the workplace which was much appreciated by the informants. Some of the informants felt that they did not always perceive the recognition from the unit-manager as genuine as the managers did not witness the LPNs' work "in action", it was occasionally perceived as empty words without any substance. Recognition from the LPNs' patients however, and the relatives of the patients, wasn't as paramount. Recognition from patients was appreciated and led to increased wellbeing and a sense of a job well done, but the informants did not have any expectations of the patients or their relatives to acknowledge their work. The informants implied that a majority of their patients were suffering from dementia or some other psychological illness, which served as a declaration of the not so recurring recognition. The informants understood that some patients did not have the ability to display appreciation for their efforts. The same was true for the care-recipient relatives who were also situated in an emotional situation, with their relatives being sick, which in turn affected their ability to show appreciation or recognition.

The kind of recognition the informants experienced from their co-workers, RNs and the unit-managers can be understood as social appreciation. That the informants were recognized based on their performance, efforts and individuality. According to Honneth (1995), by affirming individuals with social appreciation, the individual can to a greater extent experience self-esteem in their line of work, self-esteem contributes to a positive self-image, and in turn a higher perception of occupational status (Ulfsdotter- Eriksson & Flisbäck (2011; Svensson & Ulfsdotter- Eriksson, 2009). At the same time, the recognition received by co-workers may contribute to the informants perceiving themselves as legally recognised. By showing trust and valuing their efforts as instrumental, RNs and other colleagues show respect for the informant, that they have the ability to act in a rational way and to act based on their self-determination. Legal recognition facilitates the individual having more self-respect and a positive self-image (Honneth, 1995). According to Thunborg (1999) RN's recognition of LPNs' efforts at work facilitates the development of a positive professional identity. Perceiving your self-image in a positive manner in turn contributes to the perception of occupational status (Ulfsdotter- Eriksson & Flisbäck (2011). The informants implied receiving recognition from the RNs and their colleagues brought about acknowledgement of their work-based competence and endeavors. A similar process described by Bourdieu (1987)

and Hansen (1999), when an individual enters a field, for example a workplace. Their cultural capital, consisting of their competence and knowledge, gets recognized and transformed to symbolic capital, and thus placed in a social hierarchy by a dominant actor in said field. If the recognition of a certain competence is appreciated by the dominant actor in the field, the dominated actor gets placed in higher tiers of the occupational hierarchy. According to Ulfsdotter- Eriksson and Flisbäck (2011) recognition of one's efforts at work is a fundamental component of one's perceived occupational status. Similar to the research of Zhou (2005) that suggests status in one's occupation is partly based on the knowledge the individual possesses. The recognition that the informants receive from their colleagues and superiors points towards good conditions for experiencing their occupational status as higher and experiencing wellbeing in their line of work. If the informants did not perceive themselves as recognized based on their competence, it might have led to similar results as in the Johnson and Bowman (2017) study. The lack of recognition led to the informants not being involved to the same extent in the workplace and with their work.

While on the topic of recognition, the majority of the informants chose to discuss recognition received from the wider society and media. Some of the informants considered that their exploits were recognized especially during the ongoing Covid-19 pandemic, but otherwise they did not perceive any positive recognition from either the media or the public as a whole. According to Rothman (2005) media plays a significant role in the establishment of social classes. According to the informants, LPNs are very rarely represented in the media in a positive sense. The informants considered the media solely reports on the negative aspects of their work; the high staff turnover, the low wage and the shortage of labour. According to Bourdieu and Passerson (2008) and Rothman (2005) the language used to describe a group of people is a fundamental component in how groups are placed in a social hierarchy. The language used by the media, according to the informants, affects the willingness of outsiders applying to a certain occupation, effectively making the occupation more unattractive for applicants and lowering its status. The low interest and the lack of perception of the LPNs' work bring about, according to the informants, a lower occupational status for LPNs. The media and the wider society have a power to determine and regulate a certain depiction of an occupation (Rothman, 2005).

