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What is This?
Transforming professionalism: Relational bureaucracy and parent–teacher partnerships in child care settings

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Abstract
Dramatic shifts in early childhood policy in the US are increasing the bureaucratic nature of early childhood programs and influencing the field’s definition of professionalism. Despite the many benefits of professionalizing the child care field, the current trend toward formalization and standardization may have unintended negative consequences for parent–teacher partnerships, a key dimension of child care quality. This article employs an interdisciplinary lens to explore the conflict between family-centered practice and bureaucratic organizational systems, and suggests an alternative hybrid organizational model that transforms conventional notions of professionalism and bureaucracy. Effective partnerships with families in formal child care settings may depend on this ‘relational bureaucratic’ organizational context.

Keywords
child care, parent–teacher partnerships, relational bureaucracy

The call to engage families is ubiquitous in early childhood policy and professional standards in the United States. Efforts to engage and support families have been touted as a key strategy for reducing the ‘school readiness gap’ (Kagan and Rigby, 2003). Family-centered child care practice involves partnerships with families that are based on caring, respect, and shared power. Current approaches in the US, such as the widely implemented Strengthening Families initiative, rely on the capacity of early care and education programs to support families and prevent child abuse and neglect (http://www.strengtheningfamilies.net). While partnering with families is widely considered a central component of high quality early education and care, many studies paint a discouraging picture of
parent–teacher relationships in formal early childhood programs. Studies have shown a gap between the desire of child care programs to support families and actual practice with families (McWilliam et al., 1997).

One key explanation for this gap may lie in the conflict between conventional bureaucratic notions of professional practice and a commitment to caring and reciprocal relationships with parents (Burbules and Densmore, 1991; Morrow and Malin, 2004; Sykes, 1991). Organizational theory and research, and in particular nursing and health services research, show that bureaucratic organizational structures can reinforce a form of professionalism that frames caring and collaborative relationships as unprofessional. The importance of the organizational context and its influence on service quality has been largely neglected in child care research and policy. This article explores the current challenges facing parent–teacher partnerships in child care settings through an interdisciplinary lens that builds on advances in other fields to inform research and practice in the child care field. The authors suggest ‘relational bureaucracy’ as an alternative ‘hybrid’ organizational approach to organizing work in the formal child care context. Hybrid organizational models are of particular interest for the child care field, and other family service professions, because of their potential to improve systems for high quality relationship-based work and to close the gap between the call for a family-centered approach and actual practice with families.

**The ‘educationalization’ of child care**

Bureaucracy and professionalization are particularly salient forces in early care and education today. The field is currently experiencing a profound transformation that has been referred to as the ‘educationalization’ of child care (Kagan and Kauerz, 2007). While the focus of this article is the US context and thus represents a US bias, other countries are experiencing similar trends (Elfer, 2007; Fenech, 2006; Oberhuemer, 2000; Simpson, 2010).

For much of US history, child care existed in the informal market, away from the public eye and the structures of bureaucracy. Over time, child care made its way into the formal market, giving rise to a complex, fragmented, and sometimes competing array of standards, regulations, and policies, related to both program operations and workforce training and credentials. This fragmentation, and an increasing recognition of the importance of high quality early childhood education, prompted efforts to coordinate systems, standardize practices, and increase accountability (Fuller et al., 2004). Early childhood education has gained legitimacy as a formal institution responsible for the professional care of children as well as the preparation of children for school. What used to be called ‘child care’ is now more commonly referred to as ‘early care and education’, highlighting the emphasis on the educational role of early childhood programs. Early childhood leaders have long been strong advocates for professionalizing the field in an effort to address high staff turnover rates, low wages, poor working conditions, and societal de-valuation of the work of this largely female profession (Cameron et al., 2002; Morgaine, 1999; Spodek et al., 1988). Professionalizing efforts in child care, as in nursing, teaching, and social work, all seek to raise the status of the profession (Goldstein, 1998). While some have argued that professionalism is at odds with ‘the art’ of teaching, the field has already professionalized in many respects (Eisikovits and Beker, 2001). Professional status is commonly associated with four primary elements, each of which the field has now incorporated: a systematic base of knowledge, a professional association, a code of professional ethics, and regulations that include a career ladder (Morgaine, 1999).

