

Renewing Occupational Cultures - Bridging Boundaries in Learning Spaces
Satu Kalliola and Risto Nakari
Work Research Centre, University of Tampere

Abstract

Professional bureaucracies of the Finnish municipal services are challenged by many modernization pressures manifested currently in the form of New Public Management. Along with efficiency demands the new emphasis is on the provision of client-oriented services by the means of multi-professional teamwork crossing the traditional sector boundaries. This paper analyses the learning processes needed when representatives of different professional and other occupational cultures start cooperation.

The participants of the research are professionals taking care of the elderly: in a small rural municipality the social and health care staff plan joint home care services and in a city, where a joint home care unit is already established, the professional collaboration is extended towards theatre, art exhibitions and other cultural services. In both cases the researchers invited the professionals to have future oriented discussions on joint dialogue forums. In the analysis of the proceedings the forums were conceptualized as 'learning spaces' and the differences in professional cultures as 'thresholds'.

The results of the analysis point out how the professional cultural confrontation between the social and health sector was more severe (the thresholds were higher) than between the home care staff and the cultural sector professionals. The paper suggests that the dialogue method facilitates learning and crossing the professional cultural boundaries if all participants themselves let this happen and secure that the results of the dialogues will be turned into concrete actions.

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Introduction

Municipal Services in Finland – Professional Bureaucracy in Transition as a Learning Challenge

In Finland, municipal health, education, social and cultural services are provided by highly qualified members of professional and other occupational groups, like medical doctors, teachers, social workers and librarians. The formal qualification standards of the staff are likewise high. Correspondingly, municipal service organizations are divided along the lines of the professional and other occupational groups, which form sectoral bureaucracies following the tradition of Weber (1972, 556–578). Mintzberg (1979, 335–378) writes in the connection of the professional and other occupational groups about professional bureaucracy, in which the prime coordinating mechanism of an organization is the standardization of skills (see also Imants, 2002). It is a model of professionalism that is rooted in the growth of a scientific knowledge base, and it has mapped the professional standards of practice. Thus it differs from Weber's ideal type of bureaucracy, within which the core idea is the standardization of work processes. The autonomy guaranteed to various professional and other occupational groups by professional bureaucracy also produces horizontal job specialization and tensions to the cooperation between the professional and other occupational groups (*ibid.* 363).

Many reforms have been launched to modernize the public services, for example Management by Objectives and Management by Results, which transformed professional bureaucracies into profit centers. Lately various forms of New Public Management, characterized by managerialism, have gained favor. The trend is the same in other western countries (Naschold 1995).

Since 1991, the municipal labor market organizations and university researchers have cooperated in service modernization programs aiming to promote both the quality of working life of the municipal staff and the performance of the service organizations. These public sector modernization initiatives apply communicative and participatory action research (Gustavsen 1991). Since 1995, these activities have been carried out in form of a Quality Network (Kalliola & Nakari 1999).

The latest outside pressures, including a pursuit to genuine client-oriented services and criticism over excessively institutionalized cultural services, have led, among other things, to the emergence of new initiatives, including multi-professional teamwork and other forms of intense cooperation over sector boundaries. These cross-sector encounters contest the results of the earlier learning processes, taken place in formal education or by learning at work. The municipal professionals face a new challenge: they have to learn to extend collegial collaboration, adopted among their initial education phase, to cover also members of other professions. This learning challenge, aiming to facilitate the client-oriented multi-professional teamwork, has been also one of the foci of the researchers of Quality Network.

The Aims

This study aims to describe and analyze the learning processes needed, when members of different professional and other occupational groups start building novel cooperation in the pursuit of client-oriented services. From the point of view of educational research, our research focuses on the

pressures, caused by the working life, and on the possibilities to change the outcomes of educational processes. This focus will sift towards the need for lifelong learning where the work based learning processes are of initial importance. So, we concentrate on social and cultural change in organizations where process approach and organizational learning perspective are central (Little 2002, Imants 2002, 730-731). As our main emphasis will be on the new challenging learning environments, caused by multi professional team work, we have to start our research efforts by defining a theoretical framework suitable to be used in analyzing the possibilities to cross organizational cultural borders.

Looking for Analytical Tools: Reframing Organizational and Occupational Cultures from a Learning Approach

In the conceptualization of organizational culture, we follow Smirchic (1983): instead of seeing organizations as having cultures, we see organizations as being cultures. According to Smirchic, organizations are cultures connected to the environment making the culture possible. Smirchic, in accordance with the other cognitively oriented researchers of organizational culture (e.g. Schein 1985), depicts organizational culture as consisting of different, interconnected levels. Schein (1985, 13–21) divides culture into three levels: 1) basic assumptions, 2) values, and 3) artifacts. For him, the basic assumptions are the essence of culture. Values and artifacts are only the perceived manifestations of the cultural essence. Schein's perspective is close to what Lave and Wenger introduced as the concept of community of practice to describe socially situated learning (Lave & Wenger 1991, 98). A community of practice is an entity that maintains and reproduces social stocks of knowledge. The importance of communities of practice for learning is that socialization into specific cultural practice occurs through participation. Lave and Wenger – also Wenger 1998 – mainly studied communities of practice from the point of view of socialization in a given cultural practice.

