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Storytelling in street-level bureaucracies: a two-country narrative ethnography

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Abstract

Purpose – This article aims to explore the role of storytelling in coordinating, redirecting and streamlining frontline discretion in street-level bureaucracies by analysing how organisational narratives shape caseworkers' reasoning in assessing sickness benefits and implementing return-to-work policies.

Design/methodology/approach – Based on two narrative ethnographies of caseworkers administering sickness benefits in Norway and Sweden, the analysis reveals joint narratives circulating in the welfare agencies of the two countries.

Findings – The narratives convey significant organisational truths. They suggest that working despite sickness is health-promoting, that general practitioners lack competence in judging sick-listed patients' work capacity and that caseworkers must be stringent in guarding the gates to the welfare state to protect its sustainability because its future depends on them. Caseworkers embrace these narratives as they offer collective cues for casework, reducing the need to consider individual aspects of clients' cases. These work practices potentially undermine clients' rights to welfare services, as caseworkers' informal and moral scripts can surpass formal governance and policy.

Originality/value – The study offers a new perspective on discretion in street-level bureaucracies by addressing the role of organisational narratives in scripting, coordinating and streamlining caseworkers' reasoning.

Keywords Caseworker, Deservingness, Discretion, Narrative ethnography, Storytelling, Street-level bureaucracy

Paper type Research paper

Introduction

Ethnographic studies of storytelling in frontline services often concentrated on how street-level bureaucrats make sense of their world and account for what they do. As individuals operating as the extended arm of governance, they naturally share their stories, experiences, and beliefs about their everyday work with colleagues (e.g. Durose, 2011; Maynard-Moody and Musheno, 2003). However, the role of organisational storytelling in scripting, coordinating and streamlining collective frontline reasoning has more rarely been studied in the context of street-level bureaucracies. This article focuses on the role of organisational narratives and storytelling in giving direction for frontline work within street-level

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bureaucracies. Specifically, we focus on the narrative production of stories in organisational work processes and the implications for caseworkers' collective discretionary reasoning.

Street-level bureaucracies are organised within a hierarchical governance structure. While they must follow legislation and implement governmental policies, they also develop policy guidelines and organisational narratives for their internal governance. Hence, it is standard practice for street-level bureaucracies to issue circulars and guidelines. Despite their public and formal character, these guidelines allow for interpretation at various organisational levels as they are communicated downward. Implementing tasks and allocating responsibilities often include verbal communication, which can be informal and less visible. Previous studies suggest that both formal and informal organisational frameworks play a crucial role in these dynamics (Ellis, 2014; Zacka, 2017). Therefore, tracing the coordinating and streamlining role of organisational narratives in translating policy into everyday practice requires an ethnographic approach.

The present article is based on a narrative ethnography of two street-level bureaucracies, hereby viewing organisations as narrative environments in which storying processes unfold (Gubrium and Holstein, 2008). Studying the role of narratives in situated work processes enables us to show how the organisational context framing street-level bureaucrats' work privileges specific narratives and disqualifies others, carrying implications for the policy implemented at the frontline. Sometimes, these organisational narratives align with, and sometimes contradict, the government's policies.

Street-level bureaucracy is a term for the services conducted by staff working at the frontline of public services, who interact directly with citizens and hold substantial discretion in executing their work (Lipsky, 1980). In applying general policy to individual cases, street-level bureaucrats must make choices about services and their delivery, requiring them to judge and differentiate between citizens (Evans and Hupe, 2020). One of Lipsky's main contributions was highlighting how street-level bureaucrats' use of discretion, the routines they establish, the devices and strategies they apply to cope with work pressures and the decisions they eventually make, effectively become the public policy they carry out in practice (e.g. Dubois, 2009; Nothdurfter and Hermans, 2018). One informal strategy that street-level bureaucrats use to handle the contingencies of frontline practice identified in previous research, is informal frameworks directing frontline practice (Ellis, 2014), such as informal taxonomies and client sorting (Zacka, 2017). In this article, we focus on the role of organisational narratives in directing frontline discretion in street-level bureaucracies, offering cues that script their daily work as well as shaping the caseworker identities. We argue that street-level bureaucracies, as "interpretative communities" (Zacka, 2017, p. 155), produce, establish and confirm specific stories to achieve superior governance goals. As this narrative shaping of frontline discretion may direct practice not only in line with but also away from formal policy, it needs more scrutiny than given thus far.

The analysis is based on two ethnographic case studies of the situated work processes of frontline workers (hereinafter "caseworkers") administering sickness benefits in Norway and Sweden. Both countries are traditionally characterised by generous welfare schemes; however, there is a general trend towards enhanced conditionality, gatekeeping, and stress on individual responsibility (e.g. Altermark, 2020; Hagelund, 2016). The research questions addressed are:

RQ1. What are the organisationally privileged narratives in the Norwegian Labour and Welfare Services (NAV) and the Swedish Social Insurance Agency (SSIA) related to return-to-work (RTW) policy and practice?

RQ2. How do these narratives shape the discretionary reasoning of caseworkers in assessing clients' eligibility for sickness benefits?

Our narrative ethnographic analysis reveals how caseworkers are embedded in specific organisational narratives in their everyday work. However, this embeddedness also leads to caseworkers appropriating these narratives to legitimise and enforce their use of discretion. Because we found the circulating narratives strikingly similar in the two contexts, we present

them jointly, highlighting differences when relevant. The rationale is to reveal how the narratives extend across the frontlines in the two countries.