The current push toward ‘educationalization’ has been driven by 1) the belief that early education has the potential to close the school readiness gap, 2) economic research highlighting the
cost effectiveness of early childhood interventions, and 3) the federal government’s pursuit of standards-based education and accountability measures. All of these changes have influenced the current ‘systemization’ of early care and education (Kagan and Kauerz, 2007), contributing to a shift toward greater bureaucracy and professionalism (Moss, 2006; Osgood, 2004; Traver, 2006; Waerness, 1996). Increased formalization and demands for accountability impose a new external layer of control over many formal early childhood education programs, for example by mandating collection of particular data or the adoption of a specified curriculum or assessment tool. While the focus of this article is family partnership practices, the influence of educationalization clearly has implications for teaching practices with children as well. Within the classroom, Kagan and Kauerz argue that the standardization dominating early care and education today is ‘shifting a century-old way of thinking about how young children should be educated’, from an individualized and flexible approach to a prescribed approach (2007: 21). The push for accountability and evidence-based practice has influenced the evolving notions of professionalism, contributing to a heightened emphasis on scientific knowledge and standardized practices (Noordegraaf, 2007). Despite the many benefits of professionalizing the field of early childhood education, the current trend toward formalization and standardization of the field may increase bureaucratic characteristics of early childhood programs, leading to unintended negative consequences for family-centered relational practices.

### Partnerships with families in child care

Parent–professional partnerships, the cornerstone of family-centered practice, are relationships that reflect shared power and reciprocal, responsive, and caring relations (Dunst, 2002). The accreditation standards of the National Association for the Education of Young Children (NAEYC) define a family-centered approach that includes: 1) developing collaborative relationships with each child’s family, 2) building mutual trust and respect with families, and 3) supporting and involving families to foster child and family well-being (NAEYC, 2005). Goode and Jones (2007) highlight the centrality of cultural and linguistic competence, defining family-centered practice as that which ‘honors the strengths, cultures, traditions, and expertise that everyone brings to the relationships’ (p. 5). Caring is at the heart of child care professionals’ relationships with families, as well as with children. This ethic of care is rooted in a unique professional–client partnership characterized by shared power and mutual respect (Noddings, 2002). While the early childhood education field has long embraced caring as a core value, the field now finds itself struggling to resist the pull to separate care from education in a political environment that pays more for ‘education’ than for ‘care’.

Local, state, and national standards for child care quality consistently require programs to establish collaborative and supportive partnerships with families (Groark et al., 2002; NAEYC, 2005; National Association of Child Care Resource and Referral Agencies, 2007). The importance of partnering with families has been well established in prior research (Brotherson et al., 2008; Halgunseth et al., 2009; McWayne et al., 2004; Owen et al., 2000; Xu and Gulosino, 2006). Strong family partnerships in early education ‘have been linked to greater academic motivation, grade promotion, and socio-emotional skills across all young children, including those from diverse ethnic and socioeconomic backgrounds’ (Halgunseth et al., 2009: 6). Family-centered care is also thought to support and strengthen ‘family capacity to enhance and promote child development and learning’ (Dunst, 2002: 139). Strong caregiver–parent partnerships in child care centers are associated not only with better quality child care, but also higher quality relationships.
between the child and caregiver, and between the child and parent (Owen et al., 2000; Xu and Gulosino, 2006). In addition, high quality family partnerships can serve as a conduit for a wide range of services for families such as early intervention, family literacy, social service and adult education, and crisis services. These resources are critical supports for strengthening families and promoting economic and social stability (Small, 2006).