At the same time two of the informants acknowledged their personal responsibility, to portray themselves, as LPNs, in a positive manner. Not solely disregarding the LPNs' work,

complaining about the negative aspects, but also to convey the positive aspects of their work, attempting to pass on this more positive depiction of the occupation to the wider society. One informant believed that LPNs should have the opportunity to go out among primary schools and present themselves and their work. According to Rothman (2005) and Loury (2000) the socialization process is an important component in establishing a class or status. Initiating a positive image of the occupation at an early stage can bring about a higher level of status for the LPNs. Similarly, Boudieu (1987) accounts for cultural capital. The importance of upbringing has on the establishment of occupational status and social hierarchies. For example, an aspect that emerged during the data collection was that those informants whose parents either worked, or had previously worked, as an LPN. Always inherited a higher regard of LPNs' job and perceived their status as higher. While those who hadn't been exposed to the occupation in a similar manner, before they started working as an LPN, perceived the occupation to possess lower status. This demonstrates how a person's upbringing is an important element in the perception of occupational status. According to Bourdieu and Passeron (2008) cultural capital have transferable characteristics. Further establishing the concept of parents or other people in the recipient's environment being able to transfer a certain view of an occupation to a younger generation, affecting the youths' habitus and capital regarding a certain occupation.

The majority of the informants thought that the lack of recognition from the public stemmed from the fact that society does not have a righteous outlook of what is implicated in the LPNs' duties. For the wider society, it is still just a matter of cleaning, washing and serving their patients. According to the informants, these dirty tasks don't reoccur very often in their line of work, the LPNs' tasks consist rather of; taking samples of various kinds, inserting catheters, giving out medicines and caring for their patients. Talking to them, having a social conversation and making them feel safe in their own home. However, the most important, and most difficult tasks that LPNs are exposed to are managing very sick care-recipients that suffer from dementia or other psychological illnesses. Taking care of them, persuading them to take their medicine, risking being exposed to various kinds of harassment and having to adapt their way of caring for the patients to the care recipient's home. Braganca and Nirmala (2018) research shows that a large component in the experience of occupational status is how the public perceive your occupation. Which is also apparent in the informants' answers. According to While (2014), there is no genuine interest from the public to get involved and create a righteous depiction of healthcare occupations, much due to how the media chooses to

portray these types of occupations. The wider society's treatment towards LPNs may rather derive from the lack of interest of getting involved and engaged in their work, but instead bases their perception on loose, ungrounded experiences. One of the informants describes a situation where they introduced themselves to, for example; a new friend or, as in this case, a partner's colleague from work;

“Sometimes when I go to my partners’ afterworks [...] it's quite often you have to introduce yourself to a new person. It comes quite naturally that you tell the person what you work with, and several times, when I say that I work as an LPN, I notice that their interest disappears, they say; "well, how interesting" and then they go” - Informant #5

Another informant describes an incident where a resident of the municipality saw a municipality owned car that was parked incorrectly at a convenience store. This person published a picture of the incorrectly parked vehicle on the municipality's Facebook page with an insult directed at the LPNs that worked in the municipality. Another informant tells a story about when they received an urgent alarm from one of their care-recipients. Due to the urgency of the alarm, the informant had to park their car very inappropriately in close proximity to the apartment where the person lived. When the informant later came out of the apartment they were scolded by a stranger who pointed out the incorrect parking. This, the informant implies, would not have happened if the person who were responsible for the parking, was dressed in an RN or ambulance driver's garments. These three informants feel that they are being neglected and that the wider society does not show any interest in their work purely since they are working as LPNs. This in turn affected the informants' experience of their occupational status. The wider society's rude treatment of the LPNs could stem from the fact that they value the LPNs' symbolic capital, the assessment of the economic- social- and cultural and recognizing their capital as insignificant, or their efforts as futile. Placing them in the lower levels of the occupational hierarchy, justifying their ill treatment of the informants as they perceive the LPNs' efforts having little value (Bourdieu, 1987).

One could estimate that the treatment of the informants from the media and the wider society can be equated with the legally recognized dimension of Honneth's (1995) theory. But not in a reassuring manner but rather a neglecting of the legally recognized dimension, as the informants feel that they are treated unfairly in comparison with other occupational groups.