First, we present insights from previous research on frontline discretion in street-level bureaucracies. Then, narrative ethnography is introduced as a methodological, theoretical and analytical framework, followed by an empirical presentation of the joint narratives in the two countries. The main findings are discussed with concluding remarks on implications for frontline discretional practice and research.

Insights from previous research

One of the most critical insights of Lipsky's seminal work (1980) was that of street-level bureaucrats as *de facto* policymakers through their street-level practice and discretion. Thus, discretion is viewed as a vital characteristic of frontline work, defined as the perceived freedom of street-level bureaucrats in making choices concerning the type, quantity and quality of sanctions and rewards on offer when implementing a policy (Tummers and Bekkers, 2014).

Previous literature addresses various individual and contextual factors that impact street-level bureaucrats' discretion in administrating welfare benefits. Regarding individual factors, these refer to e.g. caseworkers' professional background and identity-scripting (cf. Bévort and Suddaby, 2016; Sosin, 2010) but also their ideas of the clients' deservingness of benefits (Van Oorschot, 2000; Senghaas, 2021). Watkins-Hayes and Kovalsky (2016) argued that such tropes of deservingness are typically conveyed through political narratives. With public budgets under pressure, the issue of deservingness – who should get what and why (Van Oorschot, 2000) – is a recurring question among policy-makers as well as on the welfare frontline. As street-level bureaucrats mediate current policy and norms, their development of moral reasoning while handling dilemmas in their everyday work (Keinemans and Kanne, 2013; Pors and Schou, 2021) result in considerable power in determining clients' deservingness of benefits (Senghaas, 2021).

Concerning contextual factors, New Public Management (NPM) ideology has swept over most Western European countries during the last decades, establishing neoliberal principles of activation, performance management, and cost reduction as the basis of professional practice (Timor-Shlevin *et al.*, 2023; Brodkin, 2008). Scholars debate whether this development has diminished frontline discretion or not, and some questioning reports about the death of professional discretion (Bastian, 2017; Evans and Harris, 2004). Nevertheless, many scholars argue that there is an evolving commodification of services, characterised by changing professional relations with clients into customers, performance pressure and requirements for efficiency in frontline work (e.g. Timor-Shlevin *et al.*, 2023; Brodkin, 2008). Following Lipsky (1980), frontline staff develop coping strategies in handling organisational constraints, i.e. caseworkers' routines or informal rules of action, to manage or reduce work pressures, ultimately determining the kind of policy implemented.

In this regard, cues, understood as factors that instigate action, can be viewed as coping strategies in frontline workers' assessment work. Goffman (1959) notes that cues can be verbal or nonverbal; either way, they are essential for how people interpret and act towards each other in everyday settings. For professionals, Jacobsson (2014) argues that contextualising cues yield categories that short-cut reasoning to nudge interpretations in a specific direction, legitimise decisions and strengthen arguments. Studying cues provides a way into professional methods of reasoning, including their implicit moral assumptions (Jacobsson, 2014). One example of cues in frontline work is the role of informal taxonomies (Zacka, 2017) and the informal sorting into types of clients, such as "troublemaker" or "nice lady" (Maynard-Moody and Musheno, 2003, p. 154). Based on such informal sorting, Zacka (2017) asserts that frontline workers develop reductionist roles, cast as Indifferent, Enforcers or Caregivers toward their clients despite them assessing the same policies. He argues that the challenging work environment of frontline workers leads to cognitive dissonance, undermining their moral

agency. While Zacka highlights individual strategies to counter the erosion of their moral sensibility, this article contends that organisational narratives provide caseworkers with collective cues that guide their discretion in predictable ways (see Figure 1). These cues serve as collectively produced coping strategies to help manage a high caseload and goal complexity by scripting frontline practice. Narratives provide interpretative guides to make sense of events, call for action and build identities, fostering collective sense-making processes and shaping frontline reasoning in specific ways. The implications of organisational narratives and their informal directing of collective professional reasoning thus deserve more systematic attention in street-level research, given their implications for frontline services, both in producing normative cues for deservingness in eligibility assessments and in scripting caseworker role identities.

Narrative ethnography as a theoretical, methodological and analytical framework

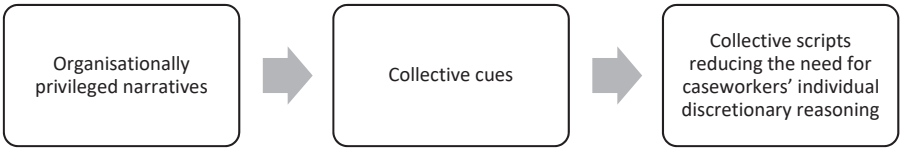
Theoretically and methodologically, we draw on narrative ethnography (Gubrium and Holstein, 2008; Holstein and Gubrium, 2012), viewing organisations as narrative environments and focusing on narratives in their social context. Maynard-Moody and Musheno, in their book on frontline storytelling, note that "Storytelling occurs naturally in all social settings, and it would be ideal, if extraordinary time-consuming, to observe and record naturally occurring storytelling" (2003, p. 28). Narrative ethnography aims to study precisely naturally occurring narratives in social situations, highlighting important narrative occasions by which action coordination is achieved.