**Approaches to improving family partnerships**

Translating the widespread mandate for family partnerships into action at the program level has fallen into what has been called a ‘rhetoric rut’ (Harvard Family Research Project, 2000). According to Rusher and Ware (1998), the creation and nurturing of child care program relationships with families may be the weakest component of the movement toward quality child care. McWilliam et al. (1997) conducted a survey of child care center directors that found a gap between directors’ family-centered philosophy and actual practice in their centers. Efforts to improve this, and other, dimensions of child care quality typically focus on the skills and training of the workforce, such as improving the preparation and training of teachers in the area of family engagement (Baum and McMurray-Schwarz, 2004). However, evidence from the child care and health care fields suggests that a reliance on teacher training alone to improve quality may neglect key underlying organizational or systemic barriers to family engagement (Bromer and Henley, 2004; Eaton, 2000; Winton and McCollum, 2008). Several studies suggest that informal early childhood education programs, such as small home-based ‘family’ child care programs, do a better job building relationships with and supporting families than do more formal or institutionalized programs such as child care centers or preschools (Bromer and Henley, 2004; Fitz-Gibbon, 2002). These informal child care programs tend to have staff with less training and fewer formal credentials. This evidence challenges the assumption that formal training and education alone are the solution, and suggests that the institutional setting itself may influence relationships.

Changing the organizational context is rarely studied as a strategy for improving interventions and quality in human services, including child care (Yoo et al., 2007). Hemmelgarn et al. (2001) studied family-centered care in the health care context, and noted that most studies on this topic ‘have focused on the characteristics of individual health care providers. The assumption of these studies is that the extent to which any component of FCC [family-centered care] is emphasized in a particular medical setting is primarily a function of the training, experience, and orientation of the individual provider’ (p. 94). Hemmelgarn et al. (2001) provide evidence that supports a different assumption: that the culture of the organization is the key factor determining the implementation of family-centered care. Organizational culture refers to norms, values, assumptions, and shared meanings, and embodies shared values about how the organization defines professionalism (Hemmelgarn et al., 2001). In her in-depth study of nursing home care in California, Eaton (2000) found that quality care required more than training of staff. She found that improving the quality of care required a major organizational paradigm shift that targeted the ‘culture’ of care within the organization. This organizational culture, reflected in its philosophy of care, was the central element shaping both organizational processes and ultimately outcomes. Studies such as Eaton’s show that organizational factors influence the quality of client–professional relationships as well as client outcomes (Eaton, 2000; Gittell, 2002; Glisson and Hemmelgarn, 1998; Stone et al., 2002). These studies indicate that in order to understand the barriers to and solutions for improving family engagement one must examine the organizational context of early childhood programs (Douglas and Klerman, 2012).
Bureaucracy and professionalism in early care and education

Theories and research on bureaucratic organizations contribute important insights into the organizational context needed to improve family partnership quality in formal child care and preschool settings. Despite the common negative association of bureaucracy with ‘red tape’, bureaucratic organizational structures at their best can support a healthy work environment that functions efficiently, smoothly, and equitably. Adler and Borys (1996) describe an ‘enabling’ bureaucracy, as opposed to a ‘coercive’ bureaucracy, that optimizes organizational functioning through procedures and rules that help employees to perform their jobs successfully.

The problem with bureaucracy and professionalism arises when the structures and practices of early childhood programs interfere with family partnerships and act as a barrier to caring. This occurs in two primary ways: 1) by discouraging caring and the use of feelings or individual circumstances to guide decisions and actions, and 2) by positioning the professional as the expert with power over the parent or client. Weber saw bureaucracy as a way to eliminate unjustifiable differences in how people are treated, yet these differences are often justifiable from a human perspective and this distinction forms the very basis for relational service work (Barley and Kunda, 2001). Professionalism and bureaucracy share many common elements, particularly when it comes to workers’ roles and the standardization of work practices. The ‘professional’ boundaries and expert knowledge that characterize conventional notions of professionalism mirror the affective neutrality and scientific rationality of Weber’s ‘ideal’ bureaucracy (Weber, 1984). In the child care context, bureaucracy and professionalism align and mutually reinforce norms and practices that may hinder caring and reciprocal relationships with families.

