

Kari Murto

LEADING THE PROCESS

**TOWARDS THE PROCESS CENTERED
DEVELOPING OF WORK COMMUNITY**

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DEVELOPING OF WORK
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FOR ANNUKKA AND MIIKKA

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4.2.6 Creating functional structure

Organization development and research has paid a lot of attention to the social structure of an organization. Sometimes organization development has been seen merely as changing the social structure, as the rearrangement of the “organization boxes” and as a new division of tasks.

The unpredictability and speed of social changes has led organization researchers to see development as continual action. This requires the creation of ‘mechanisms’ within an organization and a work community that guarantee continual change and development.

Confronted with such a challenge, to use an outside consultant as a reorganizer is not enough. In the future the leader of an organization and a work community has to master and adopt the roles of consultant and developer. Also the community has to organize into its own daily routines the elements that enforce development. Development occurs through action, and continual development is based on proper functional structure.

How can we fit together daily routines and creative community development? The starting point is to distinguish between two kinds of routines: harmful and useful ones. Harmful are such individual and communal routines that are remains of former times but do not serve the community operation in the present environment and in the basic task. Useful are the routines that support predictive proactive adjustment to the functional environment and continuous re-evaluation and realization of the basic task. A harmful routine can be distinguished from a useful one by carrying out the model for living and learning as described above, by creating time to pause together to examine one’s own and the community’s actions on the basis of its basic task. This kind of pausing is a useful routine in every community.

If we as individuals or as a community have no time to stop and examine what has been lived through and what has been done, we will blindly repeat previous courses of action and routines, we will not learn from experiences nor will we develop. By functional structure I mean the

entirety of all the actions of a community. Which could be described for instance as a school schedule. In a dormitory type community or a hospital it covers 24 hours, in a school for instance 6 - 8 hours a day.

In a factory or a store the functional structure could be 8 hours for the workers and possibly 24 hours a day for the owners.

These functional structures should include room for regular common meetings where the realized action and the experiences derived from it could be analyzed and evaluated together, and based on that the action could be altered and developed. Anton Makarenko and Maxwell Jones realized daily common meetings in their communities (Murto, 1991).

For an institution mainly for psychopaths, established in 1947, renamed as Henderson Hospital in 1959, Jones developed a functional structure where each morning commences with a staff meeting followed by a common meeting for the staff and the patients. In these meetings they go through the events of the previous night and the programs for the day. In addition to this, the meetings of therapy, activity and work groups, that are part of the treatment, all end with a common review of the lived and the done. This functional structure has guaranteed exceptionally good results in the treatment of difficult patients, and the survival of the therapeutic community for almost fifty years now.

In community development it is important to examine the actions also as a whole, for instance from a therapy group meeting to a daily, weekly and yearly period. By proportioning larger functional periods to the basic task of the community we have a chance to estimate and develop the community from a new point of view or from a new level. In the figure below, the examination of the functional structure is attached to the model of living and learning.

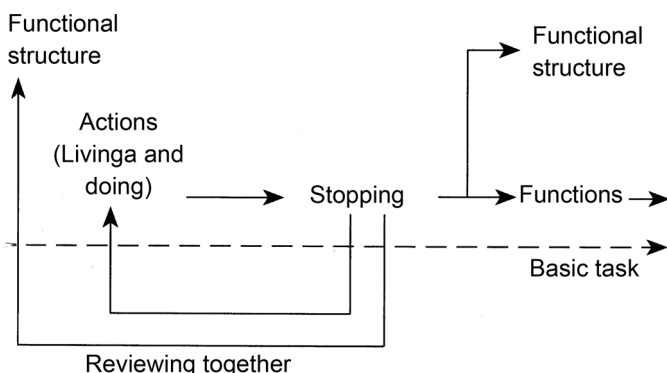


Figure 7. The basis of community development is regular and often occurring review of actions and the functional structure starting with the basic task of the community. Reviewing provides the basis for looking forward, for planning, for the revision of actions and the functional structure.

In changing the general structures of actions we are often confronted with the community's social structure and its effects.

By social structure I refer to both official and unofficial groups and relations. The official social structure is expressed in the organization chart and in various rules (laws and service regulations among other things). It includes the divisions of tasks, power and responsibility relations, and other obligations that also direct the community's functional structure. If you want to change the functional structure for instance in regard to power relations or the decision-making system, you will come up against the restrictions of the social structure.

