ON BUILDINGS, FORMS AND COFFEEMAKERS:

TRANSLATING GOOD CARE FOR THE HANDICAPPED

Joost van Ellinkhuizen

Institute of Health Policy and Management,
Erasmus University Rotterdam
vanellinkhuizen@bmg.eur.nl

Paper presented at the 4th Symposium on Current Developments in Ethnographic Research in the Social and Management Sciences, August 23rd - 25th 2009, University of Liverpool School of Management

ABSTRACT

Quality initiatives and innovations are increasingly part of public organizations. It is thought that by spreading best practices, public organizations will be able to improve their services. I take up the language of actor-network theory (ANT) to counter the common notion of spreading best practices. Rather than being spread to organizations and either adopted or resisted by organizational members, the package that constitutes the best practice becomes translated on location. This paper draws on ethnographic research in an organization that provides care for the handicapped and takes part in a nationally organized quality initiative. In taking up ANT's assumption of symmetry between humans and non-humans, I draw attention to how what constitutes as good care is negotiated by caregivers, managers and clients, but also by buildings, coffeemakers and forms. Furthermore, drawing attention to the assembling of humans and non-humans offers a way out of the classic debate between agency and structure. Together, both arguments allow me to reconceptualize change as artful integration.

KEYWORDS

Organizational change; innovation; managers; quality improvement collaborative; actor network theory; sociology of translation

INTRODUCTION

The quality of the public services has been under close scrutiny the last two decades. This is connected to the so called crisis of the welfare state: state-based care provisions were increasingly being seen as too expensive and businesslike performance regimes and market-oriented control logics to organize social services started to dominate (Clarke & Newman, 1997), the doctrine which has come to known as New Public Management. Although New Public Management is a rather loose term referring to a plurality of administrative doctrines (Hood, 1991), it made businesslike performance regimes a common feature of the public service organizations of most OECD countries (Pollit & Bouckaert, 2004). Critics point out how simultaneously the quality of the public services has been dressed down. A quite literal example are the so called 'pyjama days' in the Netherlands. Due to experienced financial restraints, some Dutch providers of care for the elderly decided to dress their less mobile clients only in rotation and the other day they would keep wearing their pyjamas. The extensive coverage of the pyjama days by the national media resulted in a public outcry.

'Quality initiatives' and 'innovation' become increasingly embedded in the language and activities of public organizations (Hartley, 2006). Think of the Ford Foundation Program of Innovations in American Government, the Beacon Scheme in local government in the UK or quality collaboratives in health care across Western Europe and the US. Such programs and initiatives lay an emphasis on knowledge sharing as a means of improving the quality of the public services. It is thought that these inter-organizational networks can be a valuable means to share best practices and innovations (Hartley & Benington, 2006). These activities draw on multiple considerations, since they are both part of the modernization agenda (doing more with less resources), as they are an answer to continuing critique's on the eroding quality of the public services *by* this agenda. And who can be against quality of the public service delivery?

The inter-organizational networks bring to mind the phenomenon of 'travelling ideas'. The assumptions underlying these networks seem to be that if organizations share best practices or innovations, others will be able to copy the behaviors that led to that best practice and by obtaining this information they will be able to replicate performance (Hartley & Benington, 2006). These assumptions echo the Rogerian notion of the 'diffusion', which is strongly grounded in the belief of an objective reality in which innovations are being spread through organizations over time and in which organizations or individuals may either adopt or resist the innovation (Rogers, 1995). Czarniawska brings to attention that diffusion is a chemical metaphor, having to do with the movement of molecules from more to less saturated environments (Czarniawska & Joerges, 1996). Diffusion then seems to render to what Jordan

calls the 'fallacy of the empty vessel': those at the centre of some form of knowledge production seem to hold the idea that there is no knowledge anywhere else, but only empty repositories waiting to be filled (Jordan, 1997). However, innovation or change is not a singular intervention or wholesale transformation, but a reconfiguration in which new things are made up from both new and familiar bits and pieces (Suchman, 2002). We might better describe it with the metaphor of translation, emphasizing how ideas travel across cultural borders and according to which

> '(…) the spread in time and space of anything – claims, orders, artifacts, goods – is in the hands of people; each of these people may act in many different ways, letting the token drop, or modifying it, or deflecting it, or betraying it, or adding to it, or appropriating it,' (Latour, 1986).

The matter of concern is then not to be 'for' or 'against' quality. Instead, the question becomes: *how* to be for quality? I argue that the elusive concept of quality is ultimately locally performed. However, local enactment is not just a matter of receiving a ready-made innovation or idea and incorporating it in a new site of use. Rather, those local practices are generative practices in their own right (Suchman, 2002). Earlier theorizing of public sector change presents a deterministic account which portrays individuals as passive recipients of the discourses of change (Thomas & Davies, 2005). I aim to break out of the dualistic debate of either 'compliance with' versus 'resistance to' to offer a more situated understanding of change. In order to do so, I draw on both theoretical resources such as actor-network theory (ANT) and empirical material from a quality initiative in health care. In the first part of the paper I use the language of ANT to reconceptualize rationalist theories of change. This language will enable me to open up the black box of improving care in my empirical analysis in the second part of the paper and draw attention to processes and actors that would go unnoticed by a rationalist perspective. Together they allow me to articulate an alternative sociology of change. This theoretical argument may be of interest to scholars of both health care and organizations.

QUALITY COLLABORATIVES IN HEALTH CARE

In health care, inter-organizational networks are increasingly popular with both organizations and policymakers. The so-called quality improvement collaboratives are being used and set-up in the European countries, the US, Canada and Australia (Schouten, Hulscher, Everdingen, Huijsman, & Grol, 2008). A collaborative brings together a group of practitioners from different healthcare organizations to work together to improve selected aspects of the quality of their

service. Within the collaborative, a series of meetings is organized where the practitioners learn about best practices in the area chosen, about quality methods and change ideas (Øvretveit et al., 2002). Meanwhile, the practitioners work in their own organizations as 'change agents' and try to improve quality. The collaboratives are thus being conceptualized as a means to spread and implement best practices across healthcare organizations (Strating, Zuiderent-Jerak, Nieboer, & Bal, 2008; Wilson, Berwick, & Cleary, 2003; Øvretveit et al., 2002). Over the years, this problem of 'implementation' has become the key concern for the quality improvement movement in health care. Scholars studying the quality collaboratives have also taken this 'implementation problem' as their central concern and mainly study the factors that lead to adopting best practices or innovation, drawing heavily on the Rogerian notion of the diffusion of innovations (Zuiderent-Jerak, Strating, Nieboer, & Bal, forthcoming).

