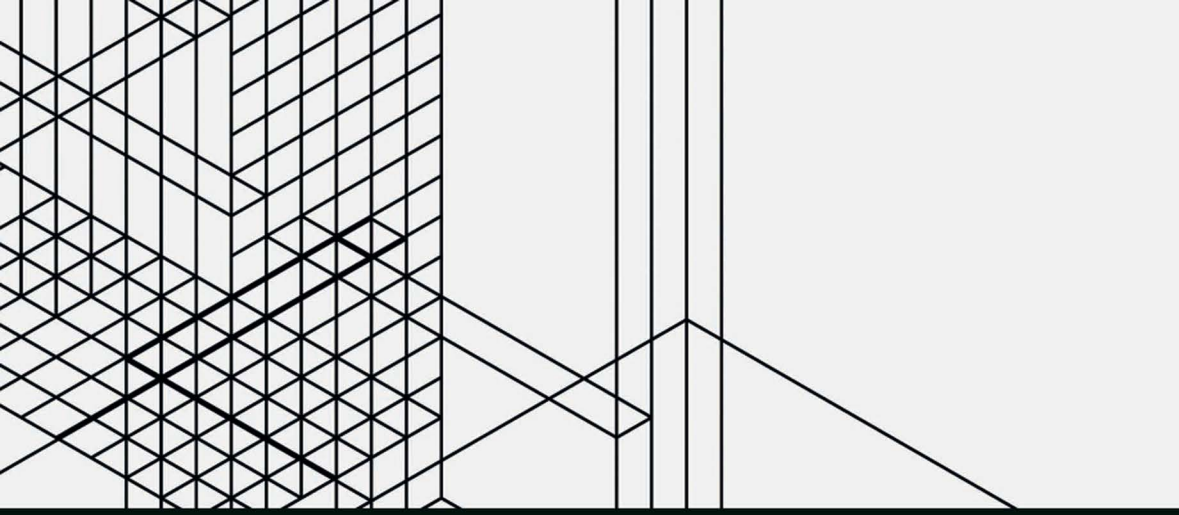
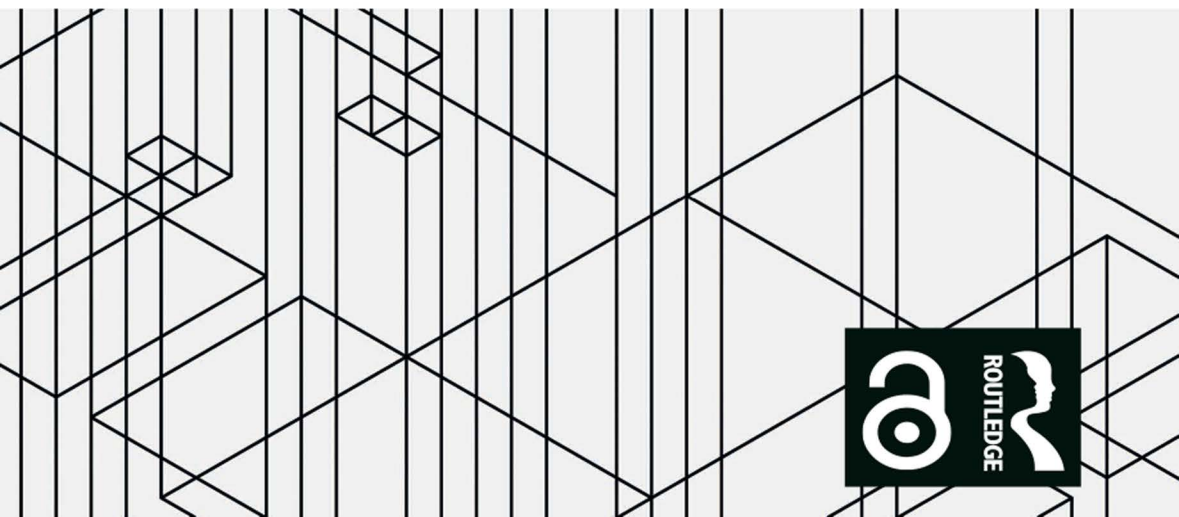


Routledge Studies in the Sociology of Health and Illness

GENDER AND WELFARE SERVICE WORK IN BIOCAPITALISM

LEAN IN ACTION

Eeva Jokinen, Helena Hirvonen, Laura Mankki,
Timo Aho, and Iiris Lehto



Gender and Welfare Service Work in Biocapitalism

This book explores how Lean – a global management doctrine – operates and is adopted in the real, corporeal, collective, and affective environments of health and social care services.

