

Coping with trinity
Human service professionals in interorganisational team work

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Abstract

Traditional managerial approaches have been challenged in the health care and human services sector and new approaches are tried out in order to come to terms with alleged quality and efficiency problems. One alternative that has received increased attention is interagency collaboration. The ambition is to improve an integrated care taking of patients through combining skills and services from several organisations and professional groups. Organising over established organisational boundaries could be attempted at through various mechanisms and be more or less ambitious. Permanent interorganisational work teams are one type of a more extensive collaboration arrangement. But developing collaboration could be problematic due to the existence of several value systems, or logics, in the human services sector. These are the organisational logic of the involved agencies, the professional logic of each occupational group and the team logic of the interorganisational work team.

This paper explores how interorganisational team work could be organised and managed and, in particular, how the individual service worker deals with the three logics involved. It reports from a case study at a family care centre in Sweden, where four service production processes directed towards children and families have moved into the same locations. Interviews have been performed with all centre employees and their respective managers. Results from the case study suggest that the professional logic dominates in daily operations at the centre, but that a team logic has developed through personal interaction among team members and allowed for some boundary-spanning service production. As a whole, the centre appears as a self-directive unit with little control from the respective parent organisations. Nevertheless, the organisational logic has its own compulsory strength and if logics diverge, the organisational logic will prevail. The team logic, which is necessary to exploit the expected benefits from collaboration, is hence vulnerable both to professional service ideals and to organisational interventions.

Keywords

Interagency collaboration

Interorganisational team work

Family care centre

Introduction

The management of health care and other human services² has been widely discussed during the last decades. Traditional managerial models are being challenged and new approaches are strenuously tried out in order to come to terms with alleged problems of quality and efficiency in service production. Of importance is to develop models that acknowledge the particular circumstances of human services production. For one thing, even though human service organisations are generally expected to implement public policy, as decided by political actors, the actual production is very much dependent upon the efforts and skills of individual service workers, or professionals (such as doctors, physiotherapists, social workers and home-helpers). The work of these professionals is frequently performed without the direct control from political actors and generally built upon norms of service quality and client well-being, as distinct from the financial and regulative orientation among managerial actors. Therefore, it has been argued by for instance Kouzes and Mico (1979) that disagreement and potential conflict among alternative value systems is built in to the very existence of public service organisations.

One alternative to the traditional bureaucratic model that has received increased attention is interagency collaboration, i.e. integration of efforts, resources and competencies from several human service (hs) organisations. The perceived background to this approach is the existing high degree of specialisation among professional groups, organisational units and public agencies within the hs sector in many western countries. This specialisation implies that particular clients or client groups might need services from several providers simultaneously, even though each provider traditionally handles the client separately, according to this provider's particular area of expertise and responsibility. Not only could this lead to decreased service quality for the client, who must struggle her/his own way through the system, but also public resources are likely to be wasted during this shuffling-around. Therefore, *organising over organisational boundaries* has become an esteemed work form within the hs sector. (Agranoff & McGuire, 2003; Bronstein, 2003; Lindberg, 2002; Lindqvist & Nylén, 2002).

² This paper focuses upon *human service organisations*, which are characterized by a primary purpose to contribute to client well-being through intervening into the client's behaviour, attributes or social status, on either a voluntary or mandatory basis. The technology utilized in human service production is dominated by human interaction, so subjective interpretations and person-to-person communication are (at least) as important as material production structures. (Glisson, 1992; Hasenfeld, 1992; Hill & Lynn, 2003; Westrup, 2002). Furthermore, it is usually a non-market form of organisation (Tucker, Baum & Singh, 1992). The sector hence includes for instance health care, social service, care of elderly and disabled, occupational rehabilitation and labour-market policy.

The actual accomplishment of integration might be attempted at in very different ways. Firstly, a number of mechanisms could be implemented such as appointing “boundary-spanners” with a particular responsibility for coordination (Gittell & Weiss, 2004; Tushman & Scanlan, 1981) or utilizing “boundary objects” to bridge between several social worlds, as explained by Star & Griesemer (1989). Secondly, the collaboration could affect the involved organisations to various extents. Westrin (1986) makes a classification of collaborative models based on the intensity of collaboration, which ranges from “coordination” as the least intense and “integration” as the most intense form. Less ambitious approaches includes for instance integrated patient pathways stipulating how patients should be transferred between organisations in a defined chain of care and treatment, or established consultation routines prescribing how service workers might contact other occupational groups in case of need for their specialised competencies (Nylén, 2003). Still, even when the collaborative element of each provider’s activities is this limited, experiences show that it might in practice be very hard to accomplish the desired relationship. Integrative efforts typically run into problems due to professionals having divergent vocabulary, view on the client and relative status positions, or due to each organisation’s fear of increased work load and costs (Farmakopoulou, 2002; Gittell & Weiss, 2004; Hvinden, 1994; Lindqvist & Nylén, 2002). These challenges must be dealt with when managing boundary-spanning interaction.