The specific knowledge of the representatives of municipal occupations grants them a great degree of autonomy at work and creates separate occupational communities. The occupational communities are bonded together by the same type of work, involving values, norms, identities, and shared meanings (in Schein: basic assumptions), which give rise to occupational cultures (Van Maanen & Barley 1984; Barley 1983). As the separate occupational cultures differ from each other according to different meaning structures, the critical task of the management is to build and to maintain a sustainable system of shared meanings in the organization as a whole.

To shed light on the tensions between the organizational sub-cultures and the possibilities to bridge cultural boundaries, some analytical tools are needed. We use the concepts of space and threshold.

Following Lefebvre (1998), Hernes (2004a-b) draws a threefold categorization between mental, social, and physical boundaries. Mental boundaries relate to the bounding of the core ideas and concepts that are central and particular to the group of organization and are circumscribed by boundaries reflecting the outer limits of sense making. Social boundaries largely form through social bonding between people and they relate to identity and social bonding tying the group or organization together. The interpretation by Hernes of physical boundaries relies actually more on Scott's (1995) ideas on regulative realms of organizations than on Lefebvre's thinking. According to Hernes, physical boundaries relate to formal rules and physical structures regulating human action and interaction.

We agree with Hernes (2004b) on that boundary setting is intrinsic to the very process of organizing. Actually organization evolves through processes of boundary setting, which in turn is connected to the spheres of organizational and occupational cultures. Our focus will be on the influence of the boundaries on the dynamics of space. In this we will need the concept of threshold,

which according to Hernes (2004b, 81) defines the extent to which boundaries regulate flow or movement between the external and the internal spheres.

Hernes's definition of threshold covers mental, social and physical boundaries, which in the more classic approach by Scott (1995) are named as cognitive, normative and regulative boundaries. In the mental/cognitive spheres, the threshold consists of to what extent the outsiders can assimilate core ideas and concepts; in social/normative spheres, to what extent it is possible for outsiders to be considered full members of the group; and, in physical/regulative spheres; to what extent formal structures hinder the recruitment of outsiders. All these threshold conceptualizations are appropriate in the context of professional and organizational cultures as defined above by Smirchic (1985) and Van Maanen & Barley (1984). The basic idea to be used in our study is that the boundaries reflect the substance of the space circumscribed by it (Hernes 2004b).

Methods

Action Research Interventions

Our vantage point is that without any deliberate effort the separate occupational cultures guide the municipal service sectors tend to continue their activities separately. As action research interventions, special interactive forums called development organizations have been built to facilitate the cooperative processes. Multi-professional and multi-hierarchical project groups, steering groups and special dialogue conferences are examples of development organizations where all the involved are expected to communicate freely. These forums will offer the participants a learning space that will allow them to reflect on their past experiences and the future visions of their work.

This type of action research setting relies on the idea of Democratic Dialogue (Gustavsen 1991; 2001), which values the work experience of every staff member. In the following, one of the latest versions of the rules of Democratic Dialogue will be presented (Gustavsen 2001, 18–19):

1. Dialogue is based on a principle of give and take, not on one way communication.
2. All concerned by the issue under discussion should have the possibility of participating.
3. Participants are under an obligation to help other participants be active in the dialogue.
4. All participants have the same status in the dialogue arenas.
5. Work experience is the point of departure for participation.
6. Some of the experience the participant has when entering the dialogue must be seen as relevant.
7. It must be possible for all participants to gain an understanding of the topics under discussion.
8. An argument can be rejected only after an investigation (and not, for instance, on the grounds, that it emanates out of a source with limited legitimacy).
9. All arguments that are to enter the dialogue must be presented by actors present.
10. All participants are obliged to accept that other participants may have arguments better than their own.
11. Among the issues that can be made subject to discussion are the ordinary work roles of the participants – no one is exempt from such a discussion.
12. The dialogue should be able to integrate a growing degree of disagreement.
13. The dialogue should continuously generate decisions that provide a platform for joint action.

The participants of the Finnish municipal Quality Network appreciate the work of Gustavsen, but do not agree on all of it. For example, Gustavsen and his followers insist almost normatively that it is not possible to conduct Democratic Dialogue in regular organizations because of their hierarchic nature. This means that a special development organization must always be established (Gustavsen et al. 1996). However, the emphasis is only on the communication, not on the issue of organizational power. This in turn results in a situation in which vivid discussions take place, but

communication does not turn into action, although the practical outcome is emphasized by Rule 13 (a reference for joint action). In addition to the metaphor of an agreement in differing opinions, the practical outcomes of action research interventions may be considered as resulting from learning.