During Lean implementation processes, knowledges, affects, skills, and materialities come together in manifold, complex ways. Based on ethnographic fieldwork, interviews, and observation, and with empirical and theoretical rigour, the book provides an answer to the question of what happens to care work when processes become 'Leaned'. As in many other fields, the predominantly female health and social care sectors suffer from devaluation in terms of wages and working conditions. The book explores how Lean management is ultimately lived in this gendered context of work and labour. Moreover, the book situates Lean and related management doctrines in the current mutation of capitalism – that is, biocapitalism – in which *bios*, life itself, becomes the core of value production.

The book adds to the corpus of work, organisation, and management studies on Lean that have rarely focused on gender, affect, or sociomateriality. It provides scholars in Social Science, Management, and Gender Studies with a fresh outlook and a cross-disciplinary take on Lean management.

Eeva Jokinen is Professor of Social and Public Policy at the University of Eastern Finland.

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Gender and Welfare Service Work in Biocapitalism

Lean in Action

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Preface

This book is the outcome of the research project *Lean Work Gender* led by Professor Eeva Jokinen and funded by the Academy of Finland in 2018–2022 (grant no. SA314935). The project was a collaborative effort between our research team, including Eeva Jokinen, Helena Hirvonen, Iiris Lehto, Laura Mankki, and Timo Aho, from its planning to its execution. Early on in the research process, we realised our ethnographic fieldwork produced data that fit perfectly into the format of a scientific monograph. We figured this format would do more justice to the data than other publication formats, and we are grateful to Routledge for granting us the opportunity to publish our results as a research monograph.

The book materialised as a consequence of our fieldwork visits around Finland and, to a small extent, also Sweden, after which the brainstorming and writing up of the research were similarly multi-locational. In this process, the Department of Social Sciences at the University of Eastern Finland and its Joensuu campus served as a nexus that allowed us to come together whenever needed. As our project's main outcome, this book was possible courtesy of many others, most importantly the numerous individuals and organisations we came across during our fieldwork. We are forever grateful to all of you for sharing a part of your Lean journey with us.

During the preparation of the book, the chapters based on original research went through a review process. We express our sincere gratitude to the reviewers for sharing their expertise and time to review the chapters and to discuss the work-in-progress with us at a critical moment of the writing process. Thank you Marja Alastalo, Diane Burns, Marja-Liisa Honkasalo, Ari Kuismin, Renita Thedvall, and Sirpa Wrede. Special thanks to Mikko Jakonen, who reviewed the entire book manuscript towards its finalisation. Preparing an academic volume for publication is not only a question of aiming for academic excellence but also a question of minding all the practicalities, which is a shared effort between the authors, the editor, and the publisher. Meticulous proofreading never hurts, either, which is why we were lucky to get to work with the talented Merl Fluin. Finally, we are most grateful to our Commissioning Editor, Emily Briggs, and our Senior Editorial Assistant, Lakshita Joshi, at Routledge for guiding us through the publication process.

We have written the book with social scientists in mind in an attempt to contribute to the volume of critical research on the formations of work, gender, and capitalism. However, we trust the book is accessible to a much wider readership in health and social care and management studies. The book can be read from cover to cover or by choosing to read selected chapters that provide narrower viewpoint on the topic.

We hope the enthusiasm we shared during fieldwork and the process of writing this book reaches the readers in the forthcoming chapters.

April 2023,
The Authors

1 Introduction

Helena Hirvonen, Eeva Jokinen, Laura Mankki, Iiris Lehto, and Timo Aho

Autumn 2019. On a beautiful frosty morning, we walk from the hotel to the venue. It is the fourth face-to-face period of the Lean training which we are participating in and observing at a Finnish welfare service organisation. By nine o'clock, the auditorium is full; people exchange greetings and catch up on each other's news. They already know one another. The organisation's development manager enters the auditorium. Her eyes shine with enthusiasm – as usual. The aim of this face-to-face period is to practise small improvements. There is a lot of chatter in the auditorium. Holding up a plaque, the development manager starts by telling us excitedly that the organisation has won a Finnish Lean Association Prize for its work on process management. The participants in the Lean course, all welfare service workers, applaud. The development manager then stresses that the prize is all thanks to the practical work done by 'you', the employees on the Lean course. She says that a total of 400 small improvements have been made in the organisation since it began to offer its staff Lean training. She explains that it is not the leaders of the organisation who have the knowledge; rather, it is the employees who tell the leaders how to perform better – in terms of care pathways, for instance. She directs the applause towards the welfare service workers themselves. The coordinator of the firm that provides the Lean training joins the others in congratulating the organisation, saying that their firm will also be celebrating, since they have had this great opportunity to be part of the process. At the front of the auditorium, the Lean consultant who is about to start his PowerPoint presentation seems anxious to begin the teaching he has planned for today. After briefly congratulating everybody, he says: 'But now we must go forwards, since Lean is a journey, and one should never stay put'.