As I have argued above, the spreading of ideas is not a singular intervention or wholesale transformation. Rather than trying to contribute to fill the 'evidence gap' of the collaboratives (Schouten et al., 2008) or to engage in a search for causal factors that explain why some best practices are successful 'implemented' and others are not, I seek to explore how practitioners try to manage change in their own setting. Since the concept of quality is elusive, improving care is also *problematizing*, meaning that the improvement work is partly constructing the very nature of good care (Munro, 1995). Then, the leading research question becomes: How does the ideal of good care as it is articulated through the collaborative become localized in every day practice?

In order to study change in the making, it is necessary to enter the local. The analysis presented here draws on ethnographically informed fieldwork in The Nest, an organization participating in a large collaborative for long term and social care sectors in the Netherlands. The Nest is an organization that delivers services to persons with a mental handicap. These services have a broad range, from supporting someone in their own home to a more 'traditional' institutional setting, in which clients are given permanent residence within the organization. In the collaborative, employees of the Nest are working on the improvement theme 'empowerment', which refers to the wish to give their clients greater autonomy in their own lives.[1] The managers in the Nest utilize a methodology articulated as best practice in the collaborative to discipline the part of their organization that is 'underdeveloped'. Integrating this methodology with the current practice of caring means a negotiation over the content of good care.

[1] I am well aware that the content of the concepts empowerment and autonomy is not self evident and is open to debate. Pols shows for example how different washing repertoires in mental health care relate to different conceptualizations of autonomy (Pols, 2006). However, I do not question these concepts here, since the construction of the role of the client is part of my empirical analysis later on.

RECEIVED THEORIES OF CHANGE

Change is a central concept of management and organization studies (MOS) but at the same time heavily contested in both its nature and in the possibility of 'managing' it. In one dominating image of change, it is perceived as a process that can be effectively planned and managed to achieve instrumental outcomes. Lewin's concept of the 'change agent' is a classic example of this rationalist view (Lewin, 1947). Although his original concept is gone through many reformulations within the various traditions of organization theory and consultancy practice (Armenakis & Bedeian, 1999), rationalist epistemologies of agency still have a great appeal and echo through in immensely popular concepts like Kotter's eight-step change model (Kotter, 1996).

Most health care scholars studying the quality improvement collaboratives share the rationalist assumptions underlying this image of change. Much like the change agents' blue-print for change, they take central the innovation – which can be for example a guideline for fall prevention or a specific pillbox to organize medicines – and wonder how this innovation can be best implemented in practice. As mentioned earlier, they draw heavily on the Rogerian notion of the diffusion of innovations (Rogers, 1995). In line with Rogers, innovations are being depicted as ready-made objects. Just like the blueprint for change is formulated up front, the innovation is carefully designed and crafted before it travels to the local setting. Following this line of reasoning, the successful transfer of an innovation inevitably leads to local practice following the innovation; the process referred to as 'adoption'. However, where Rogers seems to take a technological deterministic stance and emphasizes how the innovation itself convinces future users, the scholars studying collaboratives also make use of the idea of a 'change agent' and focus on the strategies to spread or implement the innovation. This process is being described as 'dissemination' (Berwick, 2003; Greenhalgh, Robert, Macfarlane, Bate, & Kyriakidou, 2004) or 'implementation' (Newton, Halcomb, Davidson, & Denniss, 2007).

Another dominating image of change in MOS – without a clear counterpart in health care studies – can be labeled as an environmental adoption. Approaches such as contingency theory and population theory may be grouped under this label. They sought their way out of the notorious problem of linking action to outcome in the complex assemble of people, technology, contextual factors, etc. by locating agency in the organization, industry or society as a whole instead. Population-level and institutional theories portray individual organizations and their members as 'objects tossed about on an ocean with currents too powerful for them to resist' (Poole & Van de Ven, 2004: 5). As such, it overplays the influence of institutional forces and plays too much emphasis on stability, conformity and continuity (Kavanagh, 2009).

Both images of organizational change have its analytical shortcomings. On the one hand we see actors making plans and conscious choices, but somehow they always seem to end up with 'unintended consequences' and 'resistance to change'. Adoptionist approaches leave us with the question what is actually left for actors to contribute (Czarniawska & Joerges, 1996). Other scholars have tried to integrate both schools of thought in more complex frameworks, such as the 'garbage can model' which accepts both contingency and control as shaping elements in the process of change (March & Olsen, 1976; Poole & Van de Ven, 2004). Czarniawska and Joerges bring forth two arguments against the garbage can model. They draw attention to the model's behaviorist distance towards the actors involved, which largely disregards the attempts and intentions of actors to make sense. They continue by pointing out that – even though allowing for reflexivity – garbage can and related models aim at establishing an explanatory meta-language not readily accessible for the actors studied. 'Theorists know better – and different,' (Czarniawska & Joerges, 1996: 15).

RECONCEPTUALIZING CHANGE IN THE LANGUAGE OF ACTOR-NETWORK THEORY

Do these theories really help us to make sense of what is going on locally? It remains a challenge to address both conscious choices of actors and structure in organization theory. Another way of looking at change is to follow the suggestion made by Steen et al. and to disrupt the dichotomy between agency and structure altogether (Steen, Coopmans, & Whyte, 2006). A way out of this theoretical stalemate is to take the approach of actor-network theory.[2] This approach takes a performative view, which underscores how phenomena do not exist in themselves but are made by actors in the process of continuing associations to each other. Those associations are constructed by heterogeneous actors or actants, who/which are enrolled in a process of negotiating, mediating and associating to pursue their agenda's or interests (Latour, 2005). An important assumption underlying ANT is the proposed symmetry between humans and non-humans; the associations of actors and actants encompass both. ANT thus takes central an ontology of 'becoming', as opposed to the interpretive epistemology which emphasizes how reality is constructed through processes of interpretation (Whittle & Spicer, 2008). In doing so, it seeks to grasp the understandings that actors have of their own reality (Latour, 2005) and to allow actors 'to define the world in their own terms' (Latour, 1999b: 20). A perspective informed with this sociology of associations takes the actions of individual actors seriously, however it

[2] ANT is not unique in its attempt to abandon the agency/structure debate. Giddens sought to supersede this distinction with his theory of structuration, by showing how an interdependent duality is created by social systems (Giddens, 1984). However, the use of structuration theory within MOS has been selective and slightly problematic, since few scholars actually succeeded in overcoming the agency/structure dichotomy (Whittington, 1992).

does not consider individuals and their actions in isolation from the relations and connections that make them meaningful.

