



Mission Impossible? The Moral Discomfort among Swedish and Norwegian Welfare Bureaucrats Encountering Refugees

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Abstract

This article builds on qualitative interviews with employees in Norwegian and Swedish welfare state institutions and explores how they experience and make sense of their work with newly arrived refugees. The task of these street-level bureaucrats was to care for and simultaneously push the refugees to quickly become working taxpayers. Both as fellow human beings and as bureaucrats, however, our interlocutors struggled when dealing with refugees, who had experienced violence in their homeland or during flight. Experiences of violence and war seldom have a place in bureaucracy and our interlocutors were neither trained nor had the tools to deal with such experiences. We use the concept of moral discomfort to describe a reflective state necessary for the street-level bureaucrats to carry out their jobs in a way they deemed satisfactory. We thus attempt to move beyond simplifying descriptions of indifferent and immoral bureaucrats and point at the complexities and ambiguities of our interlocutors' work.

Keywords

Refugees, welfare state, integration, moral discomfort, bureaucracy

Introduction

I think the day you don't find the job tough, it's time to stop working with this. [...] Then I'm not doing a good job.

(Gry, employed at municipal refugee team, Norway)

This article focuses on how employees within the Norwegian and Swedish welfare states experience and make sense of their work with refugees. Our interlocutors can be described as street-level bureaucrats (Lipsky, 1980; Nordberg & Wrede, 2015) and were social workers, language teachers and different caseworkers, working in introductory programs for refugees. Through their work, they empowered, structured, but also sometimes limited people's lives and opportunities. Encounters with the street-level bureaucrats often constituted the only direct interaction refugees had with the state and its policies (Lipsky, 1980). In this article, we want to highlight the complexities of the work practices of street-level bureau-

crats. What possibilities did they have to negotiate and handle conflicting demands within their institutions?

Our interlocutors struggled when dealing with refugees¹, who had experienced violence in their homeland or during flight, both as fellow human beings and as bureaucrats. Experiences of violence and war seldom have a place in bureaucracy and in general the street-level bureaucrats were neither trained nor had the tools to deal with such experiences. Still, it was the street-level bureaucrats in Norwegian and Swedish welfare institutions who were set to decide on refugees' work ability and whether they were in need of further (medical or other) help. The refugees' experiences were often "too complicated to fit into the standard formats of policy provisions" (Jordan, Stråth & Triandafyllidou, 2003: 213). Policy provisions to this particular group are interesting to investigate as a case of bureaucratic practice, since welfare services are supposed to be provided across the board, not only to those who possess the "purchasing" power to demand them or whose needs can be met by "one-size-fits-all" solutions. Refugees haunted by recent violent events tend to be neither.

In in-depth interviews with us, staff described the refugees' experiences of violence and war as contrasting sharply with integration policies that assumed everyone to be fit for the labor market and ready to become active citizens and taxpayers. This creates moral tensions (Fassin, 2009; Ivarsson, 2015) and ambiguities (Huber & Munro, 2014) for the street-level bureaucrats, who are supposed to both care for and discipline refugees. These moral ambiguities are by no means temporary, but intrinsic to the nature of welfare states and perhaps especially to work aimed at both empowering and governing refugees (Hagelund, 2005). With the help of the concept of moral discomfort (see below), we explore how street-level bureaucrats dealt with and reflected on their work situation and how they experienced the institutional setting they worked in. We particularly look at how they coped with their refugee clients' experiences and needs on an ethical and moral level.

Norway and Sweden are both examples of the Scandinavian welfare state model and share fundamental features (Bendixsen, Bringslid & Vike, 2017; Olwig, Larsen & Rytter, 2011). They differ, however, in their immigration control, integration philosophies and citizenship policies (Breidahl, 2017), as well as in the ways and the extent to which authorities control the settlement of refugees (Valenta & Bunar, 2010). This notwithstanding, our material shows that similar institutional ambiguities create similar problems for street-level bureaucrats of both countries.

After a brief section on background and on fieldwork and methodology, we outline our theoretical framework and conceptual definitions. Hereafter, we present our findings in three parts. First, we discuss how street-level bureaucrats handled the refugees' suffering and potential traumas due to experiences of violence and war. Second, the focus turns to the structural constraints that the interviewed street-level bureaucrats experienced when trying to do a good job. Third, we discuss a common strategy of focusing on the future, which meant that pushing the refugees beyond their immediate wishes would be good for them in the long run. We end with a conclusion that comes back to the ambiguities within today's Scandinavian welfare states and how these create moral discomfort among street-level bureaucrats.