Later during the day, the consultant asks people to divide into groups and discuss the small improvements each person has made to their own work. I move a little closer to a group of women, tell them that I am one of the researchers, and ask their permission to listen and observe. A nurse and a physiotherapist report the minor improvements they have conducted on their ward. They display a laminated A4 colour document. The photo shows a strap fastener that someone in their department has made out of fabric. There are roughly 20 such straps in the picture. Nurses used to bring their own tapes, cloths and rags, because the strap fasteners were always getting lost: they would be sent to another town with the rest of the laundry, from which they would never return. But now they have their own storage space, and the dirty straps

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> are washed in-house. The laminated picture shows a knee to which a cold compress is attached by one of these straps. The rest of the group listens to the story and praises the document. I ask for permission to take a photo, and I too praise the document. I think these women have taken the training seriously – they have made and documented a small improvement. Another nurse talks about the rubber boots that staff wear while bathing patients in her department. The boots always seem to have gone missing when they are needed; they can never be found, at least not in the right size. To solve the problem, she had suggested that all patients' rooms should have designated cabinets containing boots in specific sizes. I cannot quite hear what she is saying, because there is a lot of talk in the auditorium and among the other groups. The nurse smiles and continues, telling us with amusement that the experiment was not successful, because other staff members had not grasped her new Leaned idea. The rubber boots were still being misplaced, and as the boots travelled from room to room, patients sometimes even put things inside them. The rest of the group nod and listen, amused and encouraging. The nurse says that in the end she cleared a space for the boots in the equipment storeroom, and the carpenter is going to install some Ikea shelves in there for them. The boots will be safe and clean on the shelves, and it will be easier to wash and maintain them if they are all in one place. Behind me I hear the consultant call: 'Remember that the improvement should be documented, then you have something to show'. He adds: 'Then you can write that this small improvement brought these benefits. . . . Some things aren't always so easy to check out, but that's the skill'.

This description of a particular Lean training day – and we experienced tens of similar days – captures the variety of Lean in welfare service work: from celebration to labour, from laminated photos to welfare organisation logistics. As we see in the description, this fascinating variety comprises what is often called 'a Lean journey'. This book is about our expedition into the Lean world for the research project *Lean Work Gender*, which investigated the translation and implementation of a specific new public management (NPM) system into care work. Our expedition took place during 2018–2023 in several places in Finland, but Lean ideas have spread worldwide. That spread has by no means been straight, linear, or simple; it has entailed the joint, even messy endeavours of multiple human and non-human actors, private and public sector organisations, and encounters among workers, managers, and consultants. During Lean implementation processes, knowledges, affects, skills, and materialities come together in manifold, complex ways.

Like other market-based management doctrines under the NPM umbrella, Lean management promises a better client experience and an invigorated working environment for employees. It achieves these by streamlining work performance processes and reducing areas of waste (e.g. delays, long waiting times, excessive stock) throughout the production process – or, in this case, the care process. Lean thinking first developed in Toyota factories in the 1940s in Japan. It subsequently spread to all sorts of manufacturing and, since the

1980s, to public services too. It has become enormously popular. For example, one of the strategic priorities of the Finnish government programme for 2015–2019 was to focus on public leadership implementation and reform, and one of the suggested means to do this was to apply Lean, 'which allows us to optimise the big picture and to maximise both customer satisfaction and resource effectiveness' (Government Programme, 2015). According to a recent study, over 70% of hospitals in Finland have undergone at least one Lean initiative focusing on patient or care processes (Jorma *et al*., 2016). At meetings in our own university, the University of Eastern Finland, we often hear that there is a need to Lean our curricula and make our practices smooth and swift for university employees, customers, students, and research partners alike.

Although Lean management is a global phenomenon, it is manifested, adapted, and indeed translated locally in unique ways. This book investigates how Lean operates in the real, corporeal, collective, and affective environments of health and social care work in Finland. It is based on three years of ethnographic fieldwork, including interviews with care workers and Lean experts, observations of Lean training sessions, and visits to Leaned workplaces. The book answers the question: what happens to work when work processes become Leaned? It also analyses how gender becomes (or remains) part of the new management culture. Starting from work, it asks how affects and affections are enacted and how various artefacts become essential actors in Lean training as it is implemented and lived with every day. We start our travelogue by paraphrasing a brief grammar of Lean as it is presented in some of the most influential texts. We then go on to describe the Nordic and Finnish context of our study before further investigating Lean's global roots and rhizomes.