The wider society shows no respect or interest in occupation and acts as the LPNs are less valuable, which affects the individual's self-respect (ibid, 1995). The neglect from the wider society can be perceived as a deficient social appreciation, by assuming the informant work, performance and efforts as an LPN, are futile, based on their occupational role and thereby neglecting a part of their individuality and personal qualities (ibid, 1995).

Four of the informants implied that the Swedish title of LPN, “*undersköterska*”, is a derogatory title in itself. A direct translation of “*undersköterska*” to English means “under-nurse” which the informant imply, puts the LPNs in a substandard position compared to other occupational roles in the medical hierarchy. Rothman (2005), Bourdieu and Passeron (2008) and Ulfsson- Eriksson and Flisbäck (2011) emphasizes the importance of language in the establishment of status, how we choose to title certain occupational groups. One can illustrate a similar development among other occupations in Sweden in recent years where occupations such as *garbagemen*⁴ (*sopgubbe*) or cleaner (*städerska*) has been re-titled to other, lesser derogatory titles such as; sanitation technician (*renhållningstekniker*) or provincial caretaker (*lokalvårdare*). In being able to counteract the previous derogatory titles (Arbetarbladet, 2013; Kollega, 2017). There is no previous research regarding how adjusting an occupational title affects occupational status, but if you were to base your assumptions on the logic of Rothman (2005), Bourdieu and Passeron (2008) and Ulfsson- Eriksson and Flisbäck (2011) it may bring about a change in occupational status.

Further, during the interview, the informants discussed how social capital affects their experience of occupational status. Social capital isn't as tangible as the other forms of capital when it comes to LPNs. Bourdieu (1987) and Andersen and Kaspersen (2007) argues that social capital is a function for rising in the social hierarchy. Through social networks and social association with people in higher, or more powerful positions in society or organisations. Being able to rise in the ranks of a social or occupational hierarchy. Some of the informants either had a parent or a relative who was, or had previously, worked as an LPN. While it's ambitious to claim that the informants got their job as an LPN solely based on that their parents worked in the same facility, by using the transferability from the family or friends of the social capital (Bourdieu & Passeron, 2008). It would not be completely unlikely that the informants would be interested in the occupation as an LPN partly based on,

⁴ Swedish in brackets

that a relative or parent already worked as one. In this manner it more closely resembles what Bourdieu (1987) describes as cultural capital and the importance of upbringing in the establishment of social or occupational classes.

According to the informants, it's hard to advance in their line of work based on social networks and associations. None of the informants argued that their previous advancements, such as; getting delegated more advanced tasks or getting more responsibility were based on the social associations (Bourdieu, 1987). Advancements were rather based on the LPN's interest in advancing, if they were interested in getting more responsibility or more advanced tasks, they simply had to ask their manager or an RN which they usually got. One possible explanation for why social networks is not significant when it comes to working as LPN, may be that occupation already has a low threshold, due to the occupation of the LPN having high staff turnover and labour shortages. As the social capital did not lead to any form of increased occupational status, the informants also did not feel that their social capital was recognized by other participants in any particular field. Social capital, and the recognition of said capital, is possibly more applicable in occupational categories where there is a high level of competition among applicants. By having your social capital recognized, this leads to the benefits of accessing these more inaccessible professions,

5.3 Symbolic violence and in-violence

This chapter aims at distinguishing different conflicts and behaviours that occurred within the compounds of the workplace, and the different occupational groups that operate within the facility, in order to investigate the prevalence of symbolic violence. Firstly, a review of the relationship between the informants and the superiors, the RNs and the unit-managers are presented, followed by a display of the relationship between the informants and their colleagues, other LPNs, and their subordinates, the HCAs.

According to Bourdieu (1999), symbolic violence is a mechanism that can be used to acquire higher occupational status. A dominant group, or participants, in a field that controls the doxa and has the ability to convey a particular perception of a profession. And consecutively have the ability to raise their status of their own or other profession by neglecting others. Conflicts or the struggle for resources of various kinds, between two actors in a field, are an example of how symbolic violence can unfold (Bourdieu, 1999; Avenet- Holt et.al, 2020). Conflicts or the

struggle for resources of various kinds, between two actors in a field, are an example of how symbolic violence can unfold. Therefore, I asked the informants to describe various conflicts and struggles for resources that play out in the workplace between themselves and other occupational groups that operate within the same field. To investigate how prevalent the concept is in relation to occupational status, where resources are perceived as; access to various physical resources such as means of transport, delegation of more advanced tasks and access to various workplace-related education. While conflicts were relatively rare between the informants and RNs or their unit-manager. On the occasions that these conflicts did occur, it didn't affect the informants' experience of their occupational status. However, it turned out that the informants themselves showed behaviour and attitudes towards HCAs that can be perceived as symbolic violence. Like the other themes for analysis this thesis accounts for, no evidence was found supporting that seniority affected the informant's perception of how symbolic violence affects occupational status.