Even though the development of extensive collaborative arrangements might be a laborious and lengthy endeavour, some more advance joint ventures are actually established in many parts of the hs sector. These arrangements include for instance shared housing facilities, contracting a worker from another unit or agency to perform certain services within the organisation, or even establishing interorganisational work teams which comprise members from several professional groups and/or hs organisations (Lindqvist & Nylén, 2002). In these cases, the collaboration arrangement means that the individual worker has to interact on a daily basis with other professional groups, at the same time as s/he is formally employed by a mother organisation where resources and overall work conditions are controlled. It seems particularly important to study examples of such extensive collaboration arrangements in order to find out how they work as alternative managerial models in the hs sector.

Previous research on interagency collaboration is quite extensive, but it has mainly focused on either forces and obstacles to collaboration (e.g. Farmakopoulou, 2002; Gittell & Weiss,

2004; Page, 2003) or on the potential benefits of interagency collaboration (Alter & Hage, 1993; Bronstein, 2003, Nylén, 2005). Comparably less effort has been placed in studying collaboration from an organisational point of view, which is the approach applied here. In particular, it is relevant to consider the different value systems involved in the service production process, and how these affect collaboration as an organisational model. As emphasised previously, professional actors stand at the core of the service production process and this paper will therefore focus upon the individual service worker who is engaged in interorganisational team work on a permanent basis. The research question runs as follows:

How could interorganisational team work in the human services sector be organised and managed and, in particular, how does the individual cope with the situation of being in the middle of several distinct, and possibly diverging, value systems or logics?

The above mentioned “value systems”, or “logics”, which they will henceforth be called, that are most visible in relation to interorganisational team work in a human services’ context are three, namely the *organisational logic* of the involved parent organisations, the *professional logic* of the respective occupational groups, and the *team logic* of the particular interorganisational team. These logics will be further discussed in the following section.

Three logics involved in interorganisational team work

This paper is founded on a theoretical perspective on human organisations (or, indeed, any organisation) where the human actor is considered to be the intelligent socio-political creator of organising processes, i.e. organising as being constituted by continuously ongoing processes of social interaction (Hosking & Morley, 1991). Through interaction then, actors form social categories, or actor groups, which share a social identity with certain characteristics, norms and behaviours (Hogg & Terry, 2001). Typically, individuals are embedded in a multitude of relationships and hence belong to several social categories, but we will here focus upon the particular relationships that become significant in a human services production context. Here, actors could roughly be divided into three major actor groups (sometimes referred to as domains): politicians, administrators, and professional service workers (Hallin & Siverbo, 2003; Kouzes & Mico, 1979). This paper deals mainly with professional actors and, to some extent, with their managers in the administrative domain, since these actors are likely to be most involved in interorganisational team work

Generally, multiple processes of interaction take place simultaneously among actors, and so actors use mechanisms of enactment, selection and retention (Weick, 1979) in order to attain some predictability and stability. Previous experiences of interaction will hence be displayed in actors' future actions and interactions, thereby creating repetitious patterns of interaction that are habitually understood as durable social order – or: organisational structures. One particularly important aspect of this (in theory: temporary) social order is the separation between activities, actors and spheres of responsibility. *The setting of organisational boundaries* is hence one major result of organising processes, and so we habitually recognize “organisations” as tangible and stable phenomenon where structures of governance, communication and action are solidified. These boundaries also provide an alternative bases for social categorization and common identity among actors (that is, apart from the previously mentioned division between political, administrative and professional actor groups). Actors within organisational boundaries hence form more or less shared perceptions on the organisation's mission, activities and characteristics. Also within these boundaries are hierarchical lines of authority typically established, with the purpose to ensure organisational goal attainment (as prescribed by actors at the top of the hierarchy). The implementation of overall goals is generally supported by formalized systems of resource allocation, authority and control. Inside organisational boundaries, then, there resides an *organisational logic*.

On the other hand, the setting of boundaries will also be *countered by boundary-spanning interactions*, not least as a result of the previously mentioned efforts to improve interagency collaboration in the hs sector. The crossing of boundaries is generally considered to be promoted by common interests, shared values and equal status among interacting parties (Bardach, 1998; Hvinden, 1994), arguments being that in these relationships, actors cannot rely on formalized authority structures since collaboration is a voluntary undertaking from which actors could withdraw if the relationship is not considered satisfactory. In interorganisational relationships then, a *team logic* might be established.

Still, the actual services are generally performed by relatively autonomous service workers, and so even boundary-spanning hs production will be dependent upon the skills, knowledge and involvement of professional actors. As argued previously, their actions and interactions are likely to be built upon the particular norms of service quality and client well-being that have evolved within their professional group. A distinction could be made between different professional areas in the hs sector, such as medicine, care, rehabilitation, and social service,

each of which have their own work methods, normative grounds and view on clients (Lindqvist & Nylén, 2002). Therefore, each occupational group involved in interorganisational team work will adhere to a particular *professional logic*. Furthermore, there are typically status differences between various occupations. Doctors generally hold a privileged position in relation to other groups due to their advanced knowledge, which is largely inaccessible for others (Taylor & White, 2000). Still, there are a large number of other occupational groups within human services who strive to position themselves, gain respect and use their particular expertise in benefit of clients (Einarsdottir, 1997; Hugman, 1991; Wingfors, 2004). As boundary-spanning interaction frequently implies that professional actors are expected to cooperate closely with other occupational groups, this might be at odds with the professional group's strive for self-definition and self-enhancement (Atwal & Caldwell, 2002; Hugman, 1991; Hvinden, 1994).