The rhetoric and language of Lean

Lean thinking has its own terminology and language. There are various Lean dictionaries, comprising hundreds of words (see e.g. Lean Enterprise Institute, 2023). The terminology is dominated by Japanese words, but the origin of Lean itself is Krafcik's (1988) article 'Triumph of the Lean production system', which introduced the term to describe the Toyota production system. 'Lean' was a strategic choice, as the word connotes muscle tone, fitness, and speed (Womack and Jones, 2003; Norlyk, 2011).

Womack and Jones (2003) conclude that Lean thinking can be condensed into five principles: value, value stream, flow, pull, and perfection. 'Value' is the critical starting point. According to Womack and Jones (2003), value is only meaningful when expressed in terms of a specific product or service that meets the client's needs at a specific price or place at a specific time. Value should thus not be dominated by the provider but should reflect what the client will value (Waring and Bishop, 2010). 'Value stream' refers to

the identification of processes that add value to the product or service. An organisation might add value, for example, by problem-solving or redrawing activities. Value stream analysis will also reveal which actions do not add value. Those that do not should be eliminated (Waring and Bishop, 2010; Womack and Jones, 2003). 'Flow' means breaking down boundaries between occupational and organisational groups to ensure that workstreams are continually (re)attuned to the creation of value. One must focus on the product or service and its needs rather than on the organisation (Waring and Bishop, 2010; Womack and Jones, 2003). 'Pull' or 'demand' is the principle that an organisation must respond to the needs of its clients rather than its suppliers. One can let the client 'pull' the product or service from the organisation as needed, rather than pushing an unwanted product or service onto the client. The fifth principle is perfection. The idea is that Lean thinking should be a continuous activity embedded within the organisation's culture. Transparency is the most important spur: in Lean thinking, every actor can see everything, and thus it should be easy to continuously discover better ways to create value (Waring and Bishop, 2010; Womack and Jones, 2003).

Failure to meet some of these five principles can create waste (*muda* in Japanese) – for example, in client or work processes. Waste is the enemy of Lean, and every action should aim to eliminate it. Eight modes of waste are currently recognised: transport, inventory, motion, waiting, overproduction, overprocessing, defects, and unutilised talent (Womack and Jones, 2003). In short, waste occurs when no value is added to the client or the product (Waring and Bishop, 2010). Continuous improvement (*kaizen*) is one of Lean's key methodologies. It emphasises the importance of continually reflecting upon, measuring, and changing work processes in order to eliminate waste (Waring and Bishop, 2010). In everyday work, Lean is put into action with different tools. For example, Lean trainees have created swim lane diagrams (to direct thinking towards roles and resources), current stage maps or value stream maps (to support the planning and execution of performance improvements), fishbone diagrams or cause-and-effect diagrams (to identify the root causes of a problem), and plan-do-check-act cycles (proposing a change in a process, implementing the change, measuring the results and taking appropriate action) (Tokola, Niemi, and Väistö, 2016; Torkkola, 2015).

Consultants and Lean coaches also recommend using the 'five whys' tool: when a problem occurs or a root cause needs to be uncovered, one should ask 'why?' five times. The aim is to prevent the problem from recurring by eliminating its underlying causes (Womack and Jones, 2003). In organisations that apply Lean, people should perform '*gemba* walks'. *Gemba*, translated into English, means 'the actual place'. Everyone affected by the process being studied should gather and walk together in the actual place while discussing the purpose, process, and people (Bremer, 2016). Finally, every workday should begin with a short team meeting where employees learn to look in the same direction while standing in front of a Lean whiteboard.

Leaning the Nordic welfare state model

Over the past few decades, many market-based solutions have been widely implemented in Finnish public service organisations. Historically, Finland has been considered a Nordic welfare state offering equal access to a variety of health and social care services, which are organised as public services and provided on the basis of residence. Although this model has been labelled woman-friendly, gender segregation in the labour market persists. As in many other fields, the predominantly female health and social care sectors suffer from devaluation in terms of wages and working conditions. One of the missions of this book is to explore how Lean operates, is adopted, and is ultimately lived in this gendered context of work and labour.

