Mutuality and flexibility at work
DRAFT for the Power Point presentation.

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SLIDE 1

Mutuality and flexibility at work

I am Grete Brorholt, and right now I write on my Ph.D.-project about the Hospital Reform in the Capital Region of Copenhagen in relation to employee experiences of work life.
I wrote In my abstract that I would focus on organisational change in the hospital sector in several levels.
As I'm in the middle of the analysis of the material, I realize now that the case I will present explores how flexibility is negotiated in relations of mutuality.
However, I think that this case reflects some of the changes in the policy regarding work environment and consequences the employees´ experiences in this specialised ward

Please bear in mind that this paper presents preliminary results of current qualitative research.

SLIDE 2 Methodology
This paper is part of a greater context which is a complex narrative about work life in a particular specialised ward in Hvidovre Hospital in the Region of Copenhagen. However I chose to isolate one question about “flexibility and mutuality at work” from the pile of material, even it might be a little reductionistic.
The case I present is taken from a pile of material. Research for this paper is empirically based on documentary material, participant observations and interviews among nurse assistants, nurses, doctors, and management across the organisational hierarchy in the hospital.

Research for this paper is empirically based on documentary material, participant observations and interviews among nurse assistants, nurses, doctors, and management across the organisational hierarchy in the hospital.

I have been doing participant observations in a specific ward for 4 months (ca. 50 shifts). Before the locally placed fieldwork, I followed the debate and development of “The hospital reform plan”(hospitalsplanen)” at the Internet, meetings and documents. Afterwards I have done qualitative interviews (30 key informants/ 80 people). In 2005 I made a small pilot within different wards.

SLIDE 3 The Aim of this presentation is to show how
the demand for mutuality and flexibility among employees and managers is seen as a win-win situation. But maybe it is not so simple.

The organisation in teams, which is related to the new forms of management, has consequences for the employee in her daily work life at the hospital.
I illustrate how mutuality and flexibility are indicating (new) individualised and capitalized forms of work and cooperation for specialised group of nurses and doctors in a specific ward: to gain flexibility, you negotiate relations of mutuality.

This case Is a window to the drama in the operating theatre, to observe the social play and rolls, to use an expression of Goffman.

First I line out the statement of policy regarding work environment within the hospital reform in the capital region of Copenhagen to detect some rhetoric and structural changes.
What kinds of flexibility are in play and do this kinds of flexibility reflects the tendency within the overall policy of work environment in the Region (Denmark)?
Then I will show a case form my fieldwork, where mutuality and flexibility are in play and are negotiated between employees.
Namely, flexibility is a demand from the employees and the management and can be obtained by both. I assume that flexibility has both positive and negative and contradictory consequences at the work place. In other words the question is:

Is flexibility a win-win situation as the employees and management states?
If it is not so, who is then the "winner"?
and what are the consequences?

SLIDE 4 **The concepts I explore throughout the presentations, are work environment, flexibility and mutuality**

Work environment ***The concept of "psycho-social work environment" emerged*** *in a Scandinavian context in the 60´s and transformed the content during the years. Now is usually defined and used by HR practioners, by psychologists and as a research object. I draw upon the definition of the official handbook for practioners on work –environment in Denmark. Here, "**psycho-social work environment" is defined as "consequences in the work environment, which stems from the work itself or from the way the work is organised or as the coherence between the employees at the work place!"** (2001, 10). The hand book further marks that one factor of motivation is a good psycho-social work environment.*

Flexibility ***F*lexibility and mutuality are closely interconnected.**

Hylland-Eriksen writes in 2004 about flexibility and cites Bateson to define flexibility. He writes that: "one of Bateson's most important points regarding flexibility [is] that there is a tendency that increased flexibility in some areas leads to reduced flexibility in others" (Hylland -Eriksen 2004, 14)

Another way to pin down the concept of flexibility is that increased flexibility internally, leads to reduced flexibility externally. If employees are flexible inside the team – towards patients and colleagues- they are not able to be flexible towards other colleagues externally. Krause –Jensen defines two strings of flexibility: In time (numerical) and in contend (functional) (2005: 223 pp).

When employees' express something like *" If they (the managers) do something for me, I will give a little in, and give something to them", they* vaguely express a struggle of protect themselves of to much flexibility. Even they find flexibility is a win-win situation, they at the same time aknowledge the dilemma of flexibility. They seem to protect them selves on individual basis from the demand of adaptation, job shift etc. Compared to the policy of work environment even 10 years ago, work environment now, is much more an individual struggle, which is also reflected in the regional intend of policy.