Organisations may accommodate different narrative environments, enabling various stories to be challenged or confirmed. Nevertheless, every organisation tends to affirm specific established stories and ways of narrating experience, privileging particular accounts for organisational purposes while marginalising counter-narratives (Gubrium and Holstein, 2008, pp. 253–254); this is what we mean by organisationally privileged narratives. Following Gubrium and Holstein (2008, 2012), we use the concepts of narrative and story interchangeably, understanding a narrative to be

> A distinctive form of discourse that shapes meaning through the concerted ordering of story material. Speakers provide particular understandings of personal action and experience by organizing events and objects into meaningful constellations, connecting subjects, actions, events and their consequences over time (Holstein and Gubrium, 2012, p. 6).

It is *emplotment* that brings together these heterogeneous factors into a meaningful whole (Ricoeur, 1984, p. 65; Czarniawska, 1997, p. 18). A narrative thus "consists of a plot, comprising causally related episodes that culminate in a solution to a problem" (Czarniawska, 1997, p. 78). In Ricoeur's terms:

> A story describes a sequence of actions and experiences done or undergone by a certain number of people, whether real or imaginary. These people are presented either in situations that change or as reacting to such change. In turn, these changes reveal hidden aspects of the situation and the people involved, and engender a new predicament which calls for thought, action, or both. This response to the new situation leads the story toward its conclusion (1984, p. 150).



Source(s): Authors' work

Figure 1. Illustration of how organisational narratives produce collective scripts through cues

Consequently, a narrative presents a particular "directedness" (Ricoeur, 1984, p. 150) that we reconstruct, along with the plot, as part of the narrative analysis.

Narratives are produced in social interaction for specific audiences and oriented to particular purposes (Holstein and Gubrium, 2012). They "dramatise" organisational identities (Czarniawska, 1997) by providing the plot, casting the roles and offering purpose and meaning to everyday work. Thus, narratives are a form of action, and storytelling is a discursive way of accomplishing something (Holstein and Gubrium, 2012), giving direction to thinking and practice. The storying process is a sense-making of work aided by discursive templates, such as scripts and cues. Thus, narratives provide logic and rationality to action and give direction for being an "appropriate caseworker".

Narrative ethnographers distinguish whether the empirical or analytic emphasis is placed on the *what*, the storied content of narratives, such as plots, characterisation or themes, or the *how* of narrative production. The latter emphasises the process of narrative production as a structural approach (Holstein and Gubrium, 2012). A third approach, reflected in our research questions from which our analysis departs, emphasises the reflexive interplay between the *what* and *how* of storytelling, focusing on how storytelling operates in and relates to its social environment. Thus, the narrative environment is vital to understanding the narrative content and how it, in our case, shapes discretion. From this perspective, stories and storytelling are not only conditioned by but also shape their circumstances.

Empirically we studied caseworkers in their everyday environments in the two public agencies responsible for assessing sickness benefits in Norway (NAV) and Sweden (SSIA). We thus asked for access to caseworkers responsible for this task. Access was given by the directors/heads of the organisations, and all research participants have given their informed consent. The Norwegian data are based on a study of NAV's follow-up work of sick-listed clients (see also Stray and Thomassen, 2023; Stray *et al.*, 2022), and in this article, specifically the caseworker's back-office preparation of a mandatory follow-up meeting with clients, GPs, and employers. The Swedish data are based on a study of SSIA caseworkers administrating sickness insurance in five local offices in Sweden (see also Jacobsson and Johansson, 2025) (for details, see Table 1). In both cases, our analysis focuses on the organisational narratives circulating in the offices and the caseworkers' reasoning about case assessment.

The research entailed following and observing caseworkers tasked with administrating sickness benefits in both countries in their back-office work and collegial and office meetings. Semi-structured interviews with the caseworkers and their local managers supplemented the observations, allowing us to explore their reasoning concerning case assessment further. Thus, our focus is on the back-office work and organisational meetings, not on caseworker-client interaction. (The Swedish caseworkers in fact had very little client interaction during the period of study, using primarily brief telephone contact if at all needed). The ethnographic fieldwork included observing narrative occasions in the agencies where caseworkers' coordination of everyday work took place, such as administrative meetings, casework meetings, training sessions, and informal workplace interactions (e.g. lunch breaks and in the open-plan office). We approached these narrative occasions as scenes where policy meets practice, illustrating which and how organisationally privileged narratives circulating in the agencies played out. The semi-structured interviews focused on participants' work tasks and routines, how they perceived their roles and their collaboration with other stakeholders.