In an institution, it could be substantiated to move the choice of the leader and the superiors to the staff of the units, but it is usually not possible owing to the restrictions placed by the social structure, for instance the service regulations. In practice it is usually very distant for the basic level staff to start perceiving, from the point of view of the community's basic task, the role and importance of the various levels of a large organization. The same applies to the leadership, for it is not easy for them to see the real effects and meanings of their actions in the community's daily interaction, as shown above by the

analyses by Harmon and Boswell.

To sum up, it can be stated that from the point of view of process centered development the role of functional structure rises to a central position between a community's daily actions and the social structure as a construction that conveys change. From below it is defined by the actions and routines of the community and its members, from above it is affected by social conditions and requirements reflected by the social structure as shown in figure 8.

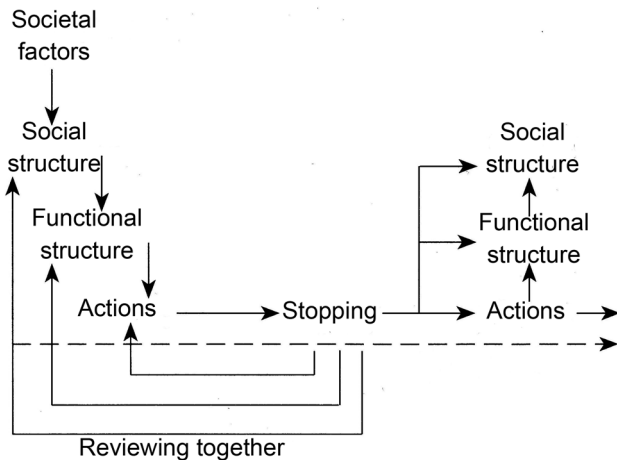


Figure 8. The actions and the social structure of a community are controlled by its social structure and societal regulations and decisions, the meaning and effects of which can be analyzed by stopping and reviewing together. This provides the basis for continuous evaluation of the basic task and for repairing the defects that hinder its realization.

To examine and evaluate the functional structure is a part of examining the everyday life. To examine the functional structure is by no means something new. It has been examined - though not from the point of view of process centered development - for instance in a health center's bed ward (Leino, 1992) and in a psychiatric hospital (Karterud, 1989). In the following I shall try to give an example of how we in training have learned to exam-

ine a community's functional structure and its meaning to the realization of the basic task.

The functional structure of one day in a psychiatric hospital ward could look like this:

In the same way we can map together the functional structures for a day or a week of the various staff groups and patients. When we start to examine the meaning of the functional structure from the viewpoint of the realization of the basic task, I have asked the trainees to consider each form of action as minutely as possible: What is going on there? What are they doing? What kind of interaction is there? What kind of relations and **roles** do people settle in?

In regard to their position, people in a hospital community are divided into staff and patients. There are of course many roles within the staff, such as the cleaning women, nurses, head nurses and doctors. Then we can examine for instance the staff's interaction and division of tasks, and consider it from the perspective of the realization of the basic task. A concrete analysis of the individual parts of the functional structure from the point of view of the staff's and the patient's functional roles has proved very revealing. The result may look like this:

A patient can, of course, actively or passively oppose instructions, advice, demands or orders, but it will not affect his role. Certainly other kinds of role differentiation do exist, but the one presented above is not rare no matter if we are dealing with the wards of an institution for the disabled or a psychiatric hospital. If we instead of staff wrote down teachers, and substituted patients for students, the role differentiation would not seem impossible.

When we have been pinning down the general appearance of the role representation in various training courses, we have become aware of the well-known fact that the staff is active and giving, the patients dependent, passive and receiving.

Well then, what is the **meaning** of this kind of role differentiation from the standpoint of the basic task of for instance a ward of a mental hospital? If the basic task should include activating the patients, and supporting in-

dependence, initiatives and self-esteem, does the perceived role differentiation support the realization of the basic task?

The next question to come up is what should be done. How could we develop the functional structure so that it would offer the patients roles that would be suitable for them in respect to their rehabilitation? Could we change the prevailing actions so that the patients would get new roles? Confronted with such questions some people become frustrated:

“They (the patients) don’t learn anything!” “I can’t think of anything.”