Differing from Gustavsen, who sees the potential for change primarily in the correct conduct of the development method (Gustavsen et al. 1996, 54–62), the Finnish municipal version has two types of solutions for the tension between communication and action. Special attention has been paid to the representation of all stakeholders and to when the municipalities elect or appoint the members for the various development organizations. The involvement of decision-making authorities, politically elected municipal trustees, top management and the representatives from trade unions is recommended. Another type of solution is to bring the idea of Democratic Dialogue, together with the idea of an organization that is capable to learn and to modify itself, to the regular service production organization. In both cases, the development organizations are encouraged also to involve clients and other citizens to plan the new services.

Our approach towards the possibility of social and cultural change is thus closer to Lewin's (1952) theory of change than to Gustavsen's action research theory. Actually, Lewin's ideas have given rise also to some dialogue based methods for learning and organizational change also in Anglo-Saxon context (Weisbord et al.1992; Emery 1999).

The Participants and the Data of the Study: Analyzing Action Research Interventions

Action research projects offer rich possibilities for data gathering. This is often directly linked to interventions which will produce many kinds of data, including diagnostic and evaluation surveys and interviews, memos of the Dialogue Conferences and other development forums, official documents, progress and final reports, and the researchers' field diaries. The versatile data offers also many possibilities for the analysis.

But the use of the created theoretical framework (relying on the concepts of 'learning space' as an equivalent to a dialogue forum offering learning possibilities and 'threshold' as an equivalent to obstacles hindering learning) the article reports on two recent cases of Quality Network. The first one comes from a small rural municipality and the second one from a medium-sized city. The clients of the municipal staff are the elderly in the both cases. The professional and occupational groups trying to find a common ground come from social, health and cultural services. In the following two versions of interventions and qualitative data analysis will be presented as change narratives (Engeström, 1995).

The Results

Change Narrative from Case 1: The issue of occupational prestige in the care of the elderly

Clinical nursing and social caring in the rank order of occupations

A small rural municipality had followed the common trend in Finland to organize the care of the elderly as a profit center, which was a part of the social sector. A need was recognized to continue the re-organization of the services of the senior citizens. A municipal board decision was achieved to launch a similar multi-professional team-building project that was conducted in the neighboring town (Kalliola 2003). The official aim was to improve both the quality and the effectiveness of the home care services by intensified cooperation and coordination between the home care staff of the social sector and the health center. This was supposed to take place by establishing home care teams with enough autonomy to be able to plan their own work. Client orientation was to be the guiding light to be achieved by assigning to each team a permanent area-based clientele.

In this rural municipality, the nurses and assistant nurses providing home care services for the elderly belonged to the health center staff under a joint municipal authority. They had undergone a proper education and later specialized in the care of cancer patients, patients with mental health problems, or home care. Their organizational cultural orientation was that of a medical professional. Laws and statutes grant them a privileged position to take care of the sick by the help of medication.

On the other hand, the history of social sector home care work dates back to the 1930s, when voluntary, nongovernmental organizations started to offer home services to families in distress due to the sickness of the mother or the abundance of children. In the 1950s and 1960s, the public sector started to cover the cost of this special service that was a combination of being a housekeeper, a nanny, a cook and a cleaning lady, and qualifying education was organized. Later, when the numbers of the elderly grew, along the still growing mean age, a new training course was started to give qualifications to help the senior citizens, and also the handicapped, in the activities of daily living. (Simonen 1990.) Sometimes the older clients called them “municipal cleaners”. Since then the education system has been renewed once more and there is a joint qualifying education program suitable for both the vacancies of assistant nurses and care workers.

The backgrounds and histories of the two organizational cultures tend to lead to two types of confrontations. The first one concentrates around the ways to perceive a client, in this case an elderly person. The social sector workers have always taken pride in the personal care they provide for their clients. Therefore, there could be seen a confrontation between the clinical, sometimes also technical, medical science based nursing and the other type of care, emphasizing social relationships and personal touch. Another confrontation is related to the status of the prestige of professional and other occupations. In a recent study conducted by Svensson (2005) in Sweden, out of 100 occupations, the ranking position of medical doctors (physicians) was 2, after lawyers, and that of nurses (registered nurses) 48, social work professionals 61, assistant nurses (nurse aids) 78, care workers 87, and cleaners 98. According to the author, repeated international studies in industrial studies have demonstrated a high degree of stability in the rank order of the occupations. There is no reason to doubt that this hierarchy would not actually exist also in Finland.

The interventions and the practical outcome

In the planning of the interventions, a special emphasis was put on the actual possibilities for the two organizational cultures to meet. During the time period from February 2001 to January 2004 the development process progressed via several, partly overlapping interventions:

1. Getting to know Quality Network and mapping out the expectations
2. An Umbrella Project: A Learning Network of Six Municipalities
3. Supporting Training
4. The Local Quality Project:
 - Launching Seminar
 - Interviews on the earlier project history
 - Steering Group, involving the researcher, 12 meetings
 - Joint Workplace Forum for the both staffs, 8 meetings
 - Team Pilot with Client Feedback
 - Dialogue Conference “The Future of Successful Home Care”
 - The evaluation of the impact of the project among home care team members and steering group, a semi-structured questionnaire.
 - Closing Seminar
5. Research Report.