Mutuality **Compared to flexibility, "Mutuality" is a concept relating to reciprocity,** exchange economy, negotiation and flexibility (Mauss 1950). "Mutuality" is also associated with "local knowledge" and "mutual knowledge". I refer to mutuality as something possessed in common and reciprocal and as a matter of exchange. Mutuality concerns "exchange", "reciprocity" and "flexible as bending". In a way mutuality refers to economy and capitalism; it is a trade about flexibility. On the other hand mutuality is a helping hand wit in social relations at the workplace.

However, metaphors regarding mutuality are very easily getting metaphors taken from economy and associated to capitalism.

Flexibility is mainly negotiated and gained between management and the employee in vertical relations. Mutuality is an ongoing exchange and negotiation between colleagues on the same level of the organisation (horizontal).

To illustrate this dynamic I will explore a case of teamwork. "The team " is chosen because teams usually are seen as one of the new managerism tools to provide flexibility and effectiveness – However, I do not explore the logic of the team, but rather I see the team as one scene (among others) where "flexibility and mutuality" as concepts (and empiric fact) are unfold. I pin down one situation to understand the importance of flexibility and mutuality in the (team) work. In this case flexibility and mutuality are both dynamos and constraints of the good work.

However, First I will draw the attention to the New Hospital Reform Plan

SLIDE 5 Hospital reform plan

To bring the overall policy in play in this presentation, it is important to show how the action in the team is not isolated, but related to the general policy of work environment and the hospital. This is partly regulated by the overall values regarding work environment on the level of the region, the hospital and the local ward. The "new" hospital plan reflects the trend of introduce value based management and converting the vocabulary into a vocabulary imported from private firms. (see also Pedersen, Greve, Højlund 2008)

In brief, "The hospital reform plan" (hospitalsplanen)" was a result of a reform where Denmark was divided into 7 regions with that primary task to handle secondary healthcare [1]. It will be too much to go into details, but the **Hospital reform plan was launched i**n 2007. (over night some will say) (Christensen og Klitgaard 2008). The vision for the "plan" (hospitalsplanen), is summed up in a declaration of intend regarding the politics of health for patients and employees and organisation. Most of the 10 bullet points in the declaration concern finance, patient care and medical concerns. This statement is alike statements and visions which have dominated the policy papers of the so-called "reinvention of or modernisation of" public sector in Denmark (ibid.).

The Reform is characterized by a vocabulary which is similar to the vocabulary of private firms. The vocabulary is reflecting what could be called "marketfication" of the public sector, to use an expression from Exworthy and Hallford (1999) regarding the change of the NHS in England. The use of words e.g. as "company" (virksomhed) and "concern" (Koncern) etc.[2] reflects this tendency. The content of the words are slightly different and cover other meanings and boast other oppositions than previous. Work environment is minor in this context, even it has its own part IN the reform plan.

Bullet point 9, regarding work environment says :

> **"There are great demands to management and employees of hospitals in The capital region of Copenhagen.**
> **(…)It is therefore necessary to focus on to actively work to secure a good work environment, as it is necessary that leader and employees are well educated and have the right competences to adapt oneself.**
> **(….)**
> **Adaptation stress' more than bigger budgets. It emphasis reorganisation of work, change of tasks between professionalities (opgaveglidning), more freedom for hospitals and a continuously awareness from hospital leadership/ on human resource development - and care (…).[3]"**

Statements in the plan regarding work environment, focuses on education, right competences, adaptation, reorganisation, change of tasks and management awareness on HR– all this without budgets!

The ward wherefrom this case is taken are very much aware of new policies and new concepts of management. Many iniciatives as team, Lean, positive psychology, individual rewarding etc are part of the management instruments. And the case of the team is certainly illustration some of the dilemmas.

This is the overall frame of the case- And now the case of teamwork

[1] The 4 tasks are secondary healthcare and psychiatry, regional growth management, environment, disabled people

[2] Se also Exworthy, Halford, Wright (and others) for an analysis.

[3]

SLIDE 6 The Case Teamwork in HH Central Operating Unit
This team has been working as such for a couple of years and is praised as effective, collaborative and service minded towards the patients." 5 persons are taking care of 6 patients during one day.

They are from different wards and professionalities and are put together to work as a team once a month. **Being part of the team is one way of having a special task, which is regarded as a reward among the nurses**.

To be able to run a team day, the coordinator needs a lot of planning. It is the same team who prepares the patients for the operation and who operates. Medicine, journals, data are all prepared and ready inside the operating theatre. The patients are lined up in the wakeup unit. The lunch break and the time for finishing the programme are the moments were the team could gain or loose time. The team members are supposed to be flexible in time and tasks. However, I experienced the team as loaded with tension.