Context – the welfare state in Norway and Sweden

In Norway and Sweden, welfare services are provided through national agencies and funded by general taxation. The right to services is founded on legal residency rather than

1. The notion of "refugee" does not imply asylum seekers or economic migrants.

former employment and income contribution to the system (Breidahl, 2017). Work practices in welfare state institutions are ideally based on principles of equality and care. However, welfare services to all have been challenged by the increasingly multicultural make-up of the respective societies and differences in (not least economic) resources between minorities and the majority (Eide, 2009; Mulinari & Neergaard, 2004). Simultaneously, public services have been restructured in line with New Public Management ideas since the mid-1990s (Bruun, Krøijer & Rytter, 2015). These two developments have impacted how services are provided (Debesay, Harsløf, Rechel & Vike, 2014).

Since the 1970s, there have been policies, programs and institutions to regulate and accommodate the integration of refugees in Scandinavian welfare states (Drangsdland, Dahle & Karlsen, 2016; Valenta & Bunar, 2010). There is an understanding that high employment rates are necessary for the functioning of the welfare state as well as the maintenance of trust and cohesion in society (Åmark, 2005; Stortingsmelding, 2015–2016). Not surprisingly, therefore, employment is also perceived as an important factor for successful integration (Eastmond, 2011; Larsson, 2015; Valenta & Bunar, 2010). Refugees and migrants are expected to become active and productive citizens. Integration thus centers on individual duties and obligations rather than rights (Breidahl, 2017: 2). There is an awareness that refugees may have initial difficulties in navigating the welfare system, in adapting and in finding a formal job, and thus contributing to the common good (Eastmond, 2011). Furthermore, refugees frequently encounter difficulties in having their previous exams or work experience accepted and in gaining sufficient language skills to find employment (Valenta & Bunar, 2010). Additionally, there is widespread discrimination in the labor markets (Carlsson & Rooth, 2007; Midtbøen & Rogstad, 2012).

Fieldwork and Methodology

The focus of our research is on the Norwegian and Swedish introductory programs for refugees. In both countries, these go on for approximately two years. In Sweden, they are coordinated by a governmental agency, the Swedish Public Employment Service, through its local offices, and have been done so since 2010 (Ennerberg, 2017; Larsson, 2015). This agency collaborates with local and national authorities as well as private enterprises such as language schools (*ibid.*). This opens up for local variation. In Norway, the introductory program is primarily the responsibility of the municipalities, which have formalized collaborations with the Norwegian Labour and Welfare Administration (NAV) on the state level, as well as less formalized collaboration with the local Refugee Services and Adult Education Centers (EVO) (Djuve, 2011). There is also great variation between Norwegian municipalities when it comes to which institution has coordination responsibilities (Weiss, Djuve, Hamelink & Zhang, 2017).

Data material for this article was collected as part of the comparative research project “Slippery Suffering: a comparative ethnography of the encounter between survivors of war, torture and displacement and representatives of the Scandinavian welfare state” (funded by NRC: NOS-HS). We build on fifty qualitative in-depth interviews with street-level bureaucrats who worked with settlement and integration of refugees and the majority was associated with introductory programs.

In Sweden, we collected data through interviews and observations within *Etableringen*, an introductory program for newly settled refugees run by specialized units within the Swedish Public Employment Service (AF). The caseworkers’ job was to plan activities for individual refugees and make sure that refugees followed their action plans that, among

other things, included language instruction and internships. Some caseworkers also had a more investigative role, deciding on refugees' work capacities. We also joined information meetings held for groups of about forty refugees at a time and staff meetings in a city in the south of Sweden during 2014 and 2015. In Norway, we conducted qualitative interviews with bureaucrats in the Norwegian Refugee Service, the Norwegian Labour and Welfare Administration (NAV), several municipalities, and the Directorate of Integration and Diversity (IMDi) in three different regions of Norway from 2013 to 2016. Depending on which organization the Norwegian street-level bureaucrats worked for, their areas of responsibility varied between arranging housing for the newly settled refugees, facilitating their integration into the local community, or supervising language instruction, work training, internship, and entrance into the workforce.

The street-level bureaucrats we interviewed had higher education, although not always related to their current professions. They varied in job function, professional experiences, age, ethnic background and gender. These demographic differences did not, however, influence their accounts in any significant way. Neither did the size or geographical setting of the municipality they worked in.