The interventions may not be only interventions if they succeed to bring forth something that the participants value also in the future. In the Closing Seminar, the manager of the care of the elderly presented a chart pointing out how many of the interventions had turned out to become part of a permanent development structure. The staff confirmed that they as well were committed to the following organizational picture:

1. The multi-professional, semi-autonomous, teams will survive.

The municipal board had made the teams as a permanent part of the official organization of the care of the elderly profit center and delegated them a certain authority to organize their weekly timetables and make decisions concerning the care of their clients according to individual service plans.

The staff will keep the teams alive by regular team meetings and coordination meetings with other teams.

2. The Dialogue Conference will take a form of a yearly Old Age Forum, where the current issues will be discussed and the modifications of the municipal strategy for the care of the elderly will be made in cooperation with the representatives of all the stakeholders.

3. The client orientation will survive - partly by the practices of the teamwork itself and partly by a regular collection and use of client feedback.

(Closing Seminar Program Documents, 26 November 2003.)

All the forums mentioned above contribute to the continuous evaluation of the needs of the clients and the abilities of the organization to respond to those needs. The forums allow joint sense-making processes and reflection on the necessary steps to improve the services. As a practical result of the project, the organization of the care of the elderly was emerging towards one type of learning organization, where one of the core elements producing change are dialogues that in turn contribute to joint actions between participants.

How were the practical results achieved?

In the absence of Democratic Dialogue. The two basic principles of Quality Network projects are that the rules of Democratic Dialogue are followed at every stage of the development process and that the projects are started from scratch. During the communication processes, the visions and practical action emerge as a result of joint reflections. This is one of the main reasons that appeals to the staff used to getting told what to do.

To the surprise of everyone else, the manager of the care of the elderly presented an almost finalized plan with divisions of population centers and villages between three teams, which also meant the assignment of the clientele between teams. The other steering group members, including the researcher, were prepared only to start a process resembling the one taken place in the neighboring town, where the teams were really self-designed. (Steering Group Memo and the Researcher's Diary, 3 October 2001). This unfortunate turn almost ruined the atmosphere also in the Workplace Forums, where the staff tried to rethink the matter all over again, but could make only minor modifications in the plans (Workplace Forum Memo, 23 October 2001).

Then, still another unfortunate turn was to occur. In the spring 2002, a draft version of a new municipal strategy for the care of the elderly was introduced, including a proposal for the political decision makers to the joint municipal authority to move the nurses and assistant nurses providing home care from the health center staff to the social sector staff (The Strategy Document, p. 7). The

top managers had written the document by themselves, without hearing the parties involved. Both the steering group and the joint workplace forum protested the way in which the document had been produced in a situation where a project involving Democratic Dialogue was in the process. The very conflicted situation was calmed a bit after the upper municipal officials established a task force to evaluate the advantages and disadvantages of the planned staff maneuver (Steering Group Memo, 28 October 2002). The steering group returned to plan the team organization, but the mutual trust was never regained. All the members of the steering group seemed to think that the manager continued to carry out her own agenda, raising resistance among the health staff and silence among the social sector staff. Imants (2002) has got similar results in a case where a structural reform did not succeed and instead, a social and cultural approach is recommended.

As the top management of the care of the elderly did not seem to show proper respect for the basic ideas of the project that had aroused hopes for an egalitarian and less hierarchic manner to progress towards a new type of organization, the meetings of the steering group and the joint workplace forums did not reach their aims as learning spaces between the two care sectors. Actually, the impact of the failure of Democratic Dialogue on the thresholds between the two sectors was ambiguous. The social sector staff seemed to respond positively to the cooperation challenge and they lowered all the thresholds: they were eager to learn from the health sector (mental/cognitive space), they had no obstacles to accept the health care staff as full members of the teams in the making (social/normative space) and they had no formal hindrances to recruit health professionals also for permanent posts in the home care profit center.

The other party of the cooperation, the health sector staff found themselves in a situation where they were obligated to give their ideas into the use of the social sector (mental/cognitive space), they felt pressure to adopt the positions and roles of full members of it (social/normative space), and further, they were obligated to stay there by strategic plans and formal decision making (physical/regulatory space). (Hernes 2004 a-b; Scott 1995) From their point of view, all three types of boundary setting repressed their own professional culture, which led to a growing resistance. In the approach adopted by Smirchic (1983), resistance is justified, or at least reasonable. When an organization is seen as a culture, the members of organizations carry that culture, and people just cannot give up their basic assumptions and values by administrative decisions.