Caring in the bureaucratic context

Theories about carework within organizations propose that conventional bureaucratic structures and professional culture discourage caring and relational work practices (Cancian, 2000; FitzGibbon, 2002). The feminist sociology of work charts how emotional labor has historically been separated from the public sphere, in effect removing caring and emotion from the definition of work (Fletcher, 1999). Whereas child care offered in homes frequently reflects the caring and relational qualities of home, child care offered in centers increasingly reflects the institutionalized and bureaucratic qualities more typical of schools (Sykes, 1991).

Caring and informal methods of helping can be perceived as ‘unprofessional’ in the workplace, a sign of ‘breaking the rules’ of fairness and detachment (Bromer and Henly, 2004; Fletcher, 1999; Noddings, 1990). This can create conflicts for those committed to caring or who find themselves caring about a particular family (Fisher and Tronto, 1990; Stone, 2000). ‘Breaking the rules’ was a dominant theme in a small series of interviews in one early childhood education program (Douglass, 2007). For example, a teacher explained how she sometimes ‘broke the rules’ by giving a family diapers or a ride home, or giving out her cell phone number in response to the individual needs of a family in crisis. In conventional bureaucracy, standardization ensures the consistent use of efficient, scientific, and rational practices. The professional role is detached and objective, and ‘is perceived to be about applying general, scientific knowledge to specific cases in rigorous and therefore routinized or institutional ways’ (Noordegraaf, 2007: 765).

Organizational policies that direct staff to treat all parents the same may interfere with the ability to act responsively and flexibly to the needs of individual families. Goldstein argues that ‘inconsistency is the hallmark of caring practice’ (1998: 255). Caring involves making a judgment about the best course of action to take in a given situation, often based on personal knowledge
of individual circumstances rather than on application of a ‘one size fits all’ notion of fairness. In Weber’s ideal bureaucracy, formality and distance ‘are seen as the only route to a rational decision’, thereby excluding emotion or individual circumstances as an element of decision-making (Davies, 1995: 25). Weber describes the bureaucratic administrator’s relationship to employees and clients as ‘personally detached and strictly objective’, not ‘moved by personal sympathies’ (Weber, 1968: 975). In practice, teachers very often believe that they must give up caring to become professional. As Goldstein (1998) has argued, the recent ‘emphasis on science and scientific approaches to the education of young children drove underground the softer and more humanistic aspects of early childhood education that had predominated in the philosophical writings of earlier years, and thus eclipsed the central importance of caring’ (p. 259).

**Power in the bureaucratic context**

Bureaucracy also structures power relations in ways that can work against partnerships with families. Within conventional bureaucratic organizations, professionals are expected to possess expert knowledge. Expert knowledge positions the professional over the parent/client (Adler et al., 2008; Morgaine, 1999; Osgood, 2006; Sykes, 1991; Waerness, 1996). In his study of nursing home care, Lopez describes the conflict between adhering to a rigid protocol to keep clients out of bed for a set period of time daily and the suffering of one particular 93-year-old client who requested to remain in bed (2006). As one nurse explained, if she allowed the client to stay in bed, she would ‘get in trouble’ (p. 143). As Lopez writes, the nurses ‘imagined, based on a self-assured belief in their own superior medical-technical expertise, that they knew better than the patient what was best, and how much pain was too much’ (p. 143).

Feminist relational theorists talk of mutuality and connection as factors that foster relationships and organizational effectiveness. Fletcher (1999) writes that the theory of ‘power over’ that underlies organizational principles of hierarchy conflicts with the partnership theory of ‘power with’ (p. 33). The possibility that the client may have knowledge and could make a contribution is not considered, making a partnership of shared knowledge and power impossible. This power imbalance, rooted in the ‘professional as expert’ paradigm, is a barrier to family engagement practices that affirm the expertise of the family and culturally-based caregiving practices (Gonzales-Mena, 2008). In Morrow and Malin’s (2004) study of one program’s effort to build partnerships with parents, teachers spoke of a loss of ‘professional status’ and ‘blurry’ boundaries as their contact and partnerships with parents grew. Caring in the context of unequal power may foster paternalistic helping behaviors, rather than professional–client partnerships. Hwang and Powell (2009) argue that ‘professionalization can lead to diminished experimentation as well as an orientation towards doing for other rather than with them’ (p. 270). These findings illustrate the constraints conventional notions of professionalism place on a partnership model.