Research was conducted in compliance with guidelines from the National Committee for Research Ethics in the Social Sciences and the Humanities (NESH), and field data was handled in accordance with Norwegian and Swedish Data Protection Act. Our research complied with strict ethical principles, including voluntary and informed consent to research participation and "do no harm" (AAA, 1998). We conducted our interviews and participant observation with the attention to sensitivity and care required when approaching sensitive topics. All names in this article are pseudonyms. Even though part of our research was conducted during the so-called refugee crisis, this had little significance, since the people who arrived in 2015 were not yet part of introductory programs.

Theoretical considerations and definitions

The place of morality and emotion within modern bureaucracies has been heavily debated (Bauman, 1989; du Gay, 2000; du Gay, 2005; Eggebø, 2010; Fassin, 2013; Graham, 2003; Herzfeld, 1992; Huber & Munro, 2014; Kelly, 2012). Do fully developed Weberian bureaucracies, which are based on formalized rationality, facilitate bureaucrats' ethical conduct? And what is the role and responsibility of individual bureaucrats within such a system? To recapitulate, Weber (1981 [1921]) outlined an unresolved ambiguity inherent in bureaucracies: Because bureaucrats should guarantee the equal treatment of all, they have to operate according to formal rules based on rationality. Irrational emotions "which escape calculation" must therefore be eliminated (Weber, 1981 [1921]). Several authors have criticized the Weberian ideal type of bureaucracy for its incapability of ethical action, grounded in compassion, responsibility, and brotherhood (Eggebø, 2010), and for the danger of turning bureaucrats into amoral technical experts (MacIntyre, 1985) involved in the "social production of indifference" (Herzfeld, 1992). In a similar vein, Bauman (1989) argued that the moral concerns about the plight of the clients were diverted. The moral concerns focused merely on the bureaucratic praxis according to internal quality standards.

For Bauman (1989), modern bureaucracy is inherently unethical and unable to care for the objects of action. This puts the responsibility for ethical conduct on the individual bureaucrat, who must act morally in spite of the unethical bureaucratic system. Du Gay (2000; 2005), on the other hand, argued that the Weberian bureaucratic way is not deficient in morality but has its own ethics. A distinctive bureaucratic ethos is grounded in the prin-

principle of impartiality, where everyone is treated equally, independent of status and ascription. The good bureaucrat who adheres to procedure, accepts hierarchy and rejects personal moral interest is the product of ethical practices and techniques (du Gay, 2000: 29). Therefore, the bureaucrat is supposed to develop a “trained indifference” necessary to implement the bureaucratic partiality.

Whereas bureaucracies may seem morally distant, the ideal of “trained indifference” among the bureaucrats is simply not possible (Hoggett, 2005). Modern bureaucracies are “an inherently contradictory and unstable phenomenon” where segmentalism and informalization are the rule rather than the exception (ibid.: 174).

As we will elaborate below, distances and differences between policy and bureaucratic practices (Vike, 2004) and the unwillingness or inability of politicians to resolve certain problems pass conflicts down to the administrative level and to the street-level bureaucrats (Lipsky, 1980). This slippage between policy aims and practical outcomes creates moral ambiguity (Huber & Munro, 2014) and a Kafkaesque situation. “In Kafka’s stories the protagonists lack crucial information for deciding which further action would constitute the ethically most desirable option thus creating morally ambiguous situations” (ibid 2014: 268). Consequently, bureaucrats are bound to use their own judgment to deal with such intractable conflicts (cf. Dahlvik 2018). Thus, Hoggett (2005) argues, the “art of bureaucrats lies... in the exercise of discretion” as “no system can ever provide guidance for every eventuality” (Hoggett, 2005: 174)

Borrelli and Lindberg (2018: 167) have written on creative work practices among European migration and border officials that aimed to make their jobs easier and more enjoyable, both in practical and moral terms. In related ways, and as we will show, our interlocutors struggled to negotiate the moral ambiguities and partly contradictory moral economies of their institutions, and to live up to unclear work descriptions and their moral obligations toward the refugees with whom they work. Many of the refugees posed cases for which there were no clear solutions and therefore no right thing to do. The street-level bureaucrats were thus left to aim at doing a good enough job, not knowing whether the outcome would be as intended.