ANT has its origin in the realm of Science and Technology Studies (STS) and has been developed to accommodate the role of technology (non-humans) in the process of social change and knowledge construction. ANT is hard to pin down as a singular theory and is constantly evolving (Steen et al., 2006; Toennesen, Molloy, & Jacobs, forthcoming), since it refers to a wide range of theoretical and methodological concepts developed by numerous authors, in particular the works of the prominent STS scholars Latour, Callon and Law (Callon, 1986a; Latour, 1987; Law, 1986). In taking serious Law's celebration of its plurality (Law, 1999), we might better think of ANT as a language rather than a fixed theoretical framework.[3] This language is no longer strictly limited to the realm of STS, but is increasingly being invoked and drawn upon in other scholarly domains, such as information systems (Avgerou, Ciborra, & Land, 2004), accounting (Munro, 1999) and strategy (Neyland, 2006). In this paper, I follow earlier suggestions to make use of the conceptual language of ANT to study change (Czarniawska & Joerges, 1996; Steen et al., 2006). In the field of MOS, the use of this approach means a movement away from the functionalist emphasis on organization as a reified entity towards the study of practices of organizing (Calás & Smircich, 1999). ANT thus tends to be a sociology of verbs rather than nouns (Law, 1994). This point has been echoed within MOS by Weick's suggestion to employ gerunds like organizing rather than organization (Weick, 1979) and within the recent strategy-as-practice approach (Whittington, 2006).

As ANT is pluralist and hard to pin down, I do not try to attempt to describe what ANT *is*. Instead, I try to reconceptualize the classic debate in MOS between agency and structure in the language of ANT, getting rid of the dichotomy between both in the process. I am well aware of earlier critique by notably Latour to deploy ANT in the agency/structure debate. He argues that the modernist dichotomy between both should not be overcome, but simply be ignored or bypassed (Latour, 1999a). However, MOS is a well established scholarly domain and launching a new approach *de novo*, does not seem to do justice to earlier scholarly debates within this domain. Using the agency/structure debate as a take off, makes the 'strange beast' (Steen et al., 2006: 304) that is ANT more intelligible within MOS.

[3] I am well aware that in my attempt to make sense of ANT, my account might display it as either reified or as a singular theory. However, for rhetorical purposes I do not put all my efforts in avoiding sentences like 'ANT does …' or 'the underlying assumptions of ANT' but focus instead on making ANT more intelligible within MOS.

STRUCTURE AS A HETEROGENEOUS NETWORK

The concept of structure is commonly used to understand the difference between micro and macro actors. Structure may take the form of an organization, the stock market or society as a whole. Those structures are understood as something with a history and a life course on its own, but appear to be quite fixed and stable to us in everyday life. Structures change over time, but it is hard to imagine the actions of one individual altering them (Steen et al., 2006). The underlying assumption seems to be the existence of two social worlds that interact; the micro world that consists of individuals and the macro-world that consists of macro actors such as organizations, the stock market or society as a whole. Both worlds then interact in a causal loop: the constraints for micro actors are established by their structure, whereas structure can only be changed by the aggregated action of micro actors.

Callon and Latour reconstruct this dichotomy between micro and macro in their article 'Unscrewing the big Leviathan or how do actors macrostructure reality and how sociologists help them do so'. They take off with Hobbes' idea that social order is possible through a social contract between individuals in which they agree to become associated with each other and thus express their wishes through a common spokesperson. A 'Leviathan' emerges: an association of these individuals – equipped with a 'voice' – a super actor that seems to be much larger than the individuals that constitute it. As Callon and Latour point out, the difference between micro and macro is not due to their nature, but to the associating and negotiating done by micro actors. By associating and networking, micro actors create networks. As these networks acquire relative stability, they begin to be perceived as macro actors (Callon & Latour, 1981). We can thus trade in all kind of assumptions about input (agency or structure?) and output (structure?) of change (or stability for that matter) for one big assumption about the process itself, which is understood as a struggle of association.

Then, our focus shifts to the networking activities of actors. However, as Steen et al. bring forth, the entities that constitute the network, are not well defined and stable (Steen et al., 2006). It is precisely the definition of identities and mutual relationships what the negotiating and associating is all about. That is, identities are the effect, rather than the input of the association processes. These processes are being described as 'translation' (Callon, 1986b).[4] However, translation far surpasses the linguistic meaning: it refers to 'displacement, drift, invention, mediation, creation of a new link that did not exist before and modifies in part the two agents' (Latour, 1999b: 179). Or

[4] Given the centrality of these continuing associations, ANT is also referred to as the sociology of translation. Callon makes a further distinction of the different activities of translation: problematization, interessement, enrollment and mobilization (Callon, 1986b).

as Callon puts it, it is the 'definition' that the actors make of each other when constructing their associations (Callon, 1991).

The impersonal reference to micro actors instead of individuals above is to make way for a crucial assumption underlying ANT: the negotiations and associations take place between both humans and non-humans. According to Law: '(…) these networks are composed not only of people, but also of machines, animals, texts, money, architectures – any material that you care to mention' (Law, 1992: 381). This is best understood by contrasting Machiavelli's prince with Latour's description of the modern day prince. Machiavelli's world is composed of human actors, of 'men [kept] in check through the handling of other men who are in turn kept in line by other men' (Latour, 1988: 21). Latour's modern day prince – who may be an innovator, entrepreneur or manager – has to deal with employees, collaborators, peers, consumers and technologies. 'Fighting on the five fronts at once necessitates quite a bit of socio-technical ingenuity and creates what Machiavelli could not have anticipated, that is, the "Networks of Power" beautifully described by Hughes (1983) in which many strongholds to keep people in place are actually made of electricity, copper, meters or even out of thin air' (Latour, 1988: 26). Elsewhere, Latour gives a more mundane example by describing how hoteliers try to discipline their guests to leave their room keys at the reception (Latour, 1992). The hotelier adds various elements to the key to this effect, such as a verbal request and an inscription. If these fail, the hotelier might – in a final attempt to enroll the guest in the network – increase the weight or size of the key, so that it becomes difficult to carry it around. Order – although the use of the verb 'ordering' might be more appropriate – is then an effect generated by heterogeneous means (Law, 1992).

DISTRIBUTED AGENCY

One might be impressed with the amount of power the modern day prince seems to have. Not only the social but also the material world seems to be at his or her disposal. The modern day prince then might truly be a 'master of the universe', as the main character of Wolfe's *The Bonfire of Vanities* secretly thinks of himself. Yet ANT breaks away from a centered understanding of agency. In overcoming the dichotomy between the social and the material, ANT also parts with a reductionist understanding in which either technology or human relations drives the other. There is no reason to assume *a priori* that either people or objects determine change or stability (Law, 1992).

