



Work Communities, Organizations and Clients

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Why Work Communities ?

- How do professional groups rely on organizations and clients ?
 - We found in hospitals highly collective groups called - in the Weberian sense - 'communities'
 - a collective feeling of common affiliation (Web. example : family)
 - Work communities are at the level of departments or of the care unit shared by all occupations mostly non-medical
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Two ideal types of work communities

- The ***closed community*** is the strongest, more technical, rational, permanent, where affective and human relations are with colleagues (ex. : operating theatre)
 - The ***open community*** is more relational, affective, fluid, with emotional relations to patients (ex. : intensive care units)
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Specific link to patients

- The link is not dominant in the closed community
 - Patients are unconscious or “absent”
 - The link is indirect in part due to the constraints of rules (e.g., hygiene)
 - The link is very strong in open communities
 - Can be destructive for the community
 - It feeds mostly individual ties with patients
 - It feeds reactive collective ties between colleagues to face it (ex. : talks between colleagues)
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Implications for relations with organisations

- Assumptions based on the literature :
 - Because closed communities do not have strong ties to patients, they will have strong ties to the organization.
 - Because open communities have such strong ties to patients, they will not have strong ties to the organization.
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Work Communities and Organizational Participation

- Observation : both work communities have high level of participation in organizational mobilization
 - eg. participation in quality process.
 - Participation fits well with work communities because it is the same collective process.
- Private sector hospitals in France are frequently ruled by work communities for lots of reasons :
 - simplicity and size of the structure prevent too much bureaucracy
 - There are also fewer professional specialties than in large CHU (HSC) resulting in multi-tasking of care activities.

Specific link with organisation

- Hypotheses to be investigated in new inquiry challenge the assumptions of the literature:
 - Hypothesis 1 : closed communities can work counter to management if managers do not negotiate change according the specific rules of these communities.
 - Hypothesis 2 : open communities can work with management in order to improve their sustainability (because of the risk of burnout in response to the extensive degree of emotionally charged work).
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New Inquiry

- Comparing observations in France with Canada
 - Open and closed communities in hospital in Ontario
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