Conflicts between RNs and LPNs were virtually non-existent. A conflict that was fairly recurring between RNs and LPNs, that five informants described, was when an LPN contacted the RNs in need for consultation. For example, when a patient was in need of a procedure that the LPN was not allowed to perform without supervision or support from an RN, the RN could react in a rude manner, saying that they didn't have time to help the informants. Although it is perceived as careless and a little disrespectful, LPNs understood why the RNs sometimes did not have time since they, like the LPN themselves, were highly burdened with other tasks. None of the informants consider these conflicts as an act of conscious neglect of their work or occupational status. Johnson and Bowmans (1997) research showed that employees may display an almost deceptive behaviour towards their superiors, as an effect of perceiving themselves as neglected. This brought about the employees not being committed to their work to the same extent. The informants didn't account for a similar behavior. All informants described that both their managers and the RNs were thorough to involve the informants in discussions concerning the patient's health and future actions for treatment. Which also supports that the RNs do not intentionally try to neglect the LPNs' occupational status.

Other conflicts that the informants described were usually within their own occupational group of LPNs. There were disagreements regarding the management of a patient's care, which, or how much medicine to give out, wound assessment, how well done the cleaning at

a care-recipient's home had been administered and disagreement concerning different resources such as means of transport and also, despite very unusual, about wages. Means of transport refers to the amount of cars or electric bikes that were available to the LPNs. The facility did not provide each LPN their own means of transport, prompting those who did not get access to a bike or car, taking their own personal car or bike to work. These conflicts can be perceived as similar to what Bourdieu (1999) describes as symbolic violence, the struggle for different resources within a specific field. While verbal conflicts regarding these resources were rare, all informants considered it as bothersome. The system for who had access to a car or bicycle was sometimes regulated by the schedule, based on if the LPN had to commute a longer distance to their care-recipients than others, established by the manager. If the informants did not get assigned a vehicle through the schedule, there was no direct system for the distribution of means of transport. If there were vacant cars or bikes, you had the option to pick one up. This was considered annoying, especially since it was always the same people who came to the workplace earlier to get access to one of the cars. While this struggle for means of transport are similar to what Bourdieu (1999) describes as symbolic violence, none of the informants' considered this conflict affecting their occupational status, instead they planned their workday and usually took their own car or bike to work and disregarded the bothersome perception. According to Ulfsdotter- Eriksson and Flisbäck (2011) this type of neglect of one's peers is a strategy for those who find themselves in low status occupation. By neglecting others and deeming the work as unqualified, they acquire higher status by depressing others and proving themselves as more competent. The authors equate this as a form of symbolic violence.

Bourdieu (1999) explains that symbolic violence can be carried out by a dominant group or participant in the field. Which somewhat problematizes the idea that LPNs can exercise symbolic violence over others that possess the same formal ranking as themselves. One could argue that despite their formal rankings. That there could exist an informal hierarchy within the group of LPNs at the facility. Some LPNs have informal authority over the others based on their skills, competence and experience working as an LPN, like Zhou (2005) describes with authority-based prestige; to acquire class or status by acquiring authority over others. According to Ulfsdotter- Eriksson and Flisbäck (2011) this behaviour can be classified as a strategy to compensate for the low-status the occupation possesses. By adopting a dominant view of the work as unqualified, they differentiate themselves from the occupational activities and the LPNs who work in the same facility, as they perceive themselves as more

knowledgeable than others. Effectively enhancing their own occupational status through authority. One informant state; “It's just a lot of gossip and it's usually the same people you hear who'll speak ill of others' work, not constructively in any way” - (Informant #7).