The process of analysis involved reconstructing the content of narratives circulating in the agencies studied, coding the plots, characters and ways of reasoning, and the attribution of causality and order to events related to casework. We also coded operational scripts or discursive templates attributed to casework. Moreover, we focused on the narrative production naturally occurring on narrative occasions in everyday work, enabling us to address what was accomplished by different actors drawing on particular narratives in specific situations. First, each author conducted the analysis individually and for each country, developing country-specific narratives for each data material. Thereafter, these narratives were discussed, revealing that the findings were strikingly similar in Norway and Sweden. Consequently, joint

Table 1. Research design and empirical overview

Method	Nature and purpose	Duration/Amount
Observations	Shadowing caseworkers' daily work in the offices to observe their collective sense-making in assessing clients' sickness benefits and RTW processes	Norway: ca. 4 months in 2019 in two local NAV offices, 15 people in total. Data collection included observing caseworker meetings, informal office interactions and monitoring the NAV's social media platforms and one regional management's digital meetings Sweden: ca. 5 months in 2016–2017 in five local SSIA offices, approx. 30 people. Observations and field notes of staff meetings, managers' meetings, caseworker meetings, training sessions and informal office interactions
Individual interviews	Exploring and deepening our understanding of caseworkers' individual sense-making	Norway: 9 interviews with NAV caseworkers Sweden: 38 interviews with SSIA caseworkers, local SSIA managers and local medical and insurance specialists in five offices. Data also included 16 interviews at the SSIA main office conducted in 2015–2016
Document studies	Reviewing the legal jurisdiction, white papers and organisational guidelines framing activation policies on RTW policy and practice	Norway: 2004–2022 Sweden: 2011–2021

Source(s): Authors' work

narratives were reconstructed, and the discussion covers both countries instead of presenting a comparative analysis by contrasting the two countries.

Background

Norwegian institutional context – NAV

NAV is the Norwegian Public Employment Service (PES) and leading public welfare agency. It is organised as a "whole-of-government" organisation comprising the social assistance service, welfare benefits administration, and employment services. NAV employs approximately 22,000 people, with social workers making up one-third of the workforce and the rest holding degrees in social sciences, economics, and law (Sadeghi and Fekjær, 2019). In this study, the NAV caseworkers all work on the municipal level and have the same task: judging clients' eligibility for sickness benefits.

The sickness benefit provides 100% salary compensation for employees for up to 365 days. Sick-listed clients are inclined to undertake various activation measures to promote rehabilitation mandated by the "duty of activity" enacted in 2004. As the national average sick-leave continued to rise, graded sick-leave—an approach that combines work and recovery—was emphasised as the primary activation measure in White Paper No. 33, published in 2016. The assessment process of clients' cases is as follows: Clients' doctors issue a sick note recommending varying sick-leave levels for their patients. However, acceptance of these recommendations is subject to the discretion of caseworkers, who judge clients' work capacity despite illness. Although caseworkers are responsible for evaluating clients' health conditions concerning their ability to work, most of them lack a medical professional background. To compensate, NAV employs former general practitioners (GPs) as senior

medical advisers (SMAs) in each of NAV's 12 regions to provide medical advice and support to the caseworkers in interpreting clients' medical documentation.

In 2019, NAV was convicted by the Norwegian Court of Justice for misapplying and misinterpreting the rights to receive sickness benefits, work clarification benefits, and care benefits while staying in other European Economic Area countries. Since the 1990s, clients have been refused and lost benefits they were entitled to receive, and several people have also served prison terms to which they should not have been sentenced. The case, referred to as "the benefits scandal" in the Norwegian media, led to an external review that concluded that "The practical work of implementing the social security regulations in the agency seems to have been characterised by a lack of competence, capacity, communication and critical thinking" (NOU 2020, 9, summary). According to the report, NAV's attention had been directed at efficient social security administration, combating social security fraud and reducing the export of benefits rather than safeguarding the rights of individuals. "The benefits scandal" illustrates how caseworkers' use of discretion exceeded formal policies and guidelines, and exemplifies how the organisational context can influence frontline discretion through shared beliefs and understandings.

Swedish institutional context – SSIA

The SSIA is one of the largest state agencies in Sweden and is responsible for administering the social insurance system. Here, we limit our focus to staff administering sickness benefits. Like in the NAV, SSIA caseworkers have varied educational backgrounds, with a dominance of general social science such as political science and economics (Jacobsson and Johansson, 2025). The caseworkers' formal tasks involve 1) assessing and controlling clients' benefit eligibility and 2) co-ordinating their rehabilitation with other stakeholders, such as the healthcare system or the PES. As in Norway, stricter RTW policies have been implemented in Sweden. Since 2008, caseworkers must follow the legislated working method known as the "rehabilitation chain", requiring assessment of clients' work capacity at fixed time intervals: after 90 days related to other tasks with the same employer and after 180 days related to "any kind of work" on the labour market. SSIA caseworkers have medical advisors and insurance specialists available to support case assessments.

Despite the continuity of the legal rules and tasks, the focus and way of implementing the sickness benefit policy have varied considerably, as reflected both in the government's letters of regulation and the agency's internal priorities. During the study, the government instructed the agency to reduce the costs of sickness insurance, introducing a numerical target stating that SIA should work for "the sickness benefit rate not exceeding 9.0 days per individual per year in 2020" as the national average (Swedish Ministry of Health and Social Affairs, 2016). In addition, the Director General (at the time) implemented measures to increase the "quality" of caseworkers' assessments of sick-leave benefits, ensuring the correct application of the law and that the right person received the proper compensation. However, the number of benefit rejections after 180 days of sick-leave increased fivefold in 2015–2020, even though the Swedish government withdrew the goal of 9.0 already in 2018 as well as dismissed the Director General for not prioritising support for clients' rehabilitation process and the stakeholder coordination task stipulated by law. The agency was also criticised by its control agency for not fulfilling its investigative duty in case assessment (ISF, 2021). To understand how the SIA staff could take policy implementation in a direction away from their legally stipulated task, we argue that it is imperative to investigate also the informal shaping of their every work, in our case, by investigating the organisational narratives directing casework.