To conclude, the individual service worker has to deal with several value systems, occasionally at odds with each other, when performing her or his services in an interorganisational team context. This discussion is summarized in the figure below.

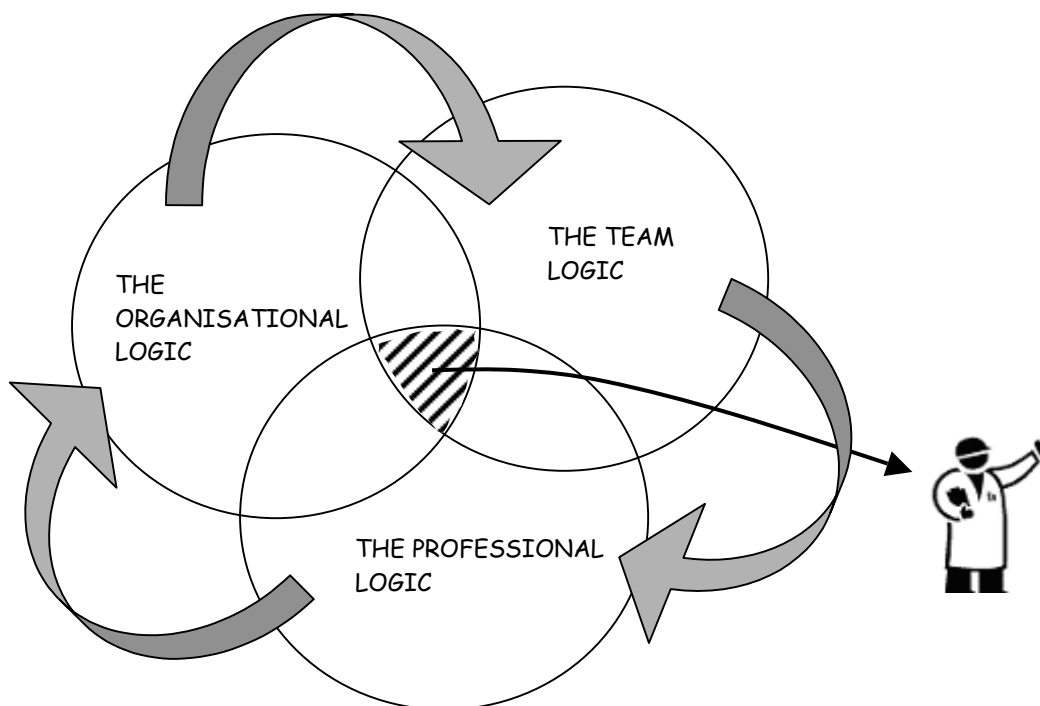


Figure 1. Three logics involved for human service professionals in interorganisational team work

The logics involved in interorganisational team work are here symbolised by three partly overlapping circles, and the shared (striped) area in the middle of the figure constitutes the

point of intersection where the individual is situated. Firstly, *the organisational logic* is rooted within each of the collaborating agencies, i.e. the parent organisation to which the individual worker is formally attached. From the individual's point of view, this logic implies that s/he is part of an organisation whose rules and regulations the person is expected to follow. Furthermore, s/he will have co-workers with which s/he shares a common employer, work conditions, organisational goals and resources; still, the worker might not be in close interaction with these co-workers in her/his daily course of work.

Secondly, *the professional logic* derives from the particular occupational group that the individual belongs to through her or his education, training and work experience. The individual worker is hence expected to uphold the norms, skills and work methods cherished by her or his profession.

Thirdly, *the team logic* concerns the particular norms of integration, joint efforts and common goals that relates to the interorganisational team. For the individual, this logic expects her/him to engage in mutual sharing of knowledge with other occupational groups and to develop novel, less profession-specific work methods in order to provide a better care taking of the client.

The grey arrows, which connect the circles, are meant to symbolise the continuously ongoing processes of social interaction that constitute the organising processes themselves. As discussed previously, these processes have an inherent tendency to become repetitious and stiffen into structures of socio-cognitive perceptions and values, actions and activities, and socio-political relations of power and status. Still, they do have a likewise inherent potential to reshape and construct new patterns of interaction.

From this theoretical framework we are able to formulate a number of issues to be explored empirically, such as:

1. How is the human services production organised, coordinated and managed within the team?
2. How does the individual service worker identify her/himself in connection to the social categories that are attached to the respective logics?
3. To what extent does the three logics harmonize or diverge in relation to the team's daily operations? How does the individual deal with conflicting norms?

4. What characterise the relationships in figure 1, i.e. between a) each participating parent organisation and the interorganisational team, b) the organisation and the profession, and c) the team members and the individual's professional group?

The case

The research issues outlined above calls for an in-depth, qualitative research approach. The choice has therefore been made to conduct case studies involving a number of interorganisational team work constellations. These cases should be selected through purposive sampling with the aim to find cases where this point of intersection between logics could be explicitly found. It should therefore be a permanent undertaking, where it is possible to develop team logic. Furthermore, it should involve two or more organisations where work is performed by relatively autonomous professionals.