The concept we use to understand the effect of such tensions, experienced by our interlocutors, is moral discomfort. Moral discomfort has previously been used to explore compromise and complicity and, in a more pragmatic sense, as a pedagogical means of individual and social transformation (Meyer, 2011; Zembylas, 2007, 2015). Here, we argue that moral discomfort is a reflective state of being at work through which the bureaucrats negotiated and reflected upon the uncertainties and ambiguities within their work practices.² It enables or forces street-level bureaucrats to exercise their discretion in encounters with refugees. At times, moral discomfort resembles Jameton’s (1984) concept of moral distress, i.e. where one knows what the right action is but is unable to perform it because of structural constraints.

Suffering and the potentiality of trauma

The political discourses on integration in Norway and Sweden rely on resourceful and healthy refugees who, with some support, can engage with and soon contribute to the welfare state. Policymakers expect refugees to undertake the introductory programs on a full-time basis. They should make progress in their language classes and definitely not skip

2. Moral discomfort is not emotional labor (Hochschild, 1983), which means that bureaucrats have to manage their feelings and display of particular emotions according to so called feeling rules.

classes without an officially approved reason (Gren, 2020). They should soon find work, become independent of welfare, and contribute to the common good by paying taxes. However, all refugees do not feel well. Health and mental health issues have been mentioned in government documents (see for example Regeringen, 2017; Regeringsbeslut I 10, 2011-12-22; Stortingsmelding, 2015-2016), and, at least on paper, possible trauma is acknowledged politically. But, in practice, the refugees' suffering is difficult to handle. Since the main aim of the introductory programs is to turn refugees into productive citizens (Djuve, 2011), trauma or suffering is in conflict with the pace and intent of these programs.

Refugees have to cope with the loss of relatives, friends, belongings, status, and networks (Berg, Sveaass & Nasjonalt kunnskapssenter om vold mot traumatisk stress, 2005). The long asylum processes often aggravate their distress (Varvin, 2003; Wilson & Drozdek, 2004). In addition, many refugees worry about close ones left behind in vulnerable situations (Weiss, 2020). Nevertheless, only some refugees develop long-term mental health issues, such as depression or post-traumatic stress disorder (PTSD). In fact, refugee experiences also entail amazing resilience.

Most of the bureaucrats we interviewed were aware that refugees they worked with had experienced violent events and lived through unsettling times in their country of origin and during their flight and asylum period. They also knew that the unsettling events refugees have experienced could leave a *potentiality* of trauma that has been estimated to be actualized in approximately one-third of the refugees in Norway and Sweden (Lie, 2003; Sosialstyrelsen, 2015). This potentiality of trauma among refugees has often been dealt with in Sweden through investigating units at AF. Teams of psychologists, physiotherapists, and caseworkers focused on work-related rehabilitation. These initiatives took on different local forms. Therefore, the handling of trauma was somewhat institutionalized at the office where fieldwork for this article was conducted, and a rather clear division of labor between specialists in the investigating unit and the caseworkers existed. Still, it was the untrained caseworkers who were responsible for the "first screening" for signs of mental health issues among the refugees. No general policies or national strategies existed, and the caseworkers felt more or less uncomfortable about investigating the mental health of their clients. Most, like Johan, a case worker at AF in Sweden, still asked about distress during initial meetings with refugees.

Some tell me everything. There may be horrible stories. Sisters and brothers who have been killed, nails torn out. . . I usually end the meeting at that point, schedule a new appointment, and inform them that there is counseling at the health center or psychiatric clinic. But there are also those who cannot tell right away. I pay special attention to them.

Not all refugees were willing or able to talk about their problems. They lacked the correct medical terms or words and sometimes a safe enough space to share them (Varvin, 2003). According to Johan, most refugees had experienced unsettling events. However, as long as the refugees did not explicitly indicate a mental health problem, they were not referred to further medical examination at the investigation unit or at the local PTSD center. By experience, Johan knew that those who showed behavior such as learning difficulties and isolation were potentially more in need of health services than those who asked for them directly. As a rule, therefore, he continued to probe into the matter if he was uncertain about the refugee's mental health.

In contrast, Karolina, another AF case worker, was far less comfortable about probing into mental health. Neither a therapist nor a social worker, she felt unskilled when handling

stories of trauma and loss. “I am not properly trained to deal with trauma. But if they open up, I must be able to handle it. They should tell other people than me. I can’t even write it down in our system.” Even though she was uncomfortable with the situation, Karolina was sure that she had to take the brunt. At the same time, she was clear that it was not she who should hear those stories. Karolina’s discomfort was not only based on systemic problems. There was indeed a specific medical investigation unit, but the data program the caseworkers used had no code or other form of entry for the more general suffering of refugees. Meeting the limits of the bureaucratic system, Karolina had no easy way to send her knowledge of general or more unspecific suffering on to those better qualified than her to deal with it. Other caseworkers felt that there was no realistic option to refer refugees to health specialists. Lack of resources and long waiting lists within the health-care system left the main burden on the medically untrained caseworkers.