Findings: organisationally privileged narratives

Our analysis identified three salient organisational narratives, including various subnarratives, that circulated in informal and formal meetings at backstage arenas on numerous narrative

occasions. These narratives account for more restrictive attitudes towards sick-listing and streamlined caseworker reasoning.

Narrative 1: Work is health-promoting, and you can always do something, even if you are sick

In both countries, a widely shared narrative asserted that no health issue is entirely disabling. This narrative included a conviction that there was always room to do *something* because going to work was seen as promoting health in general, as noted by a NAV caseworker in an individual interview:

> Because I know and believe that work is recovery. (. . .) Staying at home is not. You just get lazier and sicker, and everything gets much worse.

The same subnarrative was found in SSIA, as an SSIA local manager asserted in an interview:

> Work actually promotes health. You can feel better by working.

Consequently, we observed an organisational narrative about work as a rehabilitative measure, scripting that almost all sick-listed clients would benefit from performing tasks at the workplace instead of staying at home. This narrative was circulating backstage, in both formal and informal settings. In Norway, caseworkers are instructed to reveal and assess clients' "residual work capacity" to judge their eligibility for benefits. This process includes separating clients' functional abilities from their diagnoses, viewed as two different dimensions of the client's health situation. One NAV team manager explained in an individual interview:

> The diagnosis only reveals what kind of medical issues the client is dealing with; it does not say anything about what he [the client] can actually perform at work.

However, in casework meetings and back-office discussions, the caseworkers shared how they struggled to follow the instructions, given their lack of medical training and the complex nature of many clients' health issues. As a result, we observed that the narrative of work as health-promoting directed NAV caseworkers to adopt more layperson-like strategies. Some caseworkers, e.g. shared the strategy of asking clients what they were doing at home (e.g. mundane housework) to reveal if clients had any work capacity left. If the client could do the vacuuming, this indicated work capacity that could be transformed into doing something at work, some argued in caseworker meetings. Similarly, among SSIA caseworkers in Sweden, mapping clients' leisure activities to detect "hidden" work capacity was a long-standing practice, for a period even formalised in a mapping tool (named Sassam).

In both countries, we observed that agency-led campaigns and slogan-based messages about sickness absence were coloured by a more restrictive and normative tone of voice than prescribed in the policy guidelines. In 2006, the SSIA promoted a campaign aimed at the general public: "We do not ask how ill you are but what work capacity you have", which was more recently followed up with the campaign: "Sick-listing is not black or white" Simultaneously, the NAV ran a campaign with the slogan: "Sickness absence is not a private matter", conveying that because colleagues were negatively affected, sickness absence should be minimised. This message was communicated in pamphlets, social media, and various meetings and was frequently referred to among the caseworkers. These subnarratives were retold and heard in caseworkers' moral reasoning of sickness absence to be just as much related to clients' attitudes as to their medical condition. As one SSIA caseworker ironically put it in an interview:

> You can work even if you have pain in a thumb. That is a matter of attitude.

These normative aspects of the assessment process were traced in caseworkers' views on their assessment work. Caseworkers in both countries argued that clients, employers, GPs, and society at large should embrace a new view of illness, seeing work as a rehabilitative measure.

Such a notion had practical implications for the caseworkers' view of clients' deservingness of benefits and their collaboration with GPs.

Narrative 2: GPs lack an updated and competent view of clients' work capacity

Although contested, the GP's role in RTW processes was considered central. In health authority guidelines in both countries, the GP is given an expert role by providing a medically qualified prognosis for clients' recovery and RTW processes. However, the GP's contribution to reducing the average sick-leave level was disputed by caseworkers because many experienced GPs solely advocated for their patients' interests. A narrative circulating in both countries was that GPs were inclined to sick-list clients even for minor problems because they lacked updated knowledge to judge clients' actual work capacity, one reason being that GPs did not share caseworkers' view of work and activity as beneficial for recovery (*Narrative 1*). An ironic slogan about the incompetence of GPs formulated by a local manager in one of the Swedish offices studied and repeated frequently by her caseworkers was: "People cannot become healthy if they are already healthy when admitted to the insurance". The message conveyed that the doctors too readily wrote medical certificates on reduced work capacity for clients that, in fact, were healthy enough to work, leading clients to adopt a sick role. We observed the same opinions among the Norwegian caseworkers, described as a mismatch between healthcare services and NAV regarding how sickness was interpreted and defined. According to the NAV caseworkers, this arose from the medical profession's misjudged reliance on diagnosis, not on clients' actual and functional capacity. Moreover, caseworkers reported that the medical documentation from GPs did not convey whether the sick-listed employee could do *something*, an essential premise for their further case assessments. This argumentation was also highlighted in two meetings (both physically and streamed) in 2018 and 2019, held by one of NAV's SMAs, whose purpose was to guide employers and human resource management staff on how to prevent sick-leave in the first place and follow up on sick-listed employees. Because of the noted mismatch, the SMA's main message to the 250 managers and human resource managers in the room was to "get hold of them [sick-listed employees] before the doctor does". Being a former GP, the SMA was recognised as an authority within the agency. The SMA's lectures were somewhat tongue-in-cheek, prompting amusement among the audience. However, the NAV caseworkers seemed to interpret the message more literally. At one of the NAV offices under study, some PowerPoint slides from the SMA's presentation were later found posted above the printer in the back office, stating that:

(1) "The sick note provides the employee with the right conclusion"

(2) "The sick note impairs employees' willingness to participate in RTW measures"

(3) "The sick note provides an alibi for non-attendance at work"

These statements conveyed the message that the healthcare sector was unreliable in contributing to NAV's mission to promote clients' RTW and reduce the average sick-leave. This story supported the overall plot about "sick-listing not being the best medicine" and that employers "ought to get hold of their sick employees before the doctor did."