Organizations define the roles and rules for caring and power relations and cultivate in their members a set of attitudes and behaviors related to parents and families. These institutionalized scripts position teachers as experts, and relationships between parents and teachers as formal, brief, and task-oriented (Smrekar and Cohen-Vogel, 2001). The ‘school’ model in early childhood education can portray parents as a ‘necessary evil’ (McWilliam et al., 1997) and promote a ‘culture of detachment’ in the workplace that can act as a barrier to collaborative relationships (Colley, 2006). The following excerpt comes from a reflective essay written by a student in an early childhood education college course (Douglass, 2007). Her reflection highlights one way these scripts are passed along to new teachers and become institutionalized:
So much of what I have heard from previous childcare centers has turned me away from wanting to become close with families of the children I work with. I have heard ‘horror stories’ that families are ‘the enemy,’ making the teacher’s job difficult and nearly impossible, with demands on the teacher that sound ideal but seem unachievable. Fearing parents and families seems to be a pattern with so many teachers in childcare centers. Teachers sometimes have ideas in their minds and don’t want these ideas challenged or contested. In the past and even recently I have myself developed a fear of parents and families, wanting only to associate with them on a ‘needs’ basis.

Teachers learn about relationships from the social context of early care and education programs. Given the relatively minimal pre-service requirements for childcare staff, the most intensive training about what it means to be a professional likely occurs in the context of the workplace. Despite the rhetoric about family involvement, the structures and social context of childcare programs can perpetuate a form of professionalism defined by impersonal relations, the absence of caring, standardized work practices, and unequal power relations.

Alternative or hybrid organizational forms

The push for accountability and standardization of early care and education highlights the need for a hybrid organizational model that blends the best of formal structures and accountability with the core values of caring and collaboration that have historically defined the field and are the foundation of quality child care.

While the organizational context of child care has received relatively little scholarly attention, studies of other types of caregiving organizations have made contributions to the theory of hybrid or alternative bureaucratic forms. This literature explores innovative organizational models and structures that seek to capitalize on trust, dialogue, cultural competence, and relationships, and move away from the constraints of conventional bureaucracy and professionalism (Gittell et al., 2010; Goode and Jones, 2007; Hecksher and Adler, 2006). These hybrid models typically address either the goal of shared power or responsive caring, yet as this article has argued, child care program partnerships with families require both. These models offer insights into the organizational characteristics and norms that support, rather than hinder, relationship-based work and partnering with families. This discussion examines the theories about both caring and shared power in formal organizations, and integrates them into the proposed ‘relational bureaucracy’, a hybrid organizational model that blends formal structures and standardization with relational structures and values.

Professional caring

The dynamics of care work in formal organizational settings has received scholarly attention in multiple fields and disciplines. Recent work in the nursing and health services contexts has begun to specify the organizational mechanisms that may improve the quality of professional–client relationships and service quality outcomes. One such approach is alternative organizational structures that support caring as a valued and measureable work practice. While Weber’s bureaucracy positioned emotion in opposition to reason, Waerness (1996) defines an alternative ‘rationality of caring’ that draws on personal knowledge of another person, as well as reason, to respond to many of the complex human situations in which scientific knowledge is inadequate. One example of this professional caring role is a clinical practice model in nursing that attempts to bridge caring and science. The model explicates the ‘art and science’ of caring as a set of skills that can be taught, evaluated, and recorded (Cancian, 2000). Davies (1995), Eaton (2000) and Fletcher (1999)
all suggest strategies to align relational work with organizational norms in measurable ways, such as: specification of caring as a set of skills and behaviors, creating outcomes for relational work, explicitly including relational work in regulatory or reimbursement systems, and developing organizational structures required to support these caring practices. By embedding caring practices within performance or regulatory frameworks, bureaucratic structures establish caring as legitimate, rather than forbidden. Theories of emotional intelligence also recognize the integration of cognition and emotion in effective relationship-based work (Bardzil and Slaski, 2003). The emotional intelligence literature offers a framework that specifies key emotional competencies that can be measured, such as self-awareness, social awareness, self-management, and relationship management (Bardzil and Slaski, 2003; Goleman, 2001).