One type of interorganisational team that has been established on a larger scale in Sweden during the last decade is the so-called family care centre. This is a kind of a joint venture between local authorities and county councils. The overall ambition is to provide comprehensive and preventive human services towards children and their families in the local neighbourhood (Bak & Gunnarsson, 2000). The particular activities placed at the centre might differ locally, but generally include maternity care, child welfare, open kindergarten and some social services. Accordingly, several organisations as well as occupational groups are involved in each family care centre. The joint location is expected to create synergy of competencies, activities and resources. Since the involved parent organisations still supply all resources and employ all personnel at the centre, it does not exist as a legal entity and is hence simultaneously both imaginary and tangible. Based on these circumstances, the choice has been made to select this type of interorganisational team for this study.

This paper reports on early data from a study at one family care centre in Sweden, which will be followed by additional cases. The reception area for this centre comprises approx. 8 000 citizens. The centre was established several years ago and offers the following services:

- Maternity care (in Swedish: *Mödrahälsovård*). Maternity care is a legally prescribed medical undertaking providing health checks during pregnancy. One midwife works at the centre. The parent organisation is the primary care centre (i.e. county council).
- Child welfare (*Barnavårdscentral*). Child welfare performs regular health and development checks of pre-school children (0-6 years) and is also required by law.

Two nurses, both working part-time at the centre (in total holding 1,5 jobs), are responsible for this activity. The nurses also belong to primary care.

- Open kindergarten (*Öppen förskola*), which is intended for families where parents are at home with pre-school children. Here, two pre-school teachers are working part-time (in total holding approx. 1,5 jobs), employed by the school department (i.e. local authority).
- Social support (*Socialtjänst*) is an activity that provides individual parent guidance and family counselling by one social worker. The parent organisation is the social service department (i.e. local authority).

During the spring of 2005, interviews have been performed with all employees at the centre, in total six service workers. Furthermore, their respective managers at the three parent organisations have also been interviewed. All team members were female, whereas two managers were female and one male. Each interview lasted between one and a half and two hours. They were tape-recorded and have been fully transcribed by the author. In the following, an initial analysis, close to the case, will be presented.

Organising, managing and coordination of team activities

The first part of the analysis consists of a mainly descriptive exposé on how the activities of the team members are organised and coordinated, and how team decisions are made. This description primarily relates to the first of the previously stated research issues: How is the human services' production organised, coordinated and managed within the team?

Overall, the family care centre involves the accomplishment of *four relatively independent activities*, in terms of internal planning and daily execution of work. They do share the same localities, but – both in theory and in practice – the centre is constituted of four separate human services' production processes. Three of these services are directed towards *all* families within the reception area, (namely maternity care, child welfare and open kindergarten), whereas the fourth (social support) is available on an individual basis to parents or couples in need of particular backing in their parenthood or family relations. When asked about who directs the workings of the centre, all employees display considerable discretion. One employee said: “*Each one of us here decides over their own activity. Nobody could decide over mine.*” Another one said: “*I don't have to ask my manager to take a day off. I plan my work myself.*” Accordingly, control over service production seems to be decentralized to individual

service workers. Also, each production process is carried out quite independently of the others.

Nevertheless, there are also a number of shared activities at the centre, where two or more professional groups are involved. Thematic evening sessions have been arranged for visitors, for instance on cooking for infants, road safety or first aid. Target-oriented support groups for young or immigrant parents have been organised. The most visible joint activity, which is actually shared among all team members, is the so-called *parental groups* that all centre visitors are offered to join. There are two types of parental groups: one for the expecting mother and her partner, and one for parents with a newborn child. Each group generally consist of six to ten families and meets once a week or every second week during a couple of months. The objective of the parental group is to prepare for parenthood by supplying factual information and also by providing a platform for discussion among the parents themselves. Previously, the parental groups used to be an undertaking by the midwife and the child welfare nurses, respectively (since this is officially a county council assignment), but during the last year the team has worked out a new model, turning this into a boundary-spanning services. Now, at least two professionals are involved in each parental group meeting, for instance the midwife and the social worker, or a nurse and a pre-school teacher.

Besides integrating several professional perspectives in the parental groups, another part of the new model was to introduce a particular communicate style within the group. All team members have participated in external training on this communicative style³. Apart from professionals' expectations on increased service quality, the shared activity also provides a platform for exchange of professional views and increased mutual understanding, which all professionals were very satisfied with. One said: *"Most of all I think it is great fun to be two in the group. You have support from each other and you could bandy ideas."* The parental group have hence transformed into a platform for professional integration.

In the view of team members, other benefits from placing the four separate activities within the same localities are that families are provided with easy access to all important services they need during pregnancy and the child's first years. *"It should also be a meeting place for*

³ This communicate style is based on an international child development program called the ICDP, which stands for International Child Development Program. It is an educational program aiming at improved interplay between parent and infant.

parents and families”, said one team member, *“we reach out much better this way.”* Furthermore, the joint location allows for spontaneous and informal referral of family cases among professionals. This particularly goes for the medical examiners’ (midwives and district nurses) opportunity to propose parent guidance and family counselling by the social worker to some of the parents they meet, as compared to their previous experiences of collaboration between primary care and social service. The midwife said: *“The greatest advantage, in my work, is that I have the social worker next door. I can take the woman with me and say: ‘You can meet with [name] here.’ And so they sit down and talk.”* Correspondingly, the social worker finds it important to be close to the other, “harmless” activities that almost all families visit. Thereby, support could be introduced at an early stage before social problems have escalated.