One day I followed the team and wrote down in my field notes:
The anaesthesian doctor just left. We are delayed from the beginning of the day and **the two operation nurses and the anaesthesian nurse discuss why. The anaesthesian nurse says it's because of the anaesthesian doctor who "*cannot pitch (infuse) properly"* . The last patient was punctuated twice before she gave up, and let the nurse doing it. She did right at first try.**

The anaesthesian doctor comes back to the operating theatre "to wake up" the patient who is lying down on the operating bed. This is regular practise, as the standards prescribe that for this operation, a senior doctor should be in charge when the patient is wakening up.

When the patient is awake and his counts are stable the anaesthesian doctor and I bring the patient back to "the wake up unit". She push's the bed. To push the bed is a remarkable symbolic act for doctors, to show equableness and a flat structure. This is also the most important role of flexibility for them within the team. We are supposed to bring back the next patient. **The next patient lies in an adult bed even a child. He is big and heavy. The anaesthesian doctor refuses to push the patient in the bed, because of the size of the patient and she calls a porter. She thinks that the bed is too big, and it might harm her back**.

To push the beds, bring the patients and staying close to the operating theatre is the variables where the personal (especially doctors) are able to gain time and shift tasks.

SLIDE 7 case (continued)
When we come back without the patient, everybody is a little bit annoyed, because the work is delayed once again. The anaesthesian doctor begins to prepare a specialized "blocking" for the patient. She feels the pressure of having delayed the team. **Then she stops her practical preparation and tells something about what she is doing. The nurse is correcting her immediately and says, "*You have to work at the same time as you are talking [name]".***
This is a remarkable harsh comment and very unusual of a nurse to correct a doctor explicitly and makes all in the room uncomfortable.

When the porter arrives with the patient, they focus on the patient and leave the quarrel behind. The anaesthesian prepares the patient and put him to sleep while the operating nurses are handling the apparatus and the IT-registration and tools covered by green sterile cloth.
The patient is placed on the bed and covered by green, sterile paper cloth too. They have called the surgeon who arrives immediately. When he arrives we are not quite ready and he apparently stands on his feet and taking a nap. Then the tables with the sterile tools are ready to begin the actual operation. The anaesthesians are standing by the head of the patient and the operating nurses by the feet. They are checking the numbers and listening to the sounds.

Suddenly we are ready to "*knife time*". The surgeon (wakes up) is taking a step towards the younger operating nurse. She steps back from the big, big man partly because he is intimidating her personal sphere, partly not to destroy the sterility of his green cover clothes. Everybody is looking at her, and the older more experienced operating nurse is making gestures with her arms and head. Suddenly she says "*You are going to take of the glasses of [name*]". **The surgeon smiles and he comments that "she doesn't remember her "part" (role). The young nurse defends herself, for not knowing to take of the glasses of the surgeon.**

SLIDE 8 Discussion and analysis of the case
The case shows a number of themes. However I will mainly focus on is the negotiation of flexibility and mutuality within power relations and the social belonging to the team.

Flexibility and mutuality is a demand and a wish from employees and management. The team evokes a possibility to gain a space of manoeuvre for the individual team members, where they gain freedom from audit, lean, meetings, confusing many colleagues. On the other hand, management and responsibility are moved in to the team and involves struggles between profesionalities and individuals.

In this case flexibility is negotiated in time and task - and I also suggest social competences. I argue that the members of this team, to some extend, are exchanging and capitalizing assistances and cooperation form one another. I have chosen to use metaphors as "trade, exchange, pay back" to underline this point and as a reflection of the language of informants.

The members of the team are assisting one another and shift tasks within the team. Management and distribution of work, organisation and time is moved in to the team, from the management level. The freedom to organize the patients also gives space to negotiate flexibility in time, task or quality. The members are flexible in time, in the way that they take care of 6 patients whom they can organise as they want. They negotiate within this scene of a social drama. However, unlike Goffmans more harmonic description of an operating theatre, I observed the ongoing negotiations as rough and full of tension for the members, when they negotiate personal strategies, gains and loss. E**.g. When *the anaesthesian nurse* is flexible regarding time and works to keep the tight schedule. She wants to get early off to be flexible at home. She is very determined on this goal, she told me in the morning.**

The anaesthesian doctor gains social space by rolling the bed. This situation is remarkable important for her possibility to gain a space of manoeuvre and status in the team and in the ward in general, because it is a possibility to be express membership of the modern organisation and a flat structure - Which are common and celebrated values. To push the bed is almost a symbolic act and underlines the struggle of gaining authority and at the same time expressing loyalty, equalness to other professionalities (the nurses) and modernity. The bed pushing is of cause not the one situation, which determinately undermines or underlines her status and competence as a doctor, but as part of the everyday negotiation of a space for manoeuvre, the act is important.
She is showing and refusing flexibility in the content of function when she first push, later refuse to push the bed and is delaying the colleagues from lunch break she. The possible gain in time is lost for her and her colleagues, when she prioritizes her back pain over the common value of saving time.