The open questions in the project impact evaluation questionnaire (targeted to the steering group and to all the team members in August 2003) shed light on the absence of democratic dialogue. The role of the top management in taking over the project was criticized. Also self-criticism was practiced: people felt that they had not taken a full advantage of the discussion forums.

Sometimes I feel that somebody dictates the decisions. (Steering group member and team member A)

There has been too little discussion. According to my mind, opinions on paper are not as valuable as those spoken aloud and those that have been heard. The dialogue has been missing = Openness has been missing. (Steering group member and team member B)

Besides the rough manner of introducing the planned organizational change, there were other reasons for the health sector staff to resist the change. They appealed to the lack of proper professional mentoring under the social sector supervision, which made their work in the semi-autonomous teams too responsible. Also, they expressed a threat of becoming secluded from the information channels of the health center and feared that the daily routines with the hospital laboratory and contacts with the medical doctors would be deteriorated. (Joint Workplace Forum, 21 November 2002) The health sector staff felt safe to express their worries, based on their profession, up to the differing educational backgrounds and to the practical difficulties in conducting the daily work; the differing prestige positions of the two sectors of home care were never mentioned.

Democratic Dialogue Regained. The project had lost its potential to lower the thresholds between health and social sector workers at the levels of the steering group and the joint workplace forum. It was obvious that the nurses and the assistant nurses did not want to be drawn into the same realm of the social sector. However, they could not avoid it in the planning of their work in teams.

Comments after one month of team work

Cooperation between the social sector home care workers and the nurses

It has been a general comment that the cooperation has proceeded well. Yet improvements will be needed especially in organizing the morning care. It would be best that whoever is the first one in the morning that she would attend to as many morning tasks as possible, i.e. to check that the medication is okay; to cook and serve breakfast, to make the bed and to help in dressing.

(Memo, Joint Workplace Forum, 7 March 2002)

The issue of cooperation would mean that the tasks of the home care personnel would be modified to both directions: the nurses would make oatmeal in the morning and the social sector staff could administer medication, providing that they had taken qualifying courses, certified by health authorities. This would mean, that the project would meet its basic aim to find ways to be responsive to the needs of the elderly in an effective way by combining and coordinating both the knowledge base and the working time of two occupational groups. The new work approach contributed positively to the work contents of both occupations and offered possibilities to cope with difficult issues like the lack of time.

The teams have had a positive impact on the contents of the work. /.../ It is easier to take care of a smaller group of clients than earlier. It is easier to be a professional. (Team member A)

The team work has gone fine and it has decreased the overlapping work of the assistant nurses and the care workers. (Team member B).

The team data points out also how the social sector care workers were a more receiving party in this multi-professional process. It seems that the leveling of all the three thresholds was easier from the side that was lower in the rank order of the occupations (Svensson 2005).

The teams got started fine. The cooperation with the nurses increased. (Steering group and team member C)

The care of the elderly and especially the part of the social sector has all the time (during the team project) taken steps towards better direction; towards a more client-oriented service. (Steering group member and team member D)

As a whole, concrete teamwork offered both staff possibilities to find their place as acknowledged professionals. The knowledge and skills of all of them were necessary. The participants had found a way to cooperate without losing their occupational identity.

My own skills and knowledge have seemed sensible. I can see the impact of my work and there is a good working climate. (Team member C)

When the first experiences with teams were raised in a Dialogue Conference, the project got back some of its potential. The comprehensive involvement of participants was noted also by the local newspaper that covered the event as well as the project history the very next day. The final decision of the employer of the nurses and assistant nurses became a difficult political process that was not completed during the project.

Change Narrative from Case 2: Cultural Services Tied to the Care of the Elderly

The care of the elderly in the Case City has an over ten-year history of development work (since 1995) based on Democratic Dialogue. The starting point for this latest project (“The Development of Cultural Work Competencies in the Care of the Elderly 2004–2005”) was the city strategy for the

care of the elderly, which aims “to provide for the senior citizens an independent life at their homes, a possibility to influence on and to participate in recreational and cultural activities and, when in need, rightly timed care and nursing services”. At this level the aim was a client-oriented service system that would improve both the productivity of the municipal work and the wellbeing of the staff. The project was connected to the strategic vision of the city of becoming “The Center of Wellbeing in Europe”.

The representatives of the city culture sector and of the care of the elderly shared a view that it is not primarily important to produce new cultural services for senior citizens (the elderly as consumers of culture). They emphasized efforts to bring forth the cultural point of view in all everyday care, which would require new competencies from both sectors.

A concrete aim of the project was to plan, and later to pilot with it, a cultural service concept that would best fulfill the needs of different service units. The creation of the service concept required an action concept: the creation of a network of cultural services, the promotion of the cooperation between the citizens, the family members of the elderly, voluntary organizations and service institutions and the support of the recreational work in the service centers and the other units.