Joint concerns are discussed at a weekly team meeting. Here, team members might also bring individual family cases to the fore and confer with each other on how to handle particular problems. The meeting is therefore an important arena for consultation and mutual transfer of knowledge among professionals. Also on team meetings, as well as on regularly held planning days, the team discusses and decides upon future developments. The internal decision making procedure concerning joint issues is hence marked by strive for consensus.

Consequently, there is no common manager for the centre staff. Instead, one of the team members, namely the social worker, acts as a *coordinator*, which involves preparing the agenda for the team’s weekly meetings, writing memos and being the team’s spokesperson in external contacts. Over the years, the coordinator has also been successful in applying for external funding (for instance from the National Board of Health and Welfare and the Swedish National Institute of Public Health), which has made it possible for centre staff to participate in shared educational activities.

Moreover, the coordinator organizes the meetings of the steering committee, which consists of the three managers of the involved parent organisations who are formally accountable for the respective activities at the centre. They are the employers of the centre staff and supply all resources required to run the centre. The committee meets every other month, mainly in order to keep informed with overall centre concerns through the coordinator. As mentioned previously, the professionals run the centre relatively independently, but in case their ideas involve need for some additional funding from their parent organisations (for instance new

furniture), this will be discussed and decided upon in the steering committee. All common running costs (such as rent or coordinator's work) are divided in three equal parts among the parent organisations. This is regulated in a collaboration contract that also stipulates the procedure in case one part wishes to withdraw from the centre.

On average, the social worker sets aside less than one day per week for the coordinating assignment, but it used to be much more during the centre's first years. The lack of a formally appointed leader for the team was experienced very differently by team members as well as among their managers. Generally, the relative "new-comers" (either workers or managers) were more critical towards the informal managerial style, whereas other respondents were very positive towards the coordinator's role. *"We are all very satisfied. I am sure the rest feel the same way. I certainly don't want to be a coordinator!"*, expressed one team member. Furthermore, these respondents did not approve of the idea that the coordinator would act as a manager. *"I have never pictured her as a boss, just somebody uniting us"*, said a nurse. Nevertheless, a comparably new team member reflected: *"In the beginning, I think it would have been valuable with a common manager. Now, I don't think that any of us wants to take on that role."*

In the following sections, the intersecting points between the three logics will be discussed. This discussion will generally be linked to the third and fourth research questions on what characterises the various relationships in figure 1 and to what extent the logics harmonize or diverge.

Spanning the boundary between team and profession

The relationship between the team, i.e. the family care centre as such, and its individual members, i.e. the professional service workers, might firstly be discussed in terms of the effect of team's existence upon each professional's work. Actually, it seems as if *work content changes to very various extent* among professional groups when activities are relocated from parent organisation to the centre.

To begin with social support, the professional role of the service worker had to be considerably modified in the new context: from working with official investigations on third party reports of child abuse and other family problems, the social worker had to establish trust among parents in order for them to voluntarily ask for support and counselling. Consequently,

she also had to generate good collaboration with the other occupational groups at the centre, being dependent upon their informal referral of clients. This has involved the development of new working methods with dialogue as the main instrument.

Also for pre-school teachers, the work content shifted substantially when working at an open kindergarten, where parents accompany their children, as compared to working in ordinary child care, where parents leave their children at the day nursery. At the open kindergarten, the pre-school teachers work at least as much towards the adults as towards the children, or even more. *“It becomes very different”*, said one teacher. *“Something like being a hostess.”*

Turning to child welfare, the service production process is quite unaffected, apart from nurses' cooperation with other professions in the parental groups. Nevertheless, the relocation of child welfare from local health care centre to family care centre involved a big difference in the nurse's total work. Previously, all health care centre nurses attended to all various types of primary care among citizens, whereas they have now specialised on different parts such as child welfare (relocated to the family care centre), diabetes or asthma patients, and home-visits among elderly. So the work of the family care centre nurses has become much more focused on children. Nevertheless, they also work some time at the health care centre every week, attending to general medical issues. This is because the primary care manager insists on them being able to attend to all types of primary nursing care during vacations, when the family care centre is closed.

All professionals involved in these modified or specialised activities show considerable satisfaction with their new working conditions: it is both more personally rewarding and also provides a higher competence in service production.

Maternity care, finally, is the activity that seems to have undergone the least changes when moving from the local health care centre to a family care centre. The process of examining pregnant women is performed in the same manner as before. Still, some cooperative elements have been added to the midwife's work, such as joint parental groups and easy referral to social support.