The new nurse gains her social membership of the team by reflecting the sentiments of the other people present to keep a good and positive environment. Besides the training in practical skills she is trained to manage timing, humour and sentiment. (What Hochschild called "emotion work 2003). She has to adapt to the changing surgeons and the general mood of the situation.

She does not gain the same by pushing a bed as the doctor, and it would not affect the team as much as the handling the him. **The part of the operating nurse regarding flexibility is more of a social kind. She needs well-developed social competences and self-management and timing to do so.**

The surgeon is flexible in time and function. He flex from his normal routines, as he is told to stay close to the operating theatre. He is not able to step in to other operations, tutor students or take care of paper work as he usually does. The sacrifice he offers to please the team and the management is demonstrated when he had a nap standing on his feet and when he expected the nurse to know his routines in regard to the glasses. He objects towards the fact that even he is the "chief", he is subject to the values and work of the team. He expects that team members know his rhythm and work to follow his routines and not wasting time.
The surgeon is not a full member of the team which is also clear as the position an expert (or star), even he is the most permanent member (he is the only person who take out this operation at this hospital). If he is part of the team, he is the "chief"! As the "chief" of the team, he is not under the same control as the other team members. However, he full fills his role in the team when he is arriving soon after being called (beeped), and he behaves friendly during the operations. **His mutual expectation of the other members of the team is that they are ready and tuned when he arrives. This is his advantage from the flexibility he invests.**

By knowing the special personality of the surgeon **the young nurse keeps the programme** running more smoothly, because the surgeon is happy - the team is happy. Her gain is a more joyful day and a fast running programme. ***The experienced operating nurse*** **protects the younger and is payed back by certain sets of privileges in the end of day. E.g. she is the first to go home.**

For the operating nurses in the team the flexibility is directed towards the surgeon, and mutuality is directed to each other, as e.g. protecting the younger nurse . The social flexibility directed towards the surgeon is a third form for flexibility, on top of "functional" and "numerical". The "social flexibility" concerns to know and adapt to the expectations of -in this case -the doctor.

SLIDE 9 Consequences for the employee in her daily work life at the hospital?

Negotiation and timing

A number of researchers have written about flexibility as a new phenomenon within the context of NPM – Which is also reflected in this workshop. I doubt it is new, in this context, but it is certainly present.

I have shown that "flexibility" refers to the one part who gains something from the flexibility in time, function or socialibity. (which could be explored more). One person or institution is acting flexibility and one is receiving it. The way that the actors attain flexibility is by negotiations of assistance and services in relations of mutuality.

Is flexibility then a wini-win situations? I think, it is not but rather a complex ongoing interaction. Inspired by Rose (Rose 1999),I you can say that the "winner" is the one who manage one's own private life in relation to public concerns (e.g. the team). The subject pushes and pulls and times private concerns within the public sphere. Rose writes, that this is a new form of expertise, which emerges within the new demand for subjectivity in management and regulation, as in the team where concerns and privileges are negotiated individually and the policy which focus on adaptation, change of work tasks, reorgsnisation etc. "The winner" is the one with the expertise to manage yourself and time your concerns and hereby obtain a space for manoeuvre, as the anaesthesian nurse successfully does, and the anaesthesian doctor less successfully does.

To understand the internal dynamic between wanting flexibility vertically from other hieraquial levels of the organisation and negotiate mutuality horizontal in the team between colleagues, it is also productive to use Rose (1989). He writes that the citizen, -whom I in this context also identify as an employee - gains power in the public sphere by using personal and subjective capacities incorporated to gain public power.
In this case, to have the competences to read the common values (as the young nurse (among others) does) and bend them toward personal strategies.

Flexibility is a demand of employees and management and can be obtained by both. Flexibility is demonstrated, obtained and acted in interhiraquial relations: towards other professionalities or other levels of the organisation. The value of flexibility is also symbolic in regard to equalness, sameness, modernity, modern management, assisting, sociality, cross-professional, professional identity and membership of the team, as when the anaestesian doctor push's the bed or refuse: She need to balance her individual strategies and goals by her social competences to read the situation. At one hand they have a common ground of values within the team, at the other hand individuals gain a new position by pushing and pulling social relations, as the anaesthesian nurse does when she corrects the same doctor.