Many occupational cultures

The city had distributed the care of the elderly among four service centers under the joint social and health sector. The care of the elderly had been restructured into a team-based organization in an action research development project conducted at the end of the 1990s. There were still great variations in the smoothness of the multi-professional cooperation within teams. The basic problems were mainly the same as described in Case 1.

The challenge of this new project was to enable the concrete cooperation of many different occupational groups in a situation, where the staff of the care of the elderly experienced a lack of financial and thus also human resources. The salaried officials of the municipal cultural sector, freelance artists and the representatives of the cultural and educational institutions have their own occupational proficiency which had only seldom allowed contact with the care of the elderly. Perhaps this was recognized as a potential for the project: there would be no competition over professional competency, but on the contrary, everybody would be able throw oneself into cooperation and to learn.

The interventions and the practical outcome

There existed already many cooperative forums in the city. The new forums were linked to the old ones in the first Dialogue Conference. The members were appointed according to the principles of Quality Network, including both staff, clients, family members, politicians and trade unionists. In the following the tasks of the new forums and their meeting periods are described.

Dialogue Conference

- to create new initiatives, to strengthen and to widen the existing networks of actors and to evaluate the progress of the project.
- twice a year

The steering group / A coordination group

- the cooperation relationships of the project at the level of the whole city organization to secure the necessary resources and to prepare all the matters that exceeded the authority delegated to it, to be decided by the proper instances of the top management of the city
- four times a year

The task force/ A cooperation group

- in charge of the progress of the project
- once a month

Working project groups of the four service centers

- to create local networks of actors, which were used to plan and carry out cultural productions according to the agreed service concepts
- active all the time
- six productions, for example art exhibitions and plays in cooperation with the clients of the services center.

The discussion forums succeeded in their aims to give impetus to concrete action. The city board has made a commitment to allocate budget funds to enable the continuity of the cooperation between the care of the elderly and of the different kinds of cultural projects for the next four years.

What did change and why? In the following analysis of the data, the focus will be on the change of the perspectives of both staffs (culture sector and care of the elderly) of the target of their work (old age; seniority) and the preconditions for learning. The interpretation framework is adopted from Hernes's (2004a-b) thresholds of the organizational spaces. The data used consist of the documentations of First and Final Dialogue Conference and the researcher's diary.

First Dialogue Conference, 2 February 2004

The novelty of cooperation between the care of the elderly and the cultural sector contributed to a fresh start to the development process. Altogether 112 persons from all the possible parties concerned were invited to the First Dialogue Conference in February 2004.

The Conference was commenced by individual reflections and a group discussion on the following themes: "Who is an elderly?", "What is old age?", and "What is culture?" The objective was to find out the basic assumptions of the two occupational communities (Schein 1985, 14-18; Van Maanen & Barley 1984, 287) concerning their perspectives on old people, culture and learning and at the same time to make visible the possible differences and distinctions in their perspectives. Ontologically our standpoint was that it is best to study occupational culture as a set of discrete symbolic entities that can be used as variables to explain other properties of organizations (see Barley 1983, 394).

The perspectives of the both groups on old people and on old age were very appreciative. There was only little variation within the occupational groups, but between the groups there was one clear difference to be found. The nurses and the other home care staff perceived old age as a period of time in life that requires nursing and care, while the representatives of the cultural sector emphasized the general human characteristics of old age.

An old person is a human being who needs to be taken care of, is wise and respected.
(Group Work, Home Care Staff A)

An old person in an individual: warm, gentle, stubborn, angry, modest, depressed, with bright, twinkling eyes, curious, selfish in a healthy manner, blunt. A human being.
(Group Work, Cultural Staff A)

In the plenary discussions about the group work results, the differences between the two occupational groups were interpreted as differences in perspectives and emphasis, which crystallized to two opposite points of view:

An old person as passive and handicapped versus an old person as active, as human capital and cultural memory.
(Plenary Memo)

The definitions of culture did not differ as much as the definition of old age between the two groups. As a whole, culture was understood as a large phenomenon covering almost all experienced interpretations of everyday life. The only clear difference was that the cultural staff emphasized somewhat more culture as a product of cultural institutions.

Culture covers everything, how people live, are active, talk and experience. It consists of values, attitudes, experiencing and showing feelings. It is habits, getting dressed. It consists of food culture, physical environment, aesthetics, popular culture and high culture and also of various subcultures, work cultures, perspectives on human beings, personal experiences of culture.

(Group Work, Home Care Staff A)

The people themselves create culture; different communities, different habits. The history of culture. Everyone has a right for culture. It consists of different activities and topics: the many forms of art, sports, festivals, celebrations, holidays, museums, libraries, art design, media, dance and music, theater.

(Group Work, Culture Staff B)

Through the definitions of an old person and culture differences were seen in the understanding of the basic concepts of the project between the two occupational groups. In spite of certain differences in interpretations, the two groups were surprised at the great similarity between them. The Dialogue Conference intentionally emphasized the differences and made them transparent, which resulted in a joint understanding of the reasons behind them. Thus there were no big problems in the mental space (Hernes 2004b); on the contrary, people were interested in and inspired by the others' perspectives.