Of the nine informants who described these conflicts, all implied that the conflicts between the LPNs did not contribute to any kind of neglect of their own personally perceived occupational status, the conflicts were not taken seriously. However, everyone believed that constant conflicts concerning disagreements within an occupational group, dispatched a negative conception regarding the occupation as a whole to the wider society. The informants implied that if their occupational group became known as the "group that always quarrels with each other" it would not encourage people applying for the occupation or its attractiveness, which lowers the occupation's status.

Conflicts between managers and LPNs were rather discerned when the annual salary revision took place, disappointments regarding yet another low salary increase. It was not the conflict itself that was bothersome, but rather the low salary. Like the conflicts that were distinguished between RNs and LPNs, these conflicts were not perceived as a deliberate act of neglect of LPNs' work or occupational status. According to Hansen (1999) and Bourdieu (1999), there must be a dominant group that establishes the norms for what will later be classified as high or low in the occupational ranking. This implies that occupational status manifests through acts of power between two different parties, the dominant and the dominated. During the interview, all informants had a good attitude towards their superiors and felt that they were not in any way neglecting their occupational status or the determinants affecting occupational status. As mentioned above, one could argue that LPNs in the same facility took on the role as the dominating party, I would however deem this as unlikely since these conflicts weren't taken seriously.

The main finding regarding the prevalence of symbolic violence was discerned in the relationship between the LPNs and the HCAs. The LPNs' attitudes and treatment displayed towards the HCAs could be perceived as symbolic violence. The HCAs reside in the lowest level of the medicinal hierarchy of a hospital or a health attending facility, below the LPNs (Freidson, 1986). Every informant perceived themselves as unfairly treated in relation to the healthcare assistants:

“The employer accepts anyone in, they do not need to have much education, it also affects our (occupational) status, it shows that I who educated myself to an LPN do not have to go these three years to learn what I have learned, because we can take who ever preferably, they handle that work just as well” - (Informant #9)

“Then we work a lot with healthcare assistants and it's any random person who goes in and looks for a job, becomes a healthcare assistant and there I think it is incredibly important that you can distinguish the two of us, otherwise I'll get sad”
- (Informant #4)

The act of symbolic violence towards the HCAs was mostly prevalent considering the delegation of more advanced work tasks; giving insulin or more advanced wound assessments. When the RNs delegated these more advanced tasks to the LPNs it was highly appreciated. All the informants implied that executing more advanced working tasks strengthened their occupational status. But, when the HCAs were assigned tasks in a similar manner, the informants perceived it as lowering their occupational status. According to Byström (2016) it's the RNs themselves that determine if the HCA or LPN possesses the experience, education and competence necessary to execute certain tasks. Therefore, the delegation of tasks does not need to follow a particular education or occupational group. To illustrate this. A person who recently immigrated to Sweden may be educated LPN in their home country. The education in their home country can not always be credited as a legitimized LPN education in Sweden. Which results in the person in question possessing the experience needed for some more advanced tasks, but formally, they are employed as an HCA. This prompted the LPNs not wanting to delegate their tasks to the HCAs or wanting the RNs to delegate tasks to the HCAs.

Why this treatment was justified was due to the line separating the LPNs and the HCAs being rather imperceptible. As previously mentioned in chapter 5.1, it somewhat frequently transpired that HCAs and LPNs were mistaken for each other and lumped together, similar to what Ulfsdotter- Eriksson and Flisbäcks (2011) research shows. Which in turn affected the LPNs' occupational status negatively. The reception and execution of more advanced tasks, was a method for the LPNs of separating themselves from the lower occupational status groups of HCAs. Neglecting and not letting the HCAs' execute more advanced tasks, in order to bolster their own occupational status. In a similar manner, as mentioned in chapter 5.1, the

LPNs used their education, knowledge and experience as a means of differentiating themselves from others in the facility. An incentive for wanting to make a distinction between themselves and the LPNs stems from the fact that they feel unfairly treated. That they themselves have completed a longer education and are technically allowed to carry out more advanced tasks but are sometimes mistaken or lumped together with an occupational group that require shorter education, something that never happens between RN and LPN. An occupations status can not be determined solely in terms of the occupation itself but must be compared against other occupations in order to later be ranked (Svensson & Ulfsdotter-Eriksson, 2009; Ulfsdotter- Eriksson & Flisbäck, 2011; Avent-Holt et.al, 2020). Which also explains why the informants believe that it is important to distinguish the two occupations. If LPNs and HCAs are lumped together, LPNs most likely acquire a lower status than they already possess.