ANT does not require us to choose between both, by suggesting an understanding of agency in terms of action instead of intentionality. That opens up the possibility that we share our

possibility to make a difference with non-humans like spreadsheets or furniture. Agency then relates to whether actors connect to other actors in such a way that a network emerges. Further still, in which the network becomes an actor in its own right; an 'actor-network', which itself can be enrolled in other networks. What does that mean for agency in organizational change? Clearly, ANT does not take central an individual 'change agent', although the methodological adage of 'follow the actor' had fooled some critics (Amsterdamska, 1993). We may consider agency as being distributed, as it is being constituted in the myriad of processes by which a variety of actors associate to each other. Instead of a single actor in control, it are the continuous negotiations and associations of people in various positions as well as technologies, routines, memo's, etc. that produce the effect of organizing (Law, 1994; Steen et al., 2006). That does not mean managers can no longer make a difference, but it emphasizes how organizational change might not permit or require a mastermind in control.

'DOING' ETHNOGRAPHIC RESEARCH

I take central the practices of organizing, composed of the continuous negotiations and associations of actors. In this fundamental sense, organizing can be considered as a world-making activity (Chia, 2003). This study is then informed with a constructivist perspective, assuming that the world is not 'out there', but constructed through a recursive process of action and interaction and thus 'emerging out there'. In this vein, '(…) social reality is constructed by particular social actors, in particular places, at precise times. We always operate in local situations in the context of interactions,' (Harrisson & Laberge, 2002: 501; Knorr Cetina, 1981). One might argue that this constructivist stance opens the door for an idealist position that denies the existence of reality beyond our ideas about it. Rather, it emphasizes that we do not have elaborate access to reality beyond our historically and locally based meanings (Tsoukas, 2000).

Actor-network theorists have been sparse with their comments on methods, and their methodological indications seem to go no further than '(…) to learn from the actors without imposing on them an *a priori* definition of their world-building capacities' (Latour, 1999a: 20). However, the preoccupation with the local, particular and timely seems to favor ethnography with its emphasis on local understanding. In order to grasp the understandings of the actors in the relations and connections that make them meaningful, 'being there' is essential. After all, '(…) ethnographers study people in their natural settings, seeking to document that world in terms of the meaning and behavior of the people in it,' (Walsh, 2004: 220). And ethnography does follow the sparse indication of withholding '*a priori* definition[s]', since it stays clear from the sequence of deductive theory testing, because the research problems become to be

formulated and studied in the process of research itself (Walsh, 2004). Walsh' emphasis on people is not necessarily the limit of ethnography. Early anthropologists were already preoccupied with the objects of far away tribes, although they put an emphasis on those objects as being products of the tribe culture. The last decades, ethnographic research is also being used to understand linkages between different material and social practices (Tilley, 2001), such as Bourdieu's influential study of the Kabyle house (Bourdieu, 1977).[5]

There are several good reasons then to take up ethnography when taking an ANT-perspective. First, the micro-practices of organizing become visible through a more in-depth study, in which the researcher will be able to access beneath surface appearances. Furthermore, ethnography enables the researcher to experience the everyday practices. Second, ethnography offers the possibility to include other actors than only the human. Ethnographers are likely to capture both spatial settings and artifacts and thus to include them in their descriptions (Rasche & Chia, 2009). Third, the ethnographer's focus on in-depth description allows him also to notice the seemingly invisible practices, including marginalized and unacknowledged voices. As Tamboukou and Ball note: 'ethnography is often deeply concerned with giving voice to the unheard and oppressed' (Tamboukou & Ball, 2003). This seems to be important for the ANT-perspective, since some ANT-accounts have been accused of being a 'big man'-theory, by selecting and studying 'heroes' (e.g. business leaders, successful innovations) to the exclusion of relevant 'others' (McLean & Hassard, 2004). As ANT attempts to open 'black boxes' by drawing attention to the invisible work of associating and tries to represent more than one view (Star, 1991), the unheard voices are of great importance. Ethnographic research could thus greatly support ANT-researchers in that aim.

ENTERING THE LOCAL

To see change in the making requires entering the local. The local is here a Dutch organization that delivers services to persons with a mental handicap and which will hereafter be named as the Nest.[6] The Nest participates in a Dutch collaborative for long term and social care sectors. Consistent with international developments, the Dutch Ministry of Health has formulated a National action program for quality, innovation and efficiency. As part of that program the Ministry started a specific program for the care sector called *Care for Better*[7], aimed at making

[5] Although I have to point out that Bourdieu's study is certainly not to be considered as an ANT account.

[6] I have chosen to use a fictitious name for the organization in order to ensure the participants in my study their anonymity. I have settled for the Nest, since it has some resemblance to the original name in its meaning and this meaning also links up to the narrative of change as it unfolds in this paper.

[7] 'Care for Better' is a literal translation of its original Dutch name 'Zorg voor Beter'. Other publications in the English language use the same translation.

improvements by 'spreading best practices'. *Care for Better* consists of several collaboratives, one of them being the so called *Plus trajectories* in which the Nest participates. The 'plus' stands for the emphasis on the involvement of senior management, compared to the 'regular' trajectories.

The university I am working at was commissioned to do a mixed methods evaluation study of *Care for Better* in 2006. I joined the researchers working on this evaluation in the fall of 2008, to do research in the *Plus trajectories*, which started in the same year. I started out with joining the meetings of the collaborative and soon I realized that in order to understand the actual improvement work, being there meant *in* an organization instead of at the national meetings. I started looking out for a participating organization that would allow me to freely walk around and talk to employees. Thus I was looking for an organization with a fair amount of confidence to give me that freedom, which does not come easy since most care organizations are perceived by the media and elsewhere as doing their job terribly. Eventually I got 'in' through a personal introduction. A colleague and the executive manager of the Nest both held a presentation at the same meeting for health care managers, where they got to talk. I had discussed earlier on with my colleague the possibility of doing research in Nest, since the employees taking part in the national meetings of the collaborative were seemingly proud of their own organization. The colleague mentioned that I was looking for an organization to host my research and the executive manager agreed to meet me. I finally met the executive manager in March 2009 and he gave me permission to do my research in the Nest.