While NAV caseworkers frequently referred to the SMAs' overall succinct messages when discussing clients' cases, they also compared their clients' health issues with their own. This occurred in staff meetings and lunchtime conversations, where they shared their private opinions on health issues for which their clients were sick-listed. A typical comment was that even though they were also tired, stressed and sometimes had health issues; they still went to work, which was ascribed to their "old-fashioned" work ethic acquired from their upbringing and in contrast to their clients' slack attitudes. We witnessed these statements regardless of whether caseworkers had healthcare training or personal experience with the respective diagnosis. They were frustrated that GPs' sick-listing praxis did not contribute to reducing the

average level of sick-leave. During a team meeting, a group of SSIA caseworkers asserted that they could be even more restrictive in their assessments when their medical advisor was absent, thus placing their own assessment capacity above that of their medical advisor. Likewise, some NAV caseworkers admitted in informal conversations that they intentionally avoided inviting the GPs to follow-up meetings with clients. They believed it easier to focus on the clients' RTW when the GP was not present, as it prevented a "continuous reminder to the client that she is sick", as they put it.

Narrative 3: The sustainability of the welfare state is under pressure, and saving it depends on us

Caseworkers in both countries expressed concern about the sustainability of the welfare state. This concern presumably emerged from a subnarrative highlighting the temporal dimension of their work: that the insurance application "had been too generous" and obtaining a sick note from the GP appeared to be "too easy these days". In an individual interview, one SSIA caseworker commented:

> It is not the case that you automatically have the right to sickness benefit just because you get sick. It is a valuable symbol of welfare [. . .] However, it is taxpayers' money that funds sick-leave, so we cannot give everyone unlimited amounts of money, as that would deplete the tax coffer.

Two NAV caseworkers shared their thoughts on the same topic when chatting with the first author at their shared office. One of them cupped her hands together to demonstrate how they were responsible for distributing the total amount of money from the welfare state. She illustrated how she portioned out shares from her hands, then remarked that the bowl would be empty if they evaluated every claim submitted. However, both countries' policy guidelines and health insurance laws ensure citizens' sickness benefits when sick. These narrative occasions illustrate how the caseworkers regarded their discretional work as a prompt or an urge to go beyond the established policy guidelines and expand their work role as gatekeepers of benefits.

In both countries, we found that the alleged erosion of the welfare state due to clients' diminishing work ethic and lack of proper attitude legitimised these perceptions. According to caseworkers in both countries, some clients did not want to work, and caseworkers mistrusted their taking advantage of the generous benefits system. In a staff meeting, one NAV caseworker referred to the notion of "the golden ticket", interpreted as clients desiring the sick note and comparing it to winning the lottery. Upon observing such statements left unchallenged, we found them offering a script for caseworkers' understanding of being an "appropriate caseworker". In both countries, this role was characterised by being the gatekeeper of benefits. In Sweden, however, we observed this gatekeeper role developing into a more decisive "insurance-like" (*försäkringsmässig*) role, explicitly making a parallel with private insurance and using it as a role-model (Jacobsson, 2023). One SSIA caseworker reiterated this view in an interview:

> We shouldn't have economic responsibility for them [the clients]. We need to get away from that. I look upon it as ordinary insurance.

Referring to the work capacity assessment for jobs in the general labour market after 180 days, another SSIA caseworker stated in an interview:

> It's an insurance policy like any other. It does not cover everything, and after half a year, it does not cover this anymore.

The "insurance-likeness" script was interpreted as requiring greater restrictiveness in benefit assessments:

> We reject many more applications than before [. . .] We have to stop the increase of sick benefit days in Sweden, and we can only do this by being more restrictive in applying for the insurance.

As these quotes illustrate, the organisationally privileged view within the SSIA was that the goal of a reduced sick benefit rate was to be achieved by stricter gatekeeping by caseworkers of access to insurance, not by improving rehabilitation coordination with the healthcare system and employers. The Swedish Government (2021) later criticised this approach as misaligned with its policy intentions.

Nevertheless, most caseworkers in our study fully embraced the enforced gatekeeper role, although some were more hesitant about this development. Among them, we observed a counter-narrative challenging the insurance-like role and calling for a renewed focus away from reducing costs, as exemplified by one SSIA caseworker in an interview:

> The work has changed a bit during these years and has become much stricter in various ways regarding the rules. With a shrinking scope for discretion, co-ordination [of rehabilitation] is deprioritised, and there is a strong focus on us being insurance-like. I feel there is a strong focus on the sickness insurance costs and the view that those costs must be reduced. And that's not where my focus is.