The relationship between team and profession could also be analysed in terms of *the demands that the respective logic places upon the individual*. The team logic thus expects members to

take an active part in joint assignments at the centre, initiate developmental ideas that furthers the team's accomplishments and, overall, promote the common good instead of only one's own sphere of responsibility. The professional logic, on the other hand, expects the individual to perform the particular activity with high service quality and take initiative to develop services to the particular target group. The pre-school teachers, for instance, have studied new painting techniques and introduced these into the kindergarten. And working in a medical profession, such as nursing care, implies that you keep up with medical discoveries and new work methods. Therefore, nurses participate in weekly meetings with their professional group at the local health care centre, where they discuss profession specific issues (and the other team members have similar arrangements).

Spending time on weekly meetings, planning days, parental groups etc. imposes additional work load on the individual. Apart from the coordinator, these activities must be performed within ordinary hours of work. The extent to which the individual's daily work could be adjusted to embrace team demands varies, however, between professions. Two of the activities, namely maternity care and child welfare, are to a large extent regulated by national medical examination programs for pregnant women and pre-school children, respectively. The degree of flexibility in the service production process is hence limited. This is different from both open kindergarten and social support where professionals have been able to develop activities successively according to their own ideas as well as the available hours. Furthermore, in case the respective activities need to close down, for instance when all team members take a day off for joint planning, the pre-school teachers simply shut the open kindergarten that day, whereas the other professionals must reassign their visitors to another work day. So the prospects for professionals to uphold the team logic vary. When asked how cooperation with other professionals is working, the midwife replied: *"You do not have so much contact, really, apart from the weekly meetings. [---] I hardly have time to drink coffee with the others. That is the problem. My coffee breaks are usually taken up by work. After all, we deal with people. You can't just send them away."* The profession's internal production logic hence diverges – more or less – in relation to team logic.

To conclude, the professional logic holds a firm grip on the individual and team members mainly orient themselves towards their particular activity. Nevertheless, the team logic seems to have made considerable progress in the minds of centre employees, in that all show apparent enthusiasm towards the overall centre ideas and also in the widespread perception that

other centre activities support one's own. So there are both diverging and harmonizing elements of the relationship between team and professional logic.

Spanning the boundary between organisation and team

The relationship between the organisation (or, rather, the three involved parent organisations) and the team is not as manifest in the individual's daily work as the previous relationship. The team as a unit has very limited interaction with the steering committee since only the coordinator meets the committee on a regular basis. Some respondents could actually not name all steering committee members and they generally perceive of themselves as working independently of their parent organisations.

Managers also experienced this independence, and they attributed this to the strong personal commitment of team members that made their intervention unwarranted – and not even welcome by the team. As one manager put it: *“The team has a very clear vision of what they want to do, and the role of the steering committee has mostly been to confirm that this is ok. [- -] And I am not sure that it would have fallen into good ground if we had intervened more than we do today.”* Managers do feel, however, that the team might become too dissociated from the rest of the parent organisation. One said: *“The centre must not become an isolated island”*. Actually, the linkages between team centre activities and the remaining activities in the respective organisation are quite weak. Firstly, the physical distance between the family care centre, which is located in an ordinary block of flats within the community centre, and the respective parent organisation raises a barrier towards communication. *“We are never at the school department office”*, explains one pre-school teacher, *“except if we have to deliver some paper or something”*. Secondly, the centre service production processes are very much disconnected from the rest of the organisation's endeavours. One nurse said: *“I think we do a lot of things here that they [at the primary health care centre] don't know anything about.”*

Nevertheless, some interaction does take place between team activities and other organisational undertakings, for instance when the social worker helps to introduce a family to the social service department to handle a need for more formalised social support (since she is not granted exercise of authority), or when the midwife refers patients to the primary care centre for physician treatment. Furthermore, the medical program in child welfare includes a number of physician examinations, and so a doctor from the health care centre regularly comes to the family care centre to perform these examinations.

Even though direct interaction between organisation and team is limited, the parent organisation might still have a substantial, indirect effect upon team endeavours. Firstly, considerable organisational support was obviously required in order to open the family care centre in the first place. One manager recalled that: *“There was total agreement politically. I have never experience something similar. [---] We just put our money-bags together and that was that!”* Furthermore, in two of the organisations, an internal reorganisation of work was required in order to move some assignments to another locality. At the social service department, a specialisation of work tasks was necessary in order for the social worker at the family care centre to focus entirely on preventive work and counselling, which formerly had been distributed among all social workers. The social service manager explained that this specialisation meant that *“the easy and fun part of work disappeared [for the remaining social workers] and only the difficult cases were left”*. An analogous specialisation at the health care centre probably received satisfaction among all nurses. One child welfare nurse said: *“Obviously, I have become much better on child welfare than I was previously, when I should attend to everything, in a total mess, the way it is at a health care centre.”* And the other nurses don’t regret the loss of child welfare: *“I think they are well aware that it is not good to run everything together.”*

Obviously, the team is dependent upon persistent support from the parent organisations in order to survive and prosper. Furthermore, the existence of a boundary-spanning team is by respondents considered to support the preservation of those activities at the centre that are not prescribed by law. This particularly goes for open kindergarten, which is a voluntary undertaking that actually has been closed down in many other Swedish communities. But here, open kindergarten is part of a very appreciated family care centre and it can’t be closed down without a cancellation of the cooperation contract between municipality and county council.