I conducted my research in the months afterwards, from April till June 2009. The case study was carried out as an ethnography, for reasons I already brought forward. The executive manager brought me in contact with the project leader who is in charge of the internal improvement project team. She became my main contact in the organization and functioned as a gatekeeper to middle management and to meetings specifically organized in name of the improvement work. The permission of senior management does not grant full access: access has to be negotiated constantly when meeting new people or sites within the organization (Lofland & Lofland, 1995). To be present at other places and speak to other people, involved negotiating with middle managers or caregivers themselves (who sometimes had to be convinced that their own contribution would be worthwhile). In all, I have conducted 18 semi-structured interviews with a broad range of employees. This included the executive manager, project leader, middle managers, remedial educationalist, trainers (who give in-company training) and caregivers. I used two strategies to select participants; purposeful selection to better grasp the heterogeneity of the participants and snowball selection to include participants whose contribution I did not anticipated on beforehand. The interviews were recorded with the permission of the participants

and transcribed verbatim. Furthermore, I carried out participant-observation during a range of meetings and in the houses where the clients live, of which I took fieldnotes (Emerson, Fretz, & Shaw, 2001). I also shadowed representatives of the Nest present at a national meeting of the collaborative for a day. In addition, I also studied documents, since much of everyday life in organizations is organized around the production and use of documents (Walsh, 2004). In all, the possibility to understand the improvement work was there. However, one omission worth drawing to attention is that most time spend on the participant-observation was devoted to the interactions among employees. I spend only a small amount of time in the presence of the clients, since it was harder to legitimize my presence there to the caregivers. Obviously this is a limitation to my research. However, as Law points out, even if the ethnographer is present all the time, one always wonders whether the most essential bits of interaction and decision making were actually observed. 'Wherever I happened to be, the action was not,' (Law, 1994: 45). What I have done in this casestudy is to attempt to construct a narrative, which adds the pieces of evidence together in a coherent form, which can be told and communicated (Czarniawska-Joerges, 1997). Therefore, it is perhaps less the individual pieces of evidence but rather the interrelations between various bits and pieces of data organized in a storyline that counts, being tied together by the logic of various items of evidence (Mouritsen, 1999).

DISCIPLINING THE VILLAGE

As the executive manager of the Nest assures me, participating in the collaborative '(…) is not just a course. (…) We're in the middle of a radical change project.' What is this change project all about? As will become clear below, a normative distinction is made in the Nest between the 'old' and the 'new' practices of care giving. The new practices of care giving are based on the ideal that good care enables the client to participate in society. By participating in everyday doings such as making coffee, it becomes possible for the client to participate in society. This contrasts with good care as 'caring for' the clients, in which the caregivers try to accommodate the client by guarantying safety, comfort and being at ease.

Within the Nest, both ideals of good care refer to different parts of the organization. Ten years ago, the Nest came into existence out of the combination of two other care organizations. One of them was organized around decentralized housing projects, where clients live more or less independent. The other was organized as a traditional institutional setting: clients live in shared houses at the institution's terrain – to which I will refer to as the Village – in the green surroundings of a rural area. The Nest still occupies the buildings of the former organizations

and the buildings of the Village are being connected to the 'old' ideal of 'caring for' as opposed enabling the clients:

> **Project leader:** 'How should I put it… They [the caregivers working in the Village] still do their job too much in the old fashioned way…'

> **Executive manager:** '(…) That [clients taking control over their own lives] is already very common within the organization. It also happens in the Village, within the intramural setting. But care giving over there is much stronger characterized by caring *for* people. Over there, coffee is made by the caregivers. Why would you make your own coffee? But with the concept of having control over your own life, it is also very important that you make space for people to take that control, which means letting them do a lot themselves.'

Then the change project refers to the attempt of changing the caring practices in the Village, to bring those caring practices in accordance with the ideal of good care as enabling the client to participate instead of caring for the client. Also note the 'over there' half way the remark of the executive manager, thereby not only referring to the physical distance – his office is elsewhere – but also underscoring how the caregivers over there do things differently. And care giving over there should be the same as over here! In that sense, the change project is an attempt to discipline the Village.

GOVERNING AT A DISTANCE

How do we align here with there? Such ordering brings us to the question of action at a distance. Social order can be represented by techniques of abstraction, such as writing, accounting or cartography. These 'inscriptions' become stable and mobile (Callon, Lascoumes, & Barthe, 2001). Munro gives the example of a map of the Americas in the colonial era that could be sent back to the court of Queen Elizabeth I. Those who are building empires then, never have to actually leave home (Munro, 2009). Likewise, some features of the modern organization are based on the understanding of governing at a distance (Stoopendaal, 2009).
Within the Nest, not much time is being devoted to '(…) money and that organizational stuff…' (Executive manager). The managers rely less on for example accounting, but put an emphasis on how the values of the organization are guiding.

> **Executive manager:** 'We don't really go for systems, quality systems. They are also present of course; to periodically observe if we reach our goals. But then where are talking about the quality

> of the system, which is not necessary the same as quality of the content of care. And that's what it is all about, after all. In my opinion, the values are the most important. It's predominantly the orientation of the employees that matters.'

But how does one manage the orientation of employees? Managers in the Nest place great confidence in the vision statement of the organization as an aid in the social ordering. Getting to know the vision statement is a *rite of passage* for newcomers in the organization:

> **Middle manager:** 'The new hires in my department start out with a training oriented at the vision statement of the organization. The training takes approximately three or four afternoons spent on the vision statement of the Nest. How do you relate to clients, to respect, to choice and to relationships? We try to establish a basis of how we work together in the organization.'

'The way we do things around here' is codified in the vision statement, much like the concept of the social contract. The ideal of good care as enabling clients to participate in society is translated in the vision statement:

> '(…) We make an effort to establish full citizenship for people with a handicap. We strive for normalization and integration. We expect employees to respectfully support our clients along the lines of this vision,' (Vision statement, document).

The vision statement becomes an actor in its own right and indispensable as such. All policy documents in the Nest have to start out with a paragraph how the subject of the document relates to the vision statement. The vision statement becomes established as an obligatory passage point and other actors have to take it for granted (Callon, 1986b). The caregivers in the Village do not verbally disagree with the vision statement. The rhetorical power of the statement is hard to deny, how could one be against clients participating in society? However, paying lip service to the vision statement is not the same as integrating it with practice.

> **Trainer:** 'The conviction is mostly there. In my opinion, everybody in the organization subscribes to the vision statement. Totally agrees with it. But sometimes it is damned hard to put it into practice.'

In an ultimate attempt to enroll the caregivers of her department, a middle manager took the notion of social contract quite literal and made a contract for the employees to sign.

'The pillars of the vision statement are the foundation of our activities when approaching or supporting clients,' (Opening statement of the contract).

Middle manager: 'People just don't do it. (…) I have made a list of agreements. Just common understandings: how do you perceive your job and what is expected of you? I want to have commitment on these agreements. I want to ask them to sign that contract and hand it back to me. Then I will know if he or she is wiling to work in this manner.'

BREAKING DOWN THE VILLAGE

Despite the above-mentioned strategies, according to middle and senior managers the caring practices in the Village are still too much informed by the ideal of 'caring for'.