6. Conclusions

This chapter serves as a review of the study's main findings. Firstly, senioritis effect on occupational status is considered. Following conclusions regarding chapter 5.1 findings, determinants of occupational status. Further, the prevalence of recognition, as seen from the perspective of Honneth's (1995) theory as well as the influence of perceiving one's cultural- and social capital as recognized is accounted for, concluding remarks regarding chapter 5.2. Lastly, the conclusions based on chapter 5.3, symbolic violence and in-violence is presented.

The main conclusion of the study is that seniority did not affect the experience of occupational status. Deviations regarding options of occupational status determinants, such as; salary, education, workplace, work-related tasks, the influence of economic-, cultural- and social capital, habitus, the recognition of these various capitals, getting recognized by their family and friends, colleagues and superiors or the concept of symbolic violence, could not be explained based on the age of the informants.

All informants expressed that their perception of LPNs' occupational status was partly due to society perceiving their occupation, as they experienced it, in an unrighteous manner. Which prompted the informants to distinguish between the wider society's perception of their occupational status and their own, personal perception, always regarding their personal perception higher than the wider society did. The informants felt that society valued their effort as LPNs as insufficient and not of much value. This partly explains the derogatory experience the informants had interacting with the wider society. The treatment experienced by the informants is partly explained by a lack of interest in long-term care, or healthcare, related occupations and society valuing the LPNs' symbolic capital as inferior to other occupations' efforts.

The informants' salary turned out to be one of the most bearing influences of occupational status, the higher your salary, the higher status the occupation was assigned. While the economic capital earned as an LPN wasn't recognized as valuable by others and brought about a reduction of their occupational status, the holding of economic capital affected the informants' habitus. The holding of low economic capital prompted these informants to prioritize salary over other determinants that affected the experience of occupational status. Both the length and curriculum of education affected the informants' occupational status. The informants' education was a way to differentiate themselves from other occupational groups,

or other LPNs, that they perceived possessed lower status than themselves, but also a measure to validate their own competence, and in turn their occupational status.

A work-related task's perceived difficulty also influenced occupational status in terms of, executing more advanced tasks led to higher levels of occupational status. The fact that the informants' work was considered to be physically and mentally demanding affected the experience of occupational status in a negative manner. It impaired the informants' opportunity to improve their mental and physical wellbeing, brought about premature retirement which in turn also affected their equity of economic capital. The most important part of why the informants' duties affected their status was due to society reducing their tasks to be simple and invaluable. The practitioner's workplace, if they worked in a hospital, nursing home or the home-care business, affected their status. Assigning those who worked in a hospital higher status, in relation to the other facilities. This is explained by the fact that hospitals are associated to a greater extent with more advanced duties and other, more prestigious, occupational groups. This causes a bleeding effect, assigning those in the home-care business, based on the occupational groups who are associated with the home-care business, with lower occupational status than those who work in a hospital.

Recognition from various fields, such as family and friends, colleagues, managers or society, contributed to the informants' perceived occupational status. The fields themselves contributed to this in different ways. Recognition from primary relationships, such as family and friends, contributed to the more empathetic emotional coping of their day at work. Which the informants believed was the family's way of recognizing their work as important, raising their occupational status. The informants' co-workers, the RNs and the managers rather contributed to social appreciation, affirmation shown towards the informants' based on their efforts at work and recognition of their job well-done. This type of recognition also contributed to legal recognition, showing respect and trust to an individual being able to act based on their self-determination and acting in a rational way, which positively affected the informant's experience of their occupational status. One of the most important aspects of social appreciation and legal recognition was when the RNs delegated their, more advanced, tasks to the informants or when they became involved in discussions about care-recipient treatment and health. As it served as a gesture of trust and a testimony that the informants' competence and knowledge was valuable. All the informants believed that neither the media nor the wider society recognized their work in a positive manner. Which stemmed from the

wider society's low interest in getting involved in LPN's work and valuing their symbolic capital as inferior to other occupations, placing the LPNs in the lower tiers of the occupational hierarchy. The informants believed that the wider society had a skewed picture of what their job actually entailed, effectively assigning an unrighteous status to the occupation.