Another body of research has explored new ways of organizing caring work in the formal organizational context. In order to preserve and support caring practices, organizations must enable flexible, individualized, and ‘inconsistent’ practices that are responsive to clients. For example, organizations can develop ‘soft and selective standards that do not prescribe how trade-offs must be made but provide direction for making trade-offs’ (Noordegraaf, 2007: 779; also Davies, 1995). Mass customization offers a model for this approach by integrating principles of standardization with customization (Selladurai, 2004). For example, rather than follow a pre-specified set of rules or ‘evidence-based practices’ with all families, an early childhood education program could develop a protocol for responding flexibly and sensitively to the differing needs, strengths, context, and interests of families. In this way, work processes can be standardized through the consistent use of a flexible protocol.

In his recent study of nursing homes, Lopez found that organizations can foster authentic professional–client relationships through the use of ‘organized emotional care’, specific organizational structures and practices that support, rather than restrict or coerce, caring relationships (2006). Lopez identifies several organizational practices that fostered emotional care, such as structured opportunities for caring worker–client relationships. In one of the nursing homes in his study, he found a hybrid approach to emotional care that employed bureaucratic rules and procedures to support interactive work. The organization established rules about when and how workers should interact with clients, for example instructing workers to involve clients in making decisions about leaving their rooms and taking trips, and engaging clients in conversations that promote relationship-building. Lopez argues that rather than being a coercive bureaucratic structure that impeded relationships, these rules emphasized the humanity of the client and created ‘new possibilities for meaningful relationships’ between caregivers and clients (p. 152).

Another example of organizing relational work comes from Gittell (2002), who has shown how strong relationships among health care providers improved provider–client relationships by creating a more coordinated experience for the client with the organization. Attention to relationships within the organization, among staff, is thought to positively impact professional–client relationships. Gittell describes how this relational coordination improves performance, particularly in settings that require responsive and improvised responses to clients, a setting similar to that of parent–teacher partnerships in many early childhood education organizations. Relational coordination is thus another systematic approach to supporting flexible responses in working with families, and can be extended to encompass the provider/parent or provider/client relationship (Gittell, 2012).

**Shared power**

Alternative organizational approaches have also been proposed to support shared power between professionals and clients. Ashcraft (2001) identifies ‘feminist bureaucracy’ as a hybrid...
that blends egalitarian and hierarchical models to encompass both relational and scientific values. Democratic organizations that share power and decision-making through participatory processes may be more likely to foster a staff willing to share power with clients. In contrast to Weber’s bureaucracy, the theoretical ‘post-bureaucratic’ organization is characterized by dialogue and consensus decision-making, rather than hierarchical control. Heckscher (1994) describes the post-bureaucratic organization as the ‘combination of control and flexibility’ (p. 36). This more flexible and responsive model, governed by trust, mission, principles, and consensus, appears to be a better fit for a supportive family partnership model in early childhood education. Another approach to shared power is Goode and Jones’s (2007) culturally and linguistically competent organization, which is intended to support organizational capacity to manage the dynamics of difference and adapt to the diverse cultural context of clients. The characteristics of this organizational model include services tailored to the unique needs and preferences of clients, and inclusion of clients in decision-making. Although Goode and Jones do not directly address bureaucracy as an organizing characteristic, their model appears to assume a certain level of bureaucracy, and suggests strategies to increase organizations’ capacity to be responsive and incorporate the needs and values of its clientele. Another element of organizational cultural competence with particular relevance to shared power is recruiting, hiring, and retaining a diverse workforce reflective of families served (Matthews and Ewen, 2006). Matthews and Ewen explain:

Providers and caregivers who share the linguistic and cultural backgrounds of families may best be able to explain and communicate potentially sensitive issues, such as those around special needs including physical, emotional, and learning disabilities or delays. Providers who share the cultural background of the children in a child care setting may also share their knowledge of cultural practices with other providers in the setting and translate nuances of culture. (2006: 4)

Transforming professional work within the formal organizational context requires that organizations adopt a new definition of professionalism and embed it in organizational policies and processes. Several educational theorists have called for a new understanding of professionalism that embodies shared power as a key dimension of professional practice. Sachs (2003) proposes a form of professionalism in teaching called ‘transformative’ or democratic professionalism that shifts power from the professional to a shared and collaborative power between parent and teacher. Democratic professionals build alliances with parents and others whose voices have been marginalized, ‘demystify’ professional work, and collaborate and cooperate with various stakeholders. Similarly, Moss suggests the notion of teachers as ‘researchers’, rather than conventional bureaucratic ‘technicians’ (Moss, 2006). This ‘teacher researcher’ view of professional practice envisions teachers as reflective practitioners who are guided by more than just academic or expert knowledge, and draw upon knowledge obtained through relationships, dialogue, listening, values, and perceptions (Cherniss and Goleman, 2001; Morgaine, 1999; Moss, 2006). This approach recognizes inclusionary democratic practice, and the value of subjectivity, uncertainty, and responsiveness to individuals and situations. Democratic or transformative professionalism provides greater opportunity for the knowledge and expertise of families to inform the dialogue and the practices of the early childhood program.

Professionalism as conventionally defined may be losing its relevance in contemporary society and may lend support to these new organizational norms for professionalism. Adler et al. (2008) describe an evolution and transformation of professionalism that is moving away from an elitist model of ‘power over’ towards one of greater interdependence and collaboration. The historical autonomy of most professions is lessening, as demands for accountability and consumer
empowerment increase. Adler et al. suggest an emerging form of ‘collaborative professionalism’ that moves beyond the autonomy and exclusive control of expertise of conventional professionalism. This collaborative professionalism shares many similarities with ‘democratic’ and ‘transformative’ models of bureaucracy and professionalism. For example, Adler et al. suggest that the collaborative professional learns to ‘see other professional communities and non-professionals [perhaps parents] as sources of learning and support, rather than interference’ (2008: 15). This move away from the ‘professional as expert’ aligns with the move toward a more democratic professional–client partnership. It is interesting to consider how the demands for accountability may both contribute to and alleviate the current challenges of parent–teacher partnerships. On one hand, the movement for accountability has led to increasing standardization and bureaucracy, which can interfere with family partnership practices. On the other hand, the movement for accountability may be lessening the power imbalance between professionals and clients, thus supporting the move toward true partnerships of shared power and expertise.

Relational bureaucracy

Several common organizational characteristics thought to support either caring or shared power emerge from the literature reviewed in this article. The authors integrate these characteristics, which serve as the basis for the proposed ‘relational bureaucracy’ (Gittell and Douglass, 2012). These characteristics include: the development of systems for structuring and managing flexible, caring relations with clients; managers who support a caring professional role; and managers who use and model shared power and participatory leadership methods. By integrating the theories of hybrid democratic and/or caring formal organizational types from across disciplines and fields (including education, health, organizational studies, sociology, women’s studies), this article proposes five key dimensions of a relational bureaucracy in the child care context.

Drawing on the conceptual work of Bloom (1991) and Glisson (2002), these dimensions are presented according to an organizational systems framework that views the organization as a system of inter-related components that are hypothesized to influence the quality of parent–teacher partnerships. These organizational systems components are: the people (staff and families), structures for power and relationships within the organization (policies and procedures), and processes for organization power and relationships, including organizational culture or ‘the way things are done’ in the organization (Glisson, 2007: 739). Table 1 identifies the theorized characteristics of a relational bureaucratic organization, and contrasts them with those of a conventional bureaucratic organization.