Middle manager: 'It is very common to say that integrating the vision of the Nest does not work over here. They say: "It is in the walls." You know?'

Trainer: 'I think that the DNA of caring for has really permeated the terrain.'

The utterances above make a connection between the buildings of the Village and the care practices that take place within these buildings. What stands out is the distinctiveness of the Village compared to the other buildings of the Nest. The housing of other clients is small scale, decentralized and mixed with 'normal' housing. The Village is located within a green rural area three kilometres form a small town centre nearby. It is organized as a separate neighbourhood and has a single road leading to its entrance. Although the Village is organized as a neighbourhood with several roads and buildings within and is free accessible, it still comes across as rather isolated and apart. The buildings are all just one story tall and are called pavilions. With the green surroundings and the spacious placing of the pavilions, it feels a bit like a holiday park.
As the senior management of the Nest is well aware, care giving is interwoven with the spatiality. A large-scale strategy of heterogeneous engineering to enroll the caregivers of the Village in the ideal of good care as enabling involves literally breaking down the Village.

Executive manager: 'We're going to close down the institution. (…) All the buildings that are currently standing on the terrain will disappear, so nothing will be left. Then we will sell the ground to the municipality. Together with the municipality we will build a whole new neighbourhood.'

The new neighbourhood will consist of mixed housing for both 'normal' people and the clients who are currently living in the Village. The plans to build the neighbourhood are in an advanced phase and the neighbourhood will be called The Turnaround, thereby implicitly referring to the change of the care practices as well. In the new neighbourhood the clients will get their own apartments with private bathrooms, while they currently have to share their house with seven or eight others. It will still take four to five years till the new neighbourhood will be finished, but the contrast of the buildings already takes part in constructing what good care is. Middle managers and caregivers themselves describe their current way of caring like a hotel and emphasize how the caring should be more like a house, in which the client has its own role. Both metaphors also give a better insight in the two ideals of care I distinguished above.

> **Caregiver:** '(…) Hotel care is quite overstated, but sometimes it really looks like a hotel over here. People don't have to do anything, anything at all. Not that they can't or won't, but we simply never really thought about it. You start out here and see how people are working in a certain way and you go along with it. When you're making the beds, you never ask yourself "would Simon like to be involved?" (…) You're only thinking, everybody has to get up before 10:00 and between 10:00 and 10:30 the beds have to be cleaned because we are having lunch at 12:00 and at 13:00 everybody has to get back to bed again… So you have to work fast. (…) But it is quite nice when Simon sits besides the beds. Or we have to fold the laundry and fetch the clothesbasket over here. Well, the folded laundry is placed all over Piet [who is in a wheelchair] and he has to bring it back. I like this development.'

> **JvE:** 'According to you it resembles a hotel over here, but it should look less like a hotel. How should it look like then?'

> **Caregiver:** 'A house. A household where everyone has the possibility to do his bit. Yeah, I also see some difficulties. There are currently nine people living over here and neither of them is able to take an initiative on its own. Thus all nine have to be supported intensively. (…) I think we will still need some of the current repertoires. I fear this development a little bit. How do we have to…?'

A PORTABLE ALLY

The caregiver brings to attention that it might be hard to enable the clients to participate. The clients who live in the Village have multiple handicaps, sometimes combined with psychiatric problems, Alzheimer, autism, or physical handicaps as well. The caregivers describe them as having a 'low level', thereby referring to their mental development that is basically at the same

level of that of very young children. That means that some clients cannot talk, cannot dress themselves or do not have the ability to choose what they want on their sandwich. The caregivers find it considerably hard to give care to them in a way that enables them to participate in society. At this moment senior management decides to participate in the national collaborative.

> **Project leader:** 'Because we think that taking part [in the collaborative] stimulates the development of at least a part of the organization. I'm thinking of the Village in particular.'

Only part of the Nest is involved with the collaborative and it might come as no surprise that this is the Village. The stimulant the project leader mentions takes the form of a new methodology the caregivers have to learn. This method is called 'active support' and its methodology aims at enabling people with disabilities to participate in everyday doings. Within the Village middle managers and caregivers emphasize how the methodology appears to be 'magical', since it seems to deliver a clear-cut solution to the problem articulated by the wish to let lesser capable clients participate.

As the methodology of active support is praised by the organizers of the national collaborative as a best practice and as such presented to the Nest, we might discuss it as if the Nest is implementing a new idea that came from somewhere else. However, that is only part of the story, since the methodology of active support is intrinsically linked up to 'how we do things around here'. By participating in the theme of empowerment in the collaborative the problems and ambitions of the Nest are framed in one way over another and participation thus becomes *problematizing*. The methodology of active support can be considered as an actor-network itself with stable ties. As taken for granted it can be used as a 'package' or 'resource' in the continued construction of other actor-networks and in this way it becomes portable (Latour, 1987). Bringing in the methodology of active support is then a strategic move, in which the methodology becomes enrolled in the network of good care as enabling.

> **Trainer:** 'It could have been another methodology, but active support crossed our path. It is particular useful for the Village, to get the vision of support stronger accepted. As well in the hearts of the employees and in the everyday doings.'

However, no 'packaged' innovation is ever fully complete, as actors can defect at any time (Callon, 1986b). As we find out in the next paragraphs, it takes considerable effort to integrate

this 'magical' solution within the existing caring practices. The solution might in that case not be so clear-cut after all.

COFFEEMAKERS AND COOKIES

The methodology of active support is transferred by trainers of the Nest who give in-company trainings. The trainers are part of a department of the Nest that is called 'tover', which is the Dutch imperative of the verb 'performing magic'; thereby hinting that active support might indeed be magical.[8] According to one of the powerpoint slides presented at a training I attended, active support aims to

- Create as much chances as possible to learn new behavior
- To bring the learned in practice
- Step by step
- To give everybody the opportunity within his own limitations
- To take as much control as possible over their own lives.

(Powerpoint slide training active support, fourth meeting)

The methodology thereby emphasizes learning skills as a way of gaining autonomy, thereby bringing in an optimistic notion of progress. As I argued earlier in this paper, translating is in the 'definition' that the actors make of each other when constructing their associations (Callon, 1991). Associating with active support then also has effect on how the identity of the client is constructed. An insightful example of how the identity of the client is being reconstructed is the routine of drinking coffee.

> **Caregiver:** 'Most clients love coffee. (…) I think they more want to *have* it than to drink it. I think that is because the caregivers also drink coffee. But I'm not sure. Maybe if we would drink apple juice then… Coffee really is a popular item.'