The informants' cultural capital influenced occupational status in the sense that many of the informants whose parents previously, or currently, worked as LPNs had higher regards for the occupation earlier in their upbringing. These informants' habitus were influenced by their upbringing and incentives in their socialisation process. Family, friends, colleagues and superiors all recognized the informants' capital, reaffirming and recognizing their competence and knowledge as valuable, which contributed to positive development of the informants' perception of their occupational status. The informants' possession of social capital, and the recognition of said capital, didn't affect their occupational status. Social networks did not lead to any advancement within their occupational group, higher pay or were an incentive to be delegated more advanced tasks. This is explained by the fact that the social capital's influence over occupational status isn't as applicable in occupations with low thresholds and are easy to access. The recognition of social capital can facilitate the chances of gaining greater access to occupations that are permeated by high competition and inaccessibility.

The concept of symbolic violence within the facility appeared mainly between LPNs and HCAs, where the LPNs demonstrated behaviors towards HCAs similar to symbolic violence, denying the HCAs delegated tasks from the RN, arguing that they didn't possess enough education or experience to execute these tasks. The informants' behaviour and actions towards HCAs are explained on the basis that they were often merged or lumped together with each other. The informants perceived it as unrighteous being lumped together with other occupational groups that possessed lower occupational status. The symbolic violence demonstrated by the LPNs was a way of separating themselves from the HCAs and acquiring a higher level of occupational status. The study also shows that a similar behaviour could be discerned among the LPNs themselves. Some LPNs were prescribed, appointed themselves, higher status by claiming they were more competent and experienced which created an informal hierarchy. However, this did not affect the occupational status of those who were exposed, since these conflicts or behaviours were not perceived in a serious manner.

7. Discussion

As the closing chapter, chapter seven is committed to discussing how the study was carried out and what could have been done differently. Initially, a discussion regarding the future for the informants' occupational status is presented. Followed by a discussion regarding senioritis insignificance as a variable in relation to occupational status. Further, potential areas for future research are suggested. The chapter concludes with what the thesis has conferred and contributed with to the field of research regarding occupational status.

During the interviews, the topic of the future of LPNs occupational status emerged. While the informants were hopeful, they did not expect any adjustment to their occupational status. I asked the six informants who were in the age group 45-65, who have worked longer as LPN and had more experience in the occupation, if they acknowledged that there has been a change during their time in the field, working as an LPN. None of these informants felt that it had gotten any worse or better. I asked all the informants if they think that the perception of their occupational status will improve in the future. None of the informants thought that it was very likely. The occupation itself is facing a sizable adjustment, with the state-implemented inquiry that will be informed later this year but the question is whether this will bring about advancement. The reform contains higher demands on education, which naturally entails more advanced work for LPNs, which according to previous research and this study has shown leads to a higher status for the occupation. According to the informants, it is rather a question of transferring a more positive image of the occupation to the wider society, even then, an advancement in the occupational status of LPNs is ambiguous. Occupational status can only be judged in relation to other occupations, based on specific elements of that particular occupation (Svensson & Ulfsson-Eriksson, 2009; Ulfsson-Eriksson & Flisbäck, 2011; Arent-Holt et.al, 2020). The occupational group of LPNs will always need to struggle against other occupational groups in society in order to acquire a higher status level. Nonetheless, to present a more positive outlook of LPNs may bring about more applicants, even though their occupational status is unchanged. Seniority did not prove to be a variable that affected the informants' perception of their status. This may be due to the fact that the occupation has not undergone any major changes for a long time. Another incentive may be that some of the informants' parents had either previously worked, or were currently working as an LPN. The transferable characteristics of cultural capital and

socialization process (Bourdieu, 1987; Rothman, 2005) may to a greater extent affect the perception of occupational status than the seniority of the informant.