Notably, voices of dissent in the SSIA were only raised in the individual interviews, never in the collective work processes. In the NAV, during lunchtime conversations, some caseworkers shared personal stories about sick relatives and friends who were unable to work, contrasting with their professional views about work as being health-promoting. However, again we did not observe these personal experiences being acknowledged in the collective work processes.

That dissenting views were kept silent may be a consequence of the recurrent view of soft-heartedness as a disqualifying and inappropriate characteristic for an SSIA caseworker. A distinction was often made between "old timers" among caseworkers, who were too generous, versus newer recruits considered more compliant with current practice (see also Altermark, 2020, p. 74). A story told on numerous narrative occasions and at all levels in the SSIA was "of the caseworker who has never rejected claims" for instance, in interviews and informal conversations, caseworkers could tell us that "I have colleagues who have never rejected claims" (see also Jacobsson, 2023). A manager confessed to the other managers in a managers' meeting that she had staff in her office who had never rejected claims. Retelling this story affirmed its moral message: an SSIA caseworker must have the firmness to reject claims; a responsible caseworker wholeheartedly takes on the reinforced role of gatekeeper to benefits. The same message concluded a digital meeting in one of NAV's largest regions, potentially gathering over 1,000 employees. A local NAV director had been invited to share the respective NAV offices' experiences on a new working method. Concluding the meeting, the hosting regional director asked if the local director had a call to action or something he/she wanted to say to the watching colleagues. The local director turned to the camera and insisted:

> We must be a bit more radical in what we talk about. We are going to save the welfare state! We are the ones who are going to do it!

In summary, for most caseworkers, performing this reinforced gatekeeper role elicited pride and a sense of being on a joint mission. Not only was the financial sustainability of health insurance at stake, but the sustainability of the welfare state was also at stake for future generations. Guarding the "entrance to this insurance", as it was framed, was nothing less than a heroic task.

Concluding discussion

We have studied the role of organisational narratives in directing and streamlining caseworkers' reasoning in relation to case assessment. The findings related to RQ1, which explored the organisationally privileged narratives in the two organisations under study, are summarised in Table 2 (columns 1 and 2). RQ2 focused on how these narratives shape the discretionary reasoning of frontline workers and guide their implementation of RTW policies. Our findings revealed that the narratives are crucial in establishing operational scripts for case assessment and professional roles (Table 2, column 3).

Table 2. Overview of findings: narratives, subnarratives, operational scripts and roles

Narratives	Subnarratives	Operational scripts and role interpretations
1. Work is health-promoting, and you can always do something, even if you are sick	• Clients' work capacity depends on their functional capacity, not on their diagnosis • There is a mismatch between healthcare services and the caseworkers in the interpretation of health and sickness	• Caseworkers must be detectives, detecting clients' work capacity by using lay-person strategies, reading between the lines of medical certificates and client dialogue
2. GPs lack an updated and competent view of clients' work capacity	• GPs need to be better informed • "Get hold of the patient before the doctor does!" • GPs do not contribute to reducing the average sickness level in society • Sick-listing is not the best medicine	• Because GPs advocate for their patients' interests, involving them minimally makes RTW processes easier • Caseworkers must make their own assessment of clients' work capacity, despite what the sick-listing medical doctor says
3. The sustainability of the welfare state is under pressure, and saving it depends on us	• Clients' work ethic is diminishing • Clients are inclined to misuse or exploit the generous welfare system • Clients lack proper working attitudes, and standards were better before	• Caseworkers have to be restrictive in their eligibility assessments • Caseworkers must be more "insurance-like" • Caseworkers cannot be soft-hearted • Casework is a heroic task • Caseworkers guard the gate to the welfare state

Source(s): Authors' work

Our joint analysis revealed that the narratives circulated as organisational truths at all levels of the two agencies and were retold on numerous occasions. We observed that they appeared to gain power by premising or triggering each other by sequencing the order of the story material (Holstein and Gubrium, 2012). *Narrative 1* about work as health-promoting despite sickness led to and reinforced *Narrative 2* about contesting the medical profession's practice of sick-listing and the need for GPs' to be better informed. Moreover, we found *Narrative 3* about the welfare state's sustainability and the caseworkers' roles as gatekeepers and rescuers to emerge due to the two first narratives. Thus, the sequenced narratives directed the caseworkers' views of their everyday work into a plot about an overall need for change. This finding resonates with Czarniawska (1997, p. 78), who views narratives as causally related episodes that culminate in a solution to a problem. According to caseworkers, modern welfare agencies struggle to solve the problem of their practices being too "soft" and thus fail to ensure the future sustainability of the social insurance system. Indeed, the plot involving a need for change included their expectations for the GPs to alter their practices, norms and attitudes to align with theirs, including among their "inappropriate" colleagues. Being "strict" in their professional practice of case assessment was seen as a necessary measure to safeguard the gates to the welfare system and protect it from its potential downfall. The sequenced narratives – culminating in the collective analysis of the welfare state's sustainability that ultimately depended on the caseworkers themselves – provided meaning to and legitimised their work, scripting them as heroes in defence of the welfare state. Such collective storytelling highlights the sort of "directedness" or taken-for-grantedness ascribed to the capacity of narratives to make practice meaningful to actors (Ricoeur, 1984, p. 150), as well exemplified in the NAV director's call for radical action or the SMA's advice to "get hold of the patient before the doctor does". The

organisational truths derived their normative power from being passed down through time and space within the agencies and were heightened by the institutional position of the messenger.