Coffee becomes an item that signifies being 'normal', because the caregivers also drink coffee. The caregivers used to have control over the coffee by making a big coffeepot and filling the mugs of clients. Now, a lot of clients have a Senseo coffeemaker in their own bedroom. The Senseo coffeemaker makes one cup of coffee at a time instead of a big coffeepot, thereby making the routine of drinking coffee individual. Furthermore, caregivers use the methodology

[8] The Dutch language has a single verb for 'performing magic': 'toveren'.

of active support to enable clients to learn how to operate the Senseo coffeemaker on their own. By learning to make coffee, clients have access to objects that signify normalization on their own.
Imitating 'normal' life becomes an essential part of day-to-day care.

> **Caregiver:** 'The clients get involved in society and start to participate in activities that are social recognizable.'

Imitating normal life also means taking part in less pleasurable activities and having some form of responsibility.

> **Caregiver:** 'Actually, the clients also have to take part in the household. That applies to us, but also to them. Life is not only made up out of bowling, doing gymnastics and that kind of stuff. Yes, they also have to empty the dishwasher. It just gets into the routine at some point, caregivers doing those chores. And now you are made aware, that clients can participate as well.'

> **Trainer:** 'I belief that people have a right to have tensions and dissatisfaction now and then. Caregivers tend to look upon this differently. "If he doesn't want this chore, than he doesn't have to." In my opinion, when you're talking about active support, you're talking about the household and all the stuff that has to get done.'

Constructing the client as an autonomous individual also means that the client *has* to take part in learning skills and has to accept some form of responsibility. Taking up the question how autonomy is enacted in mental health care, Pols shows how different washing repertoires relate to different conceptualizations of autonomy. The assumptions underlying active support have much resemblance to the repertoire that is described by Pols as washing as a basic skill the patient must learn in order to become an independent citizen. She elaborates how this type of care is associated with rehabilitation, in which is assumed that the individual would like to be independent in order to be able to live in the community. 'Washing oneself contributes to this ideal of living with as little dependence on professionals as possible: if you learn to do for yourself what you can, you will be less dependent on supporting professionals,' (Pols, 2006: 86-87).
Clients in the Nest are expected to take part in society by learning skills that normalize them. Striving to empower clients in this manner bears a paradox. Let me illustrate this with an example. In their first try-out of the methodology of active support, a team of caregivers in the

Village tries to teach the older client Karel to hand out cookies to the other clients. They hope that Karel would feel that he is appreciated and involved by handing out cookies. Karel likes the cookies a lot. Each time when he is given cookies, he eats them all himself. The caregivers try to persuade him to hand out the cookies to the other clients, but Karel is so pleased with the cookies that he eats them the minute he gets them. After a few attempts to teach Karel to hand out cookies, the caregivers decide to give it up, because this is apparently not a skill suited for Karel. Karel uses the autonomous space he is given to do something that really pleases him: eating cookies. But according to the methodology of active support this is not the kind of autonomy to strive for. This translation of autonomy bears the paradoxical assumption that autonomous people should have reasonable preferences (Velpry, 2008).
Constructing the client as an individual, who should strive for the normalizing by participating in society, also closes off other possibilities:

> **Caregiver:** 'The two older ones with Alzheimer living over there both lived on their own before they came here. (…) And now they share a bedroom and that gives them a very peaceful state of mind. Just the closeness of somebody else gives a lot of peace and quiet to get through the night. So now we're doing the best we can to arrange a shared bedroom for them when we move to The Turnaround. I'm not sure if it will be allowed… Especially the family deems it very important. They would be very upset if Sarah would be left alone in a room.'

Constructing the client as an independent individual instead of someone who has to be cared *for* gives less space to articulations of being at ease and closeness. In order to make room for such articulations, caregivers negotiate with each other and with materials around them. The caregiver in the fragment above wants to arrange a shared bedroom in The Turnaround and another caregiver spoke of the possibility that clients might have apartments with glass walls so they would still be able to see they are not left alone. With these negotiations the methodology of active support is also translated, as becomes clear in the fragment below.

> **Caregiver:** 'This gentleman [points at the man sitting a few meters apart from us] is also involved with active support. Hans is just sitting there. I don't have the feeling that… We had to examine when he is doing an activity and when he is waiting. [One of the first phases in the methodology of active support involves examining the day schedule of clients.] And when is there time left to do extra activities? I'm his caregiver, but I don't have the feeling he his waiting at this moment. He is playing around with a newspaper, looks at the picture of his mom and is looking outside. And that is fine. Another colleague would call this "waiting". (…) And when

you're making a day schedule and examining the empty moments, well you also have to negotiate what you consider to be an empty moment. (…) Like now, that would actually be an empty moment. (…) I argued that we shouldn't call it "empty moments" or "waiting", but "moments of opportunity". (…) I'm convinced that he is not waiting at this moment. There is no activity planned either. If we would ask him: "Hans would you do something?" he will. But that doesn't mean he has to be busy from 13:30 till 17:30 when we're having dinner. The man is 73. So I named it differently.'

FILLING IN FORMS

When learning skills is the goal, 'functional diagnosis' becomes an important part of care work. What is within the capabilities of the client? What can he or she learn? Assessment and planning become part of the day-to-day work of caregivers (Pols, 2006). The methodology of active support emphasizes that every caregiver should approach the client in the same way. Care plans and forms to record progress become necessary props in order to exchange information between caregivers. The care plans are used to write up the goals of the skills training and the caregivers have to use the forms to report on the progress of the training. However, most middle managers complain that the caregivers of their department fail to fill in the forms.

Middle manager: 'Yes, it is difficult. Keeping track of things, keep the lists up to date, to rapport… You really have to be on top of things, to make things as easy as possible for them. We tried putting the forms on bulletin boards, small post-its with "don't forget!" and reminding them, but still some of them fail to do so. What's the cause? I don't know either…'

Filling in the forms is a returning point of discussion in team meetings. Middle managers show up on these meetings and keep reminding the caregivers that they should fill in the forms, because otherwise active support (and thus the ideal of enabling the clients to participate) won't succeed. In a meeting one of the caregivers replies that some of her colleagues did not have time to fill in the forms because it was such a hectic period of time. The middle manager urges the caregivers present to keep track of each other.

Middle manager: 'You're too understanding and kind, because you're doing the same kind of job. The work goes on, also when a lot of your colleagues are ill! You have to be strict to each other!'

Is this failure and neglectance of caregivers to fill in forms an articulation of the wicked problem of 'resistance to change'? I argue that rather than 'resistance to change', caregivers fail to make sense of the forms, because they do not consider it part of their work.

> **Caregiver:** 'Only I and a colleague of mine fill in the forms. So not everybody is aware of the purpose of the forms. We have to discuss what the cause is [of the failure to fill in the forms]. It doesn't have to be that they just don't feel like it. I think they might not know the reason behind the forms.'