The purpose of relational bureaucracy is to transform the conventional professional role and the standardization of work processes in ways that support and enhance a flexible and caring partnership model for professional practice. Relational bureaucracy seeks to preserve or enhance the ‘enabling’ aspects of bureaucracy, and eliminate or transform barriers to caring and shared power. In this way, it organizes emotional care and power relations to support high quality family partnership practices. Central to relational bureaucracy is a transformed understanding of professionalism that is consistent with caring and reciprocal client-professional partnerships. Paralleling Freeman and Feeney’s call for a ‘unique professionalism’ in early care and education, relational bureaucracy ‘honors our field’s particular way of working effectively with young children and their families’ (2006: 16).

The structures and processes in a relational bureaucracy are thought to include such characteristics as: opportunities for shared power and control within the organization; specific yet flexible protocol for responding to individual clients; reflective supervision procedures; hiring, training,
Table 1. Theorized characteristics of relational and conventional bureaucratic organizations

<table>
<thead>
<tr>
<th>Components of organizational system</th>
<th>Key dimensions of relational bureaucracy</th>
<th>Key dimensions of conventional bureaucracy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. People</td>
<td>Staff reflect the cultures/languages of families served</td>
<td>Staff may not reflect the cultures/languages of families served</td>
</tr>
<tr>
<td>2. Power structures</td>
<td>Democratic and/or participatory structures</td>
<td>Hierarchical staff structures</td>
</tr>
<tr>
<td>3. Relationship structures</td>
<td>Systems exist to support use of relational competencies for caring, flexible and responsive approach to individual needs</td>
<td>Rigid rules, boundaries, and policies exist to guide uniform approach</td>
</tr>
<tr>
<td>4. Processes related to power</td>
<td>Opportunities to share knowledge, expertise, and power</td>
<td>Hierarchy of expertise, knowledge, and power</td>
</tr>
<tr>
<td>5. Processes related to relationships</td>
<td>Staff relationships are caring, reciprocal, and respectful. Relational competencies are recognized, valued, and developed</td>
<td>Staff relationships are formal, hierarchical, and impersonal. Adherence to rules and protocol is recognized and valued</td>
</tr>
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</table>

and performance evaluation for both relational and cultural competencies; and relational coordination. This developing area of research underscores the potential for child care programs to cultivate alternative models of professionalism and bureaucracy that better support family-centered caring practices. Further research is needed to test the theory of the organizational influence on parent–teacher partnerships, and to expand understanding of the most significant dimensions of relational bureaucratic organizations. Some early care and education programs are already charting new territory as they strive to preserve or create organizational systems that support relationship-based work within the increasingly complex and bureaucratic environment of early childhood education (Douglass, 2011). As Lawler et al. (1985) point out, ‘often managers and organization members are astute observers of the situation they are in, and their innovations in practice often precede theory’ (p. 6). In this way, research on advances in practice can inform the development of theory and contribute to policy and management approaches to improving family engagement quality.

Conclusion

As new systems are developed to ensure accountability, attention must be paid to whether and how child care organizations teach, value, measure, and reward caring. Goldstein (1998) warns that ‘if emphasizing the role of caring in the education of young children will lead to further inequities in pay, status, and professionalism, then linking ourselves to caring might be a mistake’ (p. 247). This warning highlights the critical importance of articulating and measuring relationship-based organizational and work practices, and then linking these to positive outcomes for children and families and for workers themselves by making caring consistent with professionalism.

The relational bureaucratic model articulates an alternative to the conventional bureaucratic, rule-bound, one-size-fits-all approach. The hybrid nature of relational bureaucracy has the potential to provide the structures necessary for accountability and also promote a caring and responsive professionalism. As the care of the young and old in society increasingly moves from the private into the public sphere, it is critical to learn how to create professional systems that foster caring professional–client partnerships both within and beyond the child care field. Stone (2000) highlights
this critical need, calling the preservation of caring in professional and organizational culture ‘the policy problem of the future’ (p. 111).

References