For future research in the field, it would have been interesting to conduct a similar study, comparing the results after the reform of LPNs' work, with the implementation of the vocational package, which takes effect in June 2021 (Skolverket, 2021) in order to discern if the vocational package will bring about change to the general opinion of LPNs occupational status. The study that mapped different occupational groups' occupational status in Sweden from 2009, the Gothenburg study, may not be as accurate after the reformation of the occupation (Svensson & Ulfsson, 2009). An alternative way to conduct the study would have been to focus on other variables such as gender or ethnicity in order to distinguish different commitments regarding occupational status in relation to these variables. This thesis has examined LPNs in municipally owned home care business, which entails that the company itself is not allowed to make a profit on their operations. To investigate how LPNs who work in municipally owned home care in comparison with privately owned home care could potentially show other results. It is a common notion that LPNs who work in privately owned organisations suffer from higher workload and compromised working schedules which may have brought up alternative themes of analysis.

The study brings nuance to seniority's influence over occupational status. Showing that the age of the informant does not affect their perception of occupational status. Occupational status determinants that emerged consisted of, as previous research has shown; salary, education, dirty and more advanced tasks as well as tasks that were perceived as mentally and physically strenuous. As no previous research has yet been conducted on LPNs' perception of occupational status exclusively, this study contributes to the fact that these influences are also consistent with LPNs' perception, while identifying other influential factors, such as your workplace, as a determinant of occupational status. The thesis conveys the impact of being recognized and that recognition of one's individuality and work influences an individual's experience of occupational status. Furthermore, the thesis serves as a conveyance of what the LPNs' work actually entails. Conclusively, the study acknowledges occupational status's multi-faceted nature and the structural issues that influence the phenomenon as well as the impact the wider societal perception has over the individual's perception of their own and other occupations.

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Appendix

Appendix 1

Introductory letter for the informants (translated from Swedish)

Markus Meltzer

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Hello!

My name is Markus Meltzer, I am a student at Lund University master's program for personnel and working life issues. Currently, I'm working with my master thesis that will deal with the subject of occupational status, which in turn led me on the trail of conducting a survey of licensed practical nurses. It is a multifaceted and complex concept that licensed practical nurses have struggled with for a while and I see the need to investigate the phenomenon on a deeper level. I've lately been in contact with one of the unit managers at XXXXXXXX XXXXX XX and has thereby been allowed to ask one of you if you are interested in participating.

The purpose of the study is to; examine the experiences of different age groups of assistant nurses on the concept of occupational status.

This includes that I am currently looking for 6 licensed practical nurses of all ages; 25-45 and 6 licensed practical nurses in the ages; 45-65 who could have imagined themselves participating in a interview where we talk about the concept of occupational status. The interview lasts about an hour, participation is completely voluntary and your answers will be anonymous, descriptive variables such as; name and gender will not appear in the essay. The interviews will need to be recorded so that the latter can be transcribed. The audio files will not be shared with anyone other than myself. After the study is completed and examined comes the audio files, along with the transcripts to be destroyed. Before the interview, no special preparations are required more than a conception of the concept of occupational status.

Thank you for taking the time to read through, I hope we hear from you ahead. If you have any questions, you are welcome to either call or send an email to me, my contact information can be found at the top of the page. I'm looking forward to having the opportunity to get out into your business and talk to you about occupational status!

All's Well,

Markus Meltzer

Appendix 2

Interview guide (translated from Swedish)

Descriptive questions;

1. How old are you?
2. What is your occupation?
3. How long have you been working as an XXX?
4. What are your duties as XXX?

Analytical questions

Theme; occupational status

1. What does occupational status mean to you?
 - a. What does the word mean?
 - b. What factors affect your experience of occupational status?
2. How do you perceive your occupation status and LPNs occupational status in general?

Theme; recognition

1. What does the recognition imply for you?
2. How do you perceive that the licensed practical nurses receive recognition for their work?
3. Do you think that your work is recognized/noticed by people in close proximity to you?
 - a. example; friends and family, media, managers, people in the community.

Theme; symbolic violence

1. Do conflicts often occur within the workplace?
 - a. What are these conflicts about?
 - b. Between which occupational groups do these conflicts emerge?
 - c. How does this conflict affect you?