> **Trainer:** 'A lot of the caregivers like to work with people and they say: "Ticking off a list is not so interesting for me. That is actually not part of my job. I would rather sit with a client and drink coffee together than walking to the office room to tick of a list." So that is were the forms are and only half of them is filled in.'

The houses where clients live are organized like big family homes, with a living room and a lot of bedrooms. The office room the trainer mentions, is separate room with a computer where caregivers are able to perform clerical work without being interrupted by clients. But as the fragment above displays, the caregivers prefer to be in the living room instead of in the office room.

> **Caregiver:** 'Well, I choose to give care and not to perform clerical tasks. I'm not that good in it anyway.'

> **Remedial educationalist:** 'Everybody has the feeling that caring is *the* job. They deem the other part [sitting behind a computer] as less important.'

The caregivers fail to fill in the forms, because they don't consider forms as part of their job and neither do they consider the office room a place where they should be during their job. Because the *real* job is in being with the clients. The attempt to reconstruct this notion of work also means entering negotiations over the identity of the caregiver.

I am present at a meeting where representatives of different teams are discussing the progress of integrating the methodology of active support. The failure of caregivers to fill in forms comes up and one of the middle managers responds proudly that the caregivers in her team are actually filling in the forms. The others present react surprised. How did she make them do it?

> **Middle manager:** 'I hit them all… [Laughter] No, I had a lot of conversations and they became convinced when they started seeing results.'

The same afternoon I visit the pavilion where this team works. When I enter the living room I notice forms hanging at the cupboard. One of the caregivers explains to me that he is teaching a client to wash his own coffee mug. Since doing the dishes takes part in the kitchen, he has placed the forms nearby. By taking the forms out of the office room and into the living room, they become part of the work practice. In this way the caregiver translates the methodology of active support in his day-to-day work. However, the caregiver also confides me by telling that placing the forms over there is actually not allowed. The cupboards are highly visible and since the forms contain personal information about the client involved, placing them at the cupboard invades the privacy if we articulate the client as an individual citizen.

As Suchman points out, one of the challenges to such local improvisations is visibility. The 'invisible work' that allows the local improvisations may be threatened with closure rather than being celebrated once the light is shone upon them. The example above illustrates how the highly visible change agenda to 'establish full citizenship for people with a handicap' may actually create incentives to keep these translations hidden. The appropriation of these translations in the visible change agenda would run the risk of destroying the very conditions that make these translations possible (Suchman, 2002).

CONCLUSION: NEGOTIATING THE ORGANIZATION

In this paper I have suggested to use the language of actor-network theory to study change in organizations, more specifically quality improvement in health care. I hope to have shown that the entities that constitute the organization are not well defined and stable. In negotiating the content of good care, caregivers, managers, clients and the 'package' of active support also negotiate the definition of each other. It is precisely this definition of identities and mutual relationships what the negotiating and associating is all about. The conversation below illustrates this clearly:

> **Caregiver 1:** 'Yesterday morning I showed the pictograph that represents showering to Aad. [As part of the methodology of active support, the caregivers use pictographs to communicate with clients who find it hard to communicate verbally.] He took the binder with pictographs from me, glanced through it and took the pictograph with food on it. I thought, not again…'

Caregiver 2: 'How do you mean "not again"? I actually like that. He takes the pictograph to sign that he wants to eat something. I would just go along with it and let him have something to eat first. Afterwards you will just find out how the morning passes off.'

Caregiver 1: 'Well, I didn't think of it that way. I just though "he has to shower first," so I took the pictograph back out of his hands. Maybe I will just go along with it next time.'

These processes are however not limited to actors who are 'equipped' with voice, as Gastelaars observes. 'Buildings, things (and rituals) materialize health morality. They 'make' people move, and above, all they embody the identification, separation, and finally the removal of the 'dangerous' dirt; moreover, they show people what is healthy,' (Gastelaars, 1992 in: Munro, 2009: 130). By including both human and non-humans in the analysis we are able to overcome the deterministic stance of Rogerion notions of innovation and rational theories of change. Agency – may it be granted to either objects or humans – becomes *agencement* (Callon, 2005). *Agencement* is the French equivalent of the concept 'association' I employed earlier in this paper. The deliberate wordplay draws attention to how meaning is created by the fitting together – *agencer* – of buildings, objects, texts, routines and humans. Deterministic readings of change construct the organizational members as either complying with or resisting to change, where the latter refers to their largely irrational attachment to the status quo (Suchman, 2002). The language of ANT allows us to see a process of translation, where the fitting together reconstructs those who translate and that which is translated.

Taking up the question how the ideal of good care as it is articulated through the collaborative becomes localized in every day practice, directs our attention to the methodology of active support. The methodology becomes a portable ally to the managers of the Nest in their attempt to discipline the Village. As taken for granted 'package' it becomes part of the negotiation processes in the Village. An effect of this association is in the reconfiguration of the identity of both caregivers and clients. In redefining caregivers and clients, the 'package' itself becomes redefined as well. It takes the gaze of an ethnographer to see the invisible work of translation taking place, in negotiations as intricate as renaming 'waiting' into 'moment of opportunity' or hanging forms on a cupboard. Striving for 'full citizenship' of clients by learning skills in order to 'normalize' them, bears the paradoxical assumption that the clients should use this autonomous space to fulfill the expectations of caregivers (Velpry, 2008). Constructing the client in this manner also closes off articulations of 'otherness' such as a need for closeness and being at ease. It is in the 'resistance' of caregivers that such articulations are still possible. Although such translations might betray the change agenda, they may in some cases be a requirement for long-

term improvement. We might better think of change as an artful integration, instead of a wholesale transformation (Suchman, 2002).

This reconceptualization of quality improvement will certainly not satisfy the health care scholars who try to fill the 'evidence gap' of the collaboratives or search for the causal factors underlying implementation (Zuiderent-Jerak et al., forthcoming). But I did not pick up the task to do so, as I already put forward early on. Using the language of ANT is very useful in countering conventional 'theoretical tales' (Calás & Smircich, 1999). ANT holds the promise of dealing with and fending off singular notions of progress and knowing (Law, 1999). In doing so, ANT offers a 'new' conceptual language to address older problems and debates within management and organization studies.

ACKNOWLEDGEMENTS

I am very grateful to the employees of the Nest for sharing their experiences, allowing me to sit at their meetings and walk around in their buildings. I thank Mirko Noordegraaf, Roland Bal, Annemiek Stoopendaal and Marja Gastelaars for their valuable comments on earlier drafts. All omissions in the present text are naturally my own. This research is funded by ZonMw, the Dutch Organization for Health Care Research and Development.

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