The plot about the need for change was further operationalised in various scripts for casework. As GPs were not found to be trustworthy partners, caseworkers in both countries developed and shared various informal strategies (e.g. asking clients about their housework capacity) to rationalise their casework. Sharing such strategies reveals how the narratives call for specific actions and strategies (Holstein and Gubrium, 2012). By triggering specific templates or interpretive guides in caseworkers' daily work, the narratives provide "cues" for appropriate professional practice (Jacobsson, 2014) that work as a sorting mechanism, that is, categorising clients' situations and needs into predetermined chains of events. Consequently, individual aspects of clients' cases are played down by the organisational narratives that imply standard templates for discretionary reasoning. These findings resonate with Jacobsson (2014), revealing how cues tend to short-cut professional reasoning and nudge interpretations in specific directions. An example is the supreme narrative of the benefits of attending work and being active despite facing health issues. For caseworkers, most clients facing health issues would benefit from continuing to work, at least part-time, instead of staying at home. This operational script culminated in the narrative about work as health-promoting and sick-listing not being the best medicine. As such, the narratives legitimised their practice and strengthened their arguments to trigger specific, predetermined outcomes. From a street-level bureaucracy perspective, cues arising from such collective narratives serving current organisational purposes can be seen as frontline coping strategies (Lipsky, 1980). Previous research on coping strategies has revealed twofold implications: they reduce casework complexity and improve efficiency, in line with the neo-managerial rationality of social services (Timor-Shlevin *et al.*, 2023). However, by streamlining discretional reasoning, the narratives risk resulting in individual case nuances being played down, thus eventually influencing the outcome of frontline work for citizens.

Narratives fundamentally shaped the caseworkers' interpretation of their professional role, as illustrated in the widespread notion of the "ideal" caseworker. Expectations of adhering to a "strict" caseworker role were implicitly and explicitly found in our comparative material as inevitable characteristics of being an "appropriate" caseworker. In the Swedish material, we observed an even stronger emphasis on being "insurance-like" and taking on a "detective role" in the "policing" of the medical certificates for any sign of work capacity. Interestingly, this task, including a search for evidence, was guided by granting as few claims as possible to keep numbers and costs low. Despite some individual caseworkers questioning this narrative, we found that the narratives influenced caseworkers' collective professional practice by turning them in an economic, cost-reducing direction, as seen in previous literature (Timor-Shlevin *et al.*, 2023). What was striking in both countries was the heroic attitude and proud self-esteem that caseworkers radiated about this turn. Those who elicited divergent attitudes found themselves discredited by managers and colleagues as they appeared too "soft-hearted" to effectively fulfil their roles because they did not withdraw enough benefits or reject sufficient claims.

We found that the organisational truth that work is rehabilitative for health and that everyone can perform some work or activity despite sickness resulted in scepticism towards sick-listing in general. This narrative portrayed many clients as attempting to misuse the generous benefits system. It also led to sick-listing as a professional act (conducted by the GP), and being sick-listed (as a client status) appeared as an irresponsible, even immoral practice (Jacobsson, 2023; Stray *et al.*, 2022). Such narratives risk undermining clients' right to support from the welfare state as well as undermining a productive collaboration with medical professionals. The caseworkers found themselves to be the key actors in a crucial societal reform on sick-listing in general. This turn in policy translation subsequently led to criticism from both courts, policymakers and the general public in the two countries.

Our analysis conclusively suggests that organisational narratives impacted the discretion of frontline workers to act in a more restrictive manner, even exceeding formal policy, and recent investigations support this finding (Altermark, 2020; NOU, 2020). In the Swedish case, the

benefit rejection rate increased fivefold in 2015–2020 despite an unamended Swedish law. This drastic increase led Altermark (2020) to describe the SSIA as a "rejection machine". We conclude that while legislation remained stable, what changed in the two agencies was the idea of what a sick note represented and the story of how it was to be assessed. These findings align with Lipsky's (1980) argument that street-level bureaucrats are not just policy implementers but *de facto* policymakers, actively filling in the gaps between policy and practice through their discretional work. It also builds on previous studies on how frontline workers develop moral or reductionist roles (Zacka, 2017). However, our study offers a new perspective on the street-level bureaucracy literature by addressing organisational narratives as a collective device for streamlining reasoning in casework, reducing the need to consider individual aspects of clients' cases.

In conclusion, our study has significant implications for frontline practice and future research. To understand the shaping of street-level bureaucrats' discretionary reasoning, it is crucial to consider not only their structural work situation context and individual coping strategies but also to take seriously their embeddedness in specific narrative environments. Consistent with previous research (Watkins-Hayes and Kovalsky, 2016), we found that political discourses – such as those regarding tax depletion and excessive benefit usage – could seep into frontline practice. However, these discourses were translated in particular ways to serve current organisational purposes. When these narratives gain the status of unquestioned organisational truths, the collective cues they offer risk undermining clients' rights to welfare services. Additionally, since narrative templates are not included in official policy guidelines, frontline decision-making processes based on them can easily evade judicial and political scrutiny. Therefore, raising awareness about how collective narratives informally impact frontline reasoning and organisational accountability is essential.

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