Heavy work, constant feeling of busyness, and pressures from constant organizational reforms wear out the staff’s resources and suppress creativity. What remains, is routine work and an attempt to somehow make it from one day to another. The “reforms” that are conducted from above paradoxically push the basic level staff into the passive role of the receiver and alienate them from the basic task.

Those who have preserved their optimism and faith will start to give ideas to new functional models and actions:

- Could the patients go for a walk together? Could they learn how to make beds or to how to lead singing?
- Could we choose a host and a hostess for each ward for a certain period of time?
- Could the patients arrange a family festival with the staff’s support?
- Could we arrange a thinking day for the staff and the patients, when mixed groups could discuss all the matters that could be different in the ward?
- Could the members of the staff and the patients review together the lived and the done after each activity?

When we think about reforming actions and new forms of actions like this, we often come up against the staff’s role differentiation and division of tasks. In regard to the basic task it would sometimes be expedient to redive the tasks in accordance to the inclinations and interests of

the staff members. Evaluation of actions carried out afterwards usually reveals surprising things concerning the quantity and quality of interaction, which will help both the staff and the patients.

When we change the functional structure, we will confront the social structure of the organization. For example if one ward in an institute for the disabled would like to change its eating hours or to have a special worker like a music or a physiotherapist in the ward, it would require alteration and flexibility of the actions of the central kitchen and the special workers in question. Then again, financial regulations have proved to be a problem when the people in the ward together with the staff wanted to organize a bazaar for their own products to finance their own recreation activities. Even if these kinds of matters were negotiable and agreeable, in practice they seem to stumble over the weakness of cooperation, since regularly assembling cooperation forums are missing. Even if the wards had acknowledged the need for cooperation forums and there would be willingness to have meetings for, for instance, the whole institution, it is the management who decides if the staff may assemble. Here we meet with the obstacles and chances of the organization's social structure (the staff's representation in the management group) as well as with the effects of social legislature (the staff's representation in the government).

Power relations in an organization's social structure may prevent the realization of the community's basic task, as can be seen in the following examples. In an institution for the disabled it was decided that a ward would start baking in order to teach the inhabitants independent living skills. However, the head cooker refused to give flour from the kitchen. In a school, the appropriation for repairing and painting the desks was insufficient. The teachers and the students decided to fix the desks together with the aid of neighborly help. The real estate office of the city refused to purchase paint and forbid the whole undertaking.

In a factory the manufacturing of men's suits was based on production line work. Nearly all the workers were

women, and they competed with each other for the most profitable work phases, and thus for the biggest profits. A male foreman was responsible for the division of tasks. Among the sewers there was one lady who was clearly faster than the others, and earned constantly more, at times even more than the foreman. As a consequence, the foreman displayed discrimination tinged with envy towards the fastest worker, who was deeply offended by this. It was hard for her to get support from her work mates, since most of them were envious and enjoyed the foreman's discriminatory behavior. The foreman's superiors were seldom seen among the workers, and were so distant that an ordinary sewer would not venture to turn to them. Also in this case the social structure of the factory with its hierarchies and power relations acted against the basic task of the factory: profitability and efficiency.

If the hierarchy in the factory had been lower, the sewer in question could have sought justice from the superiors of the foreman. If the functional structure of the factory had included a common forum and regular meetings for the workers, superiors and the management, she could have brought this up there. The foreman's actions could have been evaluated with regard to the general interest of the factory, and most likely a change would have taken place. Essential for the prosperity of the factory would of course have been to examine the reasons for the superiority of the one sewer. The working methods she had composed and developed, and little tricks like self-made simple accessories for the sewing machine that the others had not thought of, would with the aid of different kinds of social and functional structures have come to everyone's disposal and they would have improved the productivity remarkably. Now the mutual rivalry between the workers and the power centralized to the foreman together with his envy acted as an invisible hindrance to effective production - invisible at least to the factory management working in their own circles.

The examples I have given you above show how the positions and power relations related to the social structure of organizations are connected to the development

of the functional structure of everyday life, and to the realization of the basic task. That is why the development of organizations and work communities from bottom upwards and holistic requires interaction process management.