On the other hand, the parent organisation also makes decision from an internal organisational point of view that could be add odds with team logic. From a managerial perspective, the particular activity at the centre, for which the parent organisation is responsible, is a regular part of the whole and so the same work conditions, financial restrictions etc. should apply here as well as elsewhere in the organisation. Moreover, there is no joint official plan or annual report for the whole centre. Strategic and budgetary decisions are thus integrated with the parent organisation rather than with the rest of the family care centre’s operations. As a result, some

centre employees have received additional assignments from their parent organisation or have had a reduction in their working hours at the centre. In the last primary care budgetary process, for instance, nurses' working-hours at the centre were reduced in favour of more time each week at the health care centre. This managerial decision caused irritation among centre employees. The coordinator said: "*Child welfare had a reduction in working hours of service here without us being involved in any way in the process, and this disrupted our common planning in parental groups. [---] I have brought this up in the steering committee, that we must somehow be involved.*" But the other managers defended the primary care manager's right to decide over his organisation. "*I can see that [name] makes decisions that negatively affect the family care centre*", said one manager, "*but I don't control his decisions. I have to accept his reality.*" But the team lives such a sheltered life that they do not see the whole picture, she argued.

So according to the organisational logic, centre activities are handled separately as part of each manager's sphere of responsibility. According to the team logic, on the other hand, the centre represents a unique whole that requires special attention and extra resources. The team has previously been successful in receiving external funding for various projects, but the coordinator foresees that this will be more difficult in the future: "*Then the situation will come when we will have to discuss with our managers whether they are able to contribute to our future competence development.*" According to managers, however, there is not much more money to collect from the organisation. The centre employees are already favoured, they mean, and argue that the team has got used to having extra money and therefore expects this to continue. Budgetary restrictions in the parent organisations compared to team expectations might hence cause a divergence of logics.

To conclude, the organisational logic, as represented by the parent organisations' managers, is weak in relation to the team logic in daily operations of the family care centre and, generally, the logics harmonize in terms of supporting centre mission and survival. If, however, the logics do diverge in particular situations, the organisational logic will prevail.

Spanning the boundary between organisation and profession

The relationship between individual team members and parent organisation is characterized by distance, similar to the previous relationship, however the organisation has slightly more direct involvement in the individual professional's undertaking than in the centre as a whole.

Being the formal employer, the manager has the responsibility to supervise the employee and also to supply acceptable working conditions, which becomes complicated when they cannot meet on a daily or spontaneous basis. The managers seem to consider the physical distance between their working site and the family care centre a disadvantage for keeping informed about the employee's situation. *"That is the dilemma with this kind of unit that is so close and yet so far away"*, said one manager. *"I cannot keep the same kind of dialogue as with other parts of the organisation."* Another manager pointed out that *"distance leadership"* becomes very different from ordinary leadership. Particularly, it requires trust from the point of view of the manager and independence from the point of view of the employee.

The centre employees, on the other hand, seemed generally satisfied with the interaction with their manager. *"He is never further away than a cell phone call"*, said one primary care employee. Instead, most team members experienced their parent organisation to set up too far-reaching expectations on interaction. The organisational logic not only implies that the professional performs her duties in a satisfying way but also that she keeps informed on organisational matters by participating in staff meetings at the parent organisation. This doubling of staff meetings obviously requires extra time and effort.

From the point of view of the professional, the expectations of the employee upon the organisation is to continue working independently and professionally, which generally is in accordance with the organisational logic. Still, the professional also expects the organisation to provide profession specific competence development, since the potential to interact with other members of one's own occupational group is higher in the organisational context than in the family care centre. Accordingly, social worker, midwife and nurses have access to forum where intra-professional issues could be ventilated. In contrast, the pre-school teachers have little interaction with others in their professions since the organisational structure of the school department means that they rarely meet other pre-school teachers. *"We regret the contact with other pre-school teachers. We would like to be called to their meetings sometimes. [---] But it has just happened once, I think. They forget about us."* A more intense interaction with the parent organisation hence seems to be a requisite for professional development.

The organisational logic and the professional logic hence seem, perhaps a bit surprisingly, to overlap to a certain extent, i.e. the strengthening of one logic also supports the other. Never-

theless, the logics might also diverge when organisational vs. individual expectations on interaction with organisational co-workers differ.

Individual identification with logics

In the preceding sections, we discussed the interaction between team, parent organisation and individual professional, as well as the relation between the accompanying logics. Next, we will draw particular attention to the individual's attachment to these alternative logics as part of their social identification processes at work. This discussion will be related to the research question on how the individual copes with the being in the middle of the three separate logics.

To begin with how the individual service worker relates to the team logic, this connection seems to be strong among all team members – particularly in a rhetorical sense. As the individual has voluntarily chosen to work at this boundary-spanning site, and been actively involved in the successive development of team activities, team commitment is high. In practice, though, the application of the team logic in one's daily operations is not necessarily very visible; rather, most of the working hours are spent on assignments that are performed independently of other activities.

Furthermore, it seems as if it *takes time* for the individual to anchor to the team logic. This logic adds on novel expectations on the individual professional and so a longer affiliation with the team is related to a stronger identification. Still, restraints to participate in team activities placed upon the individual by the organisational and professional logics run the risk to hamper the anchoring process.