Experiences from the Norwegian fieldwork were similar. Unlike the Swedish system, where the potentiality of trauma is at least recognized through the local investigation units, no similar initiatives exist in Norway. It has not always been like this, and in the 1980s, Norway was one of few countries that had established centers of excellence for the treatment of traumatized refugees. After several health reforms, however, these centers were shut and specialized clinics for refugees closed down (Lie, Sveaass & Hauff, 2014).

During the research period, no systematic screening for any mental health problems existed in Norway (Stortingsmelding, 2015-2016). Municipalities were requested to conduct a voluntary health check on asylum seekers within three months of their arrival. However, no similar offer was given to newly settled refugees. It was assumed that psychosocial issues would have been detected in the previous check-ups and that refugees would take any new health issues to their general practitioner where they were settled. To deal with trauma and suffering, Norwegian municipalities collaborated to a varying extent with psychosocial health nurses, doctors with a migration health background, or psychiatric institutions (Weiss, Djuve, Hamelink & Zhang, 2017). However, the expectation that refugees could handle their potential traumas outside of the integration system was often proved wrong. This was not necessarily because refugees had become passive and incapable health-care recipients. Rather, there was a lack of information about different health services, of knowledge of symptoms of trauma, and of language skills among the refugees. Furthermore, there were stark differences in the availability and quality of health services between the municipalities.

Structural constraints

Street-level bureaucrats told of experiences of strain and stress. Should they take on responsibility to help and care in ways that went far beyond their work description? How much effort should be put into forcing other institutions and bureaucrats to do their job?

When people share things with you, they give you a responsibility. . . We try to refer them onwards, so that the refugees get the necessary support, but often they don’t get support. . . There isn’t a good enough system. We talk [to the refugees], follow up on them with counseling so that they are not left on their own.

(Hanne, responsible for settlement, Norway)

Like Karolina in Sweden, Hanne was neither a therapist nor a social worker. Still, she and her colleagues felt obliged to provide counseling to refugees who were deeply affected by

war and violence, but also by long periods of asylum seeking. Hanne's experience mirrored the everyday encounters of many street-level bureaucrats we talked to in Sweden and Norway. Many were frustrated with how to handle the refugees' suffering (see also Eriksson & Johansson 2021: 9). Some of this discomfort was due to the uncertainty about other welfare state institutions. The street-level bureaucrats often felt that there was no one else to whom the refugees could be referred. The promises of the state to care for its citizens were not to be counted on. Thus, the individual street-level bureaucrats had to take an immediate moral stance about how to deal with suffering. Should they remain the unemotional, cynical red-tapist or get involved in the refugees' cases beyond their job description, often at the expense of the caseworker's own well-being?

Most street-level bureaucrats stressed the importance of good coordination between different authorities and other societal sectors. To secure refugee integration, an institutional *dugnad* was needed. Here, *dugnad*, a very Norwegian concept of voluntary communal work, referred to a shared responsibility of different actors. For our interlocutors, integration was not only the responsibility of the institutions working directly with refugees but also of NGOs, the health sector, language schools, and the business sector.

However, according to the street-level bureaucrats, good collaboration and coordination between different actors could not be taken for granted. It presupposed an interest in refugee integration on the part of the local political leadership as well as the managers of welfare institutions. The ambitions and tasks of the welfare state were more comprehensive than the ability and willingness to put them into practice (Vike, Debesay & Haukelien, 2016). In both Sweden and Norway, our interlocutors' managers reportedly had little interest in facilitating and coordinating but were more concerned with results and visible achievements. The responsibility to achieve results was loaded on the street-level bureaucrats' shoulders.

Focusing on the future

It is so easy in the beginning to say, "I will do that for you." After a while, you understand that we have helped them too much, that they have gotten used to ask us for help. And when we are finished with them [i.e. after the introductory program], they still come to us.

(Maria, responsible for the settlement of refugees, Norway).