There were more problems in setting the social and the psychical boundaries (Hernes 2004b). It was difficult for the home care workers imagine the cultural staff as full members of their own group. This attitude was supported by the formal instructions of the care of the elderly that date back to the former dominance of institutionalized care. Due to the most demented clients, the service centers were closed spaces that concentrated on medical treatment, nursing and care.

The aim of the project to open the service centers for civil society to enter was troublesome also because of the formal rules. This was expressed clearly in the second individual tasks of the Dialogue Conference: "What should the home care staff and the cultural staff learn in order to meet the objectives of the project?" These tasks would map out the participants' perceptions of the competencies needed and their individual wishes to gain new competencies.

Cultural sector: To take into account the resources of the elderly → Is there enough knowledge?

Home care: We need more staff, we don't have enough resources and time!

(Home Care Worker A)

Many home care workers doubted the skills and abilities of the cultural staff to manage with the elderly. Otherwise the emphasis was on constructive learning. Learning was seen to be based primarily on active interaction between the learner and the environment. In their definition, interaction was seen as an open discussion between people with various skills and knowledge and as an evaluation of activities through reflective self-assessment. The comprehension of learning exceeded the limits of individual learning and no one was satisfied only with the mere acquisition or sharing of new skills. The emphasis was on learning as a group. Some participants saw that this would require learning from the whole municipal organization.

I wish that the two occupational groups would learn to listen to each other, would be interested in the special knowledge and skills of the others and thus would find common crossing areas. Absolutely: far more interaction!

(Home Care Worker B)

People have to understand each other's standpoints and resources and they must tolerate, that for example the cultural workers do not know beforehand all the details of the prerequisites of the care of the elderly.

(Cultural Sector Worker A)

The participants' perspectives of learning come close to the ideas of Lave and Wenger (1991), who refer directly to participation in social practice as being analogous to learning and are willing to conclude, like Billett (2004, 315), that learning and participation in work are inseparable. According to Lave and Wenger (1991), knowledge resides in social relations, which means that knowing is part of becoming an insider in a community of practice.

A Final Dialogue Conference, 7 November 2005

The final total evaluation of the project was carried out in a Dialogue Conference in the form of individual tasks, group discussions and plenary sessions. The individual task was to reflect on the significance of the project to one's own work. What had each and everyone learned? What had been gained? The group task was to reflect on the significance and the matters learned from the point of view of the occupational background and the present occupation, and to summarize the results as a thesis. The participants were assigned to different groups according to their occupational sector. The biggest group consisted of the home care staff. They ran out of time and their result was only a list of individual comments. The two other groups, teachers from relevant educational institutions and cultural actors, succeeded in formulating their thoughts as a thesis.

The final Dialogue Conference indicated that the learning objectives set earlier were reached. Totally new competence areas or indirect impacts related to them did not appear at the end of the project. However, there were three significant competence areas missing from the first mapping, where improvements could be found: 1) the governance of processes and contributing to them (in management, in mastering one's own work and in producing new ideas), 2) the positive impact on wellbeing at work, and 3) the use of the methods of the project in other situations.

Networking with other stakeholders has been very inspiring and productive; the actors of the care of the elderly, the students and teachers from educational institutions, the cultural actors, the actors of the voluntary sector → we have become familiar with each other and with each other's work.

(Home Care Worker C)

The project has contributed especially to wellbeing at work. In the future, the aim is to bring the results of the projects in as a part of our regular work. We have not yet understood the whole significance of the project. Maybe we will after a couple of years. At the moment the project is too close to us. The substance of the project was: to be together, to talk together, to think together and to work together.

(Cultural Sector Worker B)

The whole project has taught us many new working methods that we can apply in our own work (e.g. different group discussion methods).

(Cultural Sector Worker C)

At the end of the project, the participants evaluated that the contents of the work and the ways to carry it on had gained most in the project. Very positive experiences, thus fulfilling the expectations, had taken place in all issues concerning cooperation and interaction within each occupational area, across the borders of municipal sectors, occupations, positions and tasks, and also between the service providers and the clients. The most concrete experiences were registered from all of events, which during the project created networks and offered possibilities also to work in networks.

An important indication of learning was a clear shift from “learning from others” and from “transfer of skills” towards “improvements in the multi-professional knowledge” (Group Work Result of Home Care Workers). Also the perspectives on old people came closer to each other.

During the project, the cultural sector staff contributed to the fact that the home care staff started to emphasize less the conception of old age that accentuates care workers’ feebleness and fragility and more the direction that attempts to find resources.

(An interview in Final Dialogue Conference).

The project meant to many participants a change in the values and attitudes that they had earlier taken for granted. In their group discussions, the home care workers had intense reflections on how they have been perceiving old age.