The attachment to the organisational logic, secondly, varies among individual team members but is generally lower than towards the team logic. The direct interaction between the individual and the organisation is limited and, furthermore, most centre employees have actively chosen to work outside the parent organisation's ordinary locations. Therefore, there is little prospect for the individual to anchor to the organisational logic. Still, the individual regularly has to *submit* to this organisational logic, whether one approves of it or not (cf. previous discussion).

The professional logic, finally, is the one which is still most highly valued among team members, *even* among those who are most committed to the team. Individual identification at work

is based on one's occupation in a self-evident way. The professionals hardly call their area of expertise in question; instead, they generally emphasise that others could not perform their particular assignments. "What I reflect upon is how to develop *my* activity", said one team member when asked about the centre's future development. This non-questioned professional outlook also means that centre employees are very careful about stepping into others' area of competence. For example, one pre-school teacher showed an interest to assist the midwife when she meets groups of young people for contraceptive counselling, but the teacher did not want to intrude into the midwife's professional area. Actually, it would seem as if the professional logic is *strengthened* in an interdisciplinary team context where there are no (or very few) colleagues that are able to replace you.

To conclude, the individual team member's way to handle the three distinct logics in the boundary-spanning team context descends from a strong and taken-for-granted identification with the professional logic *in combination* with an explicitly acquired commitment to team logic ideals. Seemingly, a high professional logic is hence not necessarily an obstacle to pursuing high team logic, however, it requires certain openness towards alternative professional viewpoints and also favourable production process conditions. The organisational logic is the least obvious one in the individual's identification processes, particularly as persistent interaction with team replaces interaction with the parent organisation. To some extent, then, the team and the organisational logics appear to be communicating vessels as the individual trades one type of logic for the other.

Discussion

Now it is time to discuss the overall (yet preliminary) findings of the case study on how inter-organisational team work could be organised and managed and how the individual service worker relates to the three logics involved. The findings will be supplemented by further case studies.

The organising of the interorganisational team work concerns both the separate services produced and the coordination between them. In the empirical case investigated here, the characteristics of the respective activities involved in the centre varied quite a lot and in addition to this variation, the processes were also marked by all activities being well-established and having specific sets of work procedures and professional norms. Therefore, the professional logic is dominating in daily service production processes. Actually, *the professional*

logic is further strengthened in an interorganisational team context, since the individual here has to defend his/her area of expertise against other professions with whom one has more interaction than in traditional settings, in combination with an absence (or scarcity) of co-workers from the same occupational group.

Furthermore, a reorganisation within the parent organisation could in some situation be required in order for one organisational activity to be separated from the others and moved to the team's location, which also provides an opportunity to promote professional service quality ideals. In connection to this, case study findings suggest – perhaps somewhat paradoxically – that *professional specialisation could be a requisite for integration*.

In order for the interorganisational team to accomplish its collaborative ideals the involved professionals must also find ways to coordinate their activities. Due to high professional discretion in service production, this collaboration will be dependent upon well-functioning personal interaction that promotes the development of team logic among individual service workers. In the case under study here, team members had developed routines for informal referral and consultation. Even though this type of cooperation is not a very advanced one (cf. Westrin, 1986), it still contributes to boundary-spanning integration. Additionally, there are some important “*boundary platforms*” available for the team, such as coordinator's work, weekly team meetings and, most importantly, joint parental groups.

Turning to the issue of **how the team is managed**, it very much appears as a self-directive unit with little guidance and limited overall control by the parent organisations. The three involved managers are responsible for just one part each of the team's operations, which increases the professional's scope of action even more, as compared to activities being performed within the organisation's locations. Team autonomy leads to a loose connection between team activities and the respective parent organisation's other activities – indeed, this loose connection suggests that *boundary-spanning attempts will create new boundaries* as the interorganisational team is disconnected from its parent organisations.

Turning to the issue on **how the individual service worker copes with the three logics involved in the interorganisational team work**, the findings suggest that the professional holds on the established, taken-for-granted identification with his/her professional logic. This identification gives the professional a backbone for daily service production *regardless of*

whether it takes place within organisational boundaries or in an interorganisational setting. In addition to this identification, however, the team might actively create a team logic *provided* that the respective service production processes allow for flexibility and persistent interaction among team members. Furthermore, the individual must recognize the benefits of the team logic for one's own professional activity – *if* logics are considered to diverge, the professional logic will prevail.

Since development and preservation of a team logic requires personal interaction, this interaction will substitute for organisation bound interaction and the individual's identification with the organisational logic is successively reduced. On the other hand, the strength of the organisational logic is not purely dependent upon individual identification. Occasionally, the organisation might look narrowly at its own responsibilities and restrictions without considering team interests as a whole. When logics thus diverge, the organisational logic has its own compulsory strength and will take precedence above both team ambitions and professional service ideals.

To conclude, the setting up of an interorganisational team must be followed by the development of a team logic or else the expected benefits will pass by unexploited. When divergent views are carried to the extreme, however, the team logic becomes vulnerable to both professional service ambitions and to organisational interventions. The team becomes a contradiction in terms.

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