Mutuality is much more an economic act, which enhance the space for manoeuvre that members of the team posses. The choices of metaphors I have used are taken from the language of the informants, and can be an indication of the commercialisation of collaborative work relations and reciprocity.

Mutuality is transferred to be an object of reciprocal negotiation to obtain individual goals, e. g. between getting home or exercise a technology (the anaesthesian who prepare the nerve block).

Power struggles is an ongoing negotiation within the team and between individuals. This is partly because of an organisation which leaves a space of informal management internally in the team, which is open to be negotiated. This open space can be called a space for a space of manoeuvre. Part of the managing structure is transferred from vertical to horizontal relations, when informal leadership is transforming power form the traditional hieraki – e.g. when the anaesthesian nurse corrects the doctor.

Villareal suggests that the daily negotiation of work conditions, of power, personal strategies and goals, for a space of manoeuvre and identity are both a space of constrains but also of possibilities for the employee.

She explores the space of manoeuvre among so called powerless, uneducated, day-to-day tomato pickers in Mexico. Even the context is very different from the highly technologified, well-educated powerful employees of the team here, her concept of space for manoeuvre and of negotiation is very useful.
Her point is that 1) the workers are maintaining an ongoing negotiation of work conditions and work life 2) the participants use individual strategies to obtain individual goals. 3) Negotiations is a meaningful practise for the participants, to influence or control the work to narrate a life story and work life story and 4) to establish a space for manoeuvre which is not singular, but multiple. 5) Within the struggle to obtain a space of manoeuvre in the regulated setting of work, members are struggling for power (Villareal 1992, 256pp.)

In the same way to be a part of the team, creates a position from where the individual can narrate a work life story of success, as it is seen as a reward to be in the team. At the same time the team, gives a open possibility to leave a little early (even this is seldom) and to be free from demands of having an extra task (e.g. keeping an extra beeper) and relate to demands of many colleagues among others. – This is especially the nurses who calculate this as a gain, as the anaesthesian nurse, who tells me in the beginning of the day, that she wants to leave early.

(the case might not be compleately clear on this point, but mutuality among doctors and among nurses is associated with different values and practise. Doctors are rewarded socially and economically for flexibility on time and tasks, which they have trained during education and work life. Flexibility for the nurses is in regard to the doctor and towards his or her expectations of treatment and procedures. The success of the nurse is based on her social relations towards colleagues. Her status is based upon her adaptation of the style of the doctor and her socialisation with her nursing colleagues, as it, in this case, is very clear stated by the new operating nurse. Whereas flexibility for the doctors is in regard to the patient and to the repertoire of treatment, cure and care.

SLIDE 10
Flexibility is present one place at the time, concerning only one parameter at the time. As shown, this negotiation is an ongoing process which is developing in reciprocal exchanges. It is not a question of if you have flexibility or not.

To obtain flexibility you need to engage in mutual relations with colleagues. Mutuality is expected regarding the organisation and colleagues. Even flexibility is gained in vertical relations, it is through horizontal negotiations of mutuality between colleagues flexibility is obtained or transferred. Because flexibility is only present one place at the time, employees are often sacrificing flexibility in one situation to obtain or enact it in another situation. When the team is working as team, they are less flexible towards the rest of the ward.

The Hospital Reform Plan supports the management and the structure in the team, and the work within the team goes hand in hand with the declaration of intend. The Hospital Refom Plan is not a determinant policy regulator: It express visions and values and certain tendencies within the “reinvention of the public sector” (as e.g. Pedersen, Højlund and Greve detect (2008). It echo the tendency of struggling for personal privileges (as Kirsten Marie also states), instead of common legislation of psycho- social work environment. In this empty space of power, rights, rules and management - here illustrated by the team. - it is necessary to pull and push the personal space of manoeuvre to gain personal protection of ones personal work life.

Final

What I have illustrated is a negotiation among employees in the team. The negotiation is, by the organisational form as a team moved to a horizontal negotiation among colleagues within the team to gain flexibility vertically from management or actors from uneven levels in the organisation (doctor-nurse relations). Flexibility is gained vertical in time, task and sociality by horizontal negotiations of mutuality within collegial relations.
The struggles are individual and reflect the demands from the overall policy, which – one could say- is very well incorporated into the individuals of this team. The case shows that flexibility costs and the struggles are rough and it is hard to find a winner in the win-win-situation.