When the refugees were at the beginning of introductory programs, the bureaucrats we interviewed were aware of the refugees' initial problems and focused on supporting them. However, as the above quote indicates, too much care was also believed to limit the refugees' independence and ability to take charge of their lives. Maria wanted to avoid creating passive victims and dependent clients. She balanced between helping out and pushing the refugees to act. By being "too nice" she risked creating undesired welfare clients who were unable or unwilling to reciprocate the gifts of the welfare state (cf. Ivarsson, 2015). Pushing them to take responsibility was equally difficult, as Maria knew that not all of her clients were able to manage on their own. There was also a common suspicion that some refugees did not agree to the social contract but rather preferred to live on social welfare without ever having contributed to it. Therefore, the refugees had to be pushed – at times beyond their limits – in order to realize their potential and their ability to participate in the job market. Being harsh was sometimes a matter of care in the eyes of the street-level bureaucrats.

The employees reflected on how their practices affected the refugees. There was also a time aspect to this. They reasoned that, in the long run, they were doing what was best for

the refugees. Not helping too much would thus increase the refugees' resilience and independence. After all, most refugees want to be treated as resilient people who have much to offer to their host community (Weiss, 2020; Gren, 2020). Pushing the refugees to take responsibility, participate in programs, and go to work or an internship in spite of their difficulties would enable them to integrate and eventually become ideal active citizens that are expected in Sweden and Norway (Breidahl, 2017).

Both Swedish and Norwegian bureaucrats described the refugees' entrance to the labor market as a step-by-step process, and knew that refugees were sometimes unhappy about the internships and jobs that were assigned to them. They also knew that it was not profitable for the host societies to have, for instance, an engineer working as a cleaner. However, any job was preferable to being a burden on the welfare state, unable to reciprocate the benefits and rights from which the refugees continued to profit. In the long run, both the refugees and the host society would benefit.

It is well known among experts on trauma and PTSD that trauma seldom disappears, and even might emerge after many years (see for example Kelly, 2012). The fact that trauma might impact people's ability to work in the long run was not addressed by our interlocutors. On the contrary, their focus on the future seemed to be a tactic to handle the moral discomfort that emerged from an ambiguous moral economy that underlined the importance of refugees promptly becoming employed citizens. This uneasy balancing was central in the street-level bureaucrats' work practices. There was no simple way of doing "the right thing". Decisions had to be made with prospective thinking, i.e. in the hope that everything had been taken into account and the time aspect had been well calculated (Lepora & Goodin, 2013).

Conclusion

In this paper, we focused on street-level bureaucrats and how they encountered and related to refugees in their daily work. Our interlocutors operated within a welfare state model that had become inherently contradictory and unstable (Hoggett, 2005: 174). The combination of the principle of care for "weak" citizens and the principle of reciprocal obligation that emphasized individual agency had created an institutional moral economy that was fluid, full of tensions and moral ambiguity. We have shown that in Norway and Sweden, the street-level bureaucrats experienced considerable discretionary power because they had to choose between bureaucratic practices rather creatively. After all, the particular cases did not fit standardized policy provisions. Our interlocutors were conscious that the refugees they met suffered, but the integration system did not take trauma and suffering into account. It was therefore up to the street-level bureaucrats to navigate the system and to find ways – both morally and practically – to do a good enough job, whilst caring for and disciplining the refugees in hope they would become future active citizens.

This ambiguity created moral discomfort in the street-level bureaucrats. But what does it mean to work in a state of constant moral discomfort? The accounts of our interlocutors indicated that working in moral discomfort had a straining effect on them. The uncertainty of the effects of their decisions and actions in the long run and the juggling between caring for refugees and demanding from them took its strain. Most of the time, however, moral discomfort did not evoke feelings of guilt or stress. Rather, it left the street-level bureaucrat in a position of reflection. As such, it seems that the moral discomfort is necessary to do "a good enough job." In this sense, moral discomfort can be understood as an affective state that does not lead to transformation (Boler, 1999; Zembylas, 2007) but upholds the status

quo and mundane work practices. It rather enabled the street-level bureaucrats to conduct a balancing act between demanding and caring, pushing but not too much, being conscious of suffering whilst acknowledging resilience and the limits of the system. In short, by experiencing moral discomfort, the bureaucrats reflected upon their work and were able to carry on in a system they realized had flaws.

Returning to our earlier discussion on moral/immoral bureaucrats, we hope to have contributed to a more multifaceted understanding of street-level bureaucrats' possibilities and limits to take a moral stance. Through qualitative research into everyday interactions within contemporary Scandinavian welfare states, we can gain further knowledge about street-level bureaucrats beyond simplifications such as "trained indifference" and "discretionary power" so as to recognize the complexities and ambiguities of their work, especially when encountering experiences of violence.

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