A medicalization has taken place in the care of the elderly. For example, the work of home care professionals has become fragmented and nowadays it is more difficult to understand the whole picture and the basic task. I have experienced a change in my job description and in the values related to my work. Health should not be the primary concept that defines all the other human characteristics. Also, the expression “physical–psychological–social” should be forbidden by law.

(A nurse speaking, documented in Group Discussion Memo)

A vivid plenary discussion about the values and the attitude towards care work ended in a demand to change the values of the whole society. However, the staff ended up to start with a more modest objective: the value discussion among the care workers should be continued. This demand was documented as Item 25 in the group work list of the care workers.

A prerequisite for the success of the project was the leveling of the mental, social and physical thresholds between the two professional groups. Although the project could not remove the thresholds totally, they do not hinder network type working in the care of the elderly any longer. The impacts were most intense on the mental and the social boundaries. The perspectives of the two occupational groups on old people and on culture were modified during the project. The earlier basic assumptions were questioned, which resulted in changes in work orientations. The core ideas and concepts, forming the starting premises for action, were the same for the both occupational groups.

The project has provided new dimensions for care work and for meeting the clients in a holistic way. It has taught us to apply other perspectives in our work. It has given us new significant acquaintances from other working sectors.

(Home Care Worker D)

The project has created new contacts with the people caring for the elderly and – and strengthened the old ones. It has strengthened the notion that it is worthwhile also in the future to invest in steering towards human-resources-based thinking.

(Cultural Sector Worker D)

As a result of the same starting premises, the thresholds of social space were lowered and everybody felt that they were closely tied to the new combined groups through their occupational skills. Although the formal rules did not change, new practices were created within them. In addition, this meant that the services centers opened up to the surrounding community.

The future of the cooperation between the cultural sector and the care of the elderly cannot be predicted yet. One of the core issues in the future is the amount of resources. The final Dialogue Conference decided to maintain the development structures created during the project and financial allocations have been promised by the top management of the city for the next four years. However, it is not yet sure where the new practices adopted during the project will survive.

Discussion

Wenger and Snyder (2000, 140-143) studied communities of practice not only from the point of view of socialization in a given cultural practice. Same time their perspective is the knowledge creation and communities of practice are one form of organization. They differ from formal work group, project team and informal network in several way. In brief, they're groups of people informally pound together by expertise and passion for a joint enterprise. Our dialogical forums – developing organizations – are one kind of communities of practice.

Both of the case projects were action research projects involving Democratic Dialogue as a regulative rule in the various learning spaces. Despite many problems experienced during the projects, both cases succeeded in crossing the boundaries of occupational cultures and in creating multi-professional and multi-cultural communities. How can these positive results be interpreted?

In the learning spaces created as action research interventions, the first crossings of thresholds happened in the mental and social spaces. The different occupational groups were quite able to assimilate basic assumptions, core ideas and concepts. This crossing of thresholds was a prerequisite for that the representatives of different occupations felt themselves as full members of the new, united group. As a result of these crossings, it is at least possible to give new interpretations to the formal rules of the working communities, although it may not be possible to change them. The new interpretations of the formal rules require a change in the basic assumptions, values and artifacts of occupational cultures. Democratic Dialogue as a formal and regulative rule, as talking, and as an agreement, engages the participants to reflect on the mental and social spaces of their own, as well as of the other groups.

However, Democratic Dialogue as a learning space can only question the prevailing basic assumptions and values. The transformation of basic assumptions and values will become concrete in perceptions that are made in daily work processes. In action research development processes, there is alternation between the agreements made in the learning spaces and their realization in working life. This alternation must produce experiences of success, or Democratic Dialogue has no means to function. People bring along them mental memories of their daily working life to the learning spaces, and this raises a critical question of the earlier agreements. Have they or have they not improved the activities of the workplace?

A positive congruence between the learning spaces and daily work is a necessary condition also for the crossing of the mental, social and physical thresholds of occupational cultures. In the long run, also in very successful projects, the physical thresholds of organizations (i.e. to what extent formal structures and rules hinder the recruitment of outsiders) will be a problem. The impact of the project will be limited, perhaps only within the boundaries of one single workplace, unless the formal rules cannot be changed. In the end, the change of the formal structures will require an active input by the management to allocate resources and to carry out the agreements reached in the learning spaces. As Wenger and Snyder say (2000, 144): “Communities of practice are vulnerable because they lack the legitimacy – and the budgets – of established departments. To reach their full potential, then, they need to be integrated into business and supported in specific ways”. The question is how management culture gives context to and makes possible learning processes. Also, this type of learning processes would be facilitated, if the idea of multi-professional activities would be more strongly embedded already in the initial professional education.

New Public Management and other management ideas, especially organization based on profit centers, decrease the possibilities of professional and team-based services. The bordering of occupational cultures requires management by dialogue, which to a large extent is the opposite for the prevailing management by results, which is based on the idea of rational governability. The

positive results of the projects described in this article owe to the support of the local management cultures.

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