From the late 1970s and early 1980s onwards, Finland's (and other countries') welfare state and its bureaucratic governance model faced growing criticism from the public management movement, which accused them of being hierarchical and inefficient (Hood, 1991). Renita Thedvall (2017, p. 88), who has studied Lean in early childhood education services in Sweden, describes how the public sector 'has become a laboratory for trying out different private sector management techniques'. Similarly, and as a consequence of Finland's deep economic recession during the early 1990s, a variety of post-bureaucratic, market-based solutions have been introduced into the public service sector. The expectation is that these will deliver more efficient, flexible, customer-driven, and employee-friendly ways to organise public services. Lean is one of the latest and most seductive of these solutions.

Such developments are accelerated – but by no means exclusively caused – by the economic constraints of the day (Julkunen, 2001). The retrenchment of the Finnish welfare state since the 1990s has been aggravated by demographic changes that have increased demand for a more efficient allocation of public resources. The struggle to find ways to provide adequate services to the rapidly ageing population and cater to the diverse needs of other groups has affected the organisation of Finland's welfare state (Hirvonen, 2014). These developments have affected health and social care employees. Previous studies point to the fragmentation of occupational conditions in welfare service work (Henriksson, Wrede, and Burau, 2006; Henriksson and Wrede, 2004) and the increased standardisation of such work. Experiences of time pressure and ethical conflicts concerning workers' abilities to provide good-quality care have also become common, especially on the lower rungs of the professional hierarchy, such as nursing and care work (Olakivi *et al.*, 2021). Meanwhile, new practices of neoliberal 'flexibility' are being created, involving the exploitation of a migrant workforce (Wrede *et al.*, 2021). Overall, the variety and complexity of the issues faced by health and social care services cannot be simply (or even primarily) reduced to management issues. However, more often than not, the solution to these challenges is sought precisely in novel management models (Hoppania, Olakivi, and Zechner, 2018).

Management doctrines implemented in the name of NPM have received criticism from researchers and practitioners for their authoritarianism, the inappropriateness of assembly line metaphors for service work, and the increased management control of employees and work processes in the public service sector (Oliveira and Holland, 2017). According to critics, these doctrines' focus on improved resource efficiency has not led to the desired results, while working conditions in the public sector have worsened, as indicated by the increase in temporary contracts and the scarcity of personnel resources. For instance, nurses' ability to affect the pace and content of their own work tasks has decreased since the 1990s (Sutela and Lehto, 2014). The scope to influence or resist these developments has narrowed, while creativity and the motivation to develop work practices have lessened. Professional agencies seem to have become brittle. As a consequence, researchers in the field of working life and management studies have suggested that management should take the defining features of post-industrial working life into more serious consideration: the flexible production model, the split and braided chains of production, and the versatility of forms of knowledge work (Huttula, 2018). Meanwhile, individual capabilities and skills are becoming ever more important ingredients in value production.

In search of a silver bullet

Lean thinking presents an attractive alternative, as it promises to do more for less. Unsurprisingly, it has become a popular vehicle for executing organisational change in the 21st-century public service sector. Lean management aims to streamline work and service processes, reduce waste, and improve service quality based on customers' needs. The key principles of Lean thinking seem appealing: they emphasise 'creating value for the customer', which is achieved by 'ensuring a smooth and steady flow of value streams' and 'erasing waste from the service process'. This entails thoroughly changing an organisation's principles, culture, and reasoning. In health and social services, the focus should switch from using resources efficiently (e.g. maximising the use of hospital beds and staff) to improving the quality of the client's service experience. According to Lean thinking, client needs should be at the heart of every action. The important thing is that flow units (i.e. humans and/or non-human objects) should move effortlessly through the process – for example, a patient's movement from the casualty department to an inpatient ward, rehabilitation, and discharge. During this process, the flow units are refined in the value stream process, as is demonstrated by improved client satisfaction (Modig and Åhlström, 2013). The goal of Lean thinking is to create a framework for the effortless management and improvement of employees' skills and problem-solving abilities and to improve the organisation's overall results. In health and social services, these goals often lead to efforts to improve the transparency of work performance in the eyes of managers as well as clients (Hirvonen, 2014). In practice, this means the endless introduction of new quality control instruments to measure and monitor issues such

as the length of visits to home care clients, the usage of treatment equipment, and client satisfaction.

During the first few decades of the 21st century, Lean seems to have travelled everywhere, from government strategies to social service centres. It is a growing business in the field of in-service training, and as management knowledge is imported from outside the sphere of health and social services, it is playing a role in the transformation of the welfare state, welfare services, and the work carried out by welfare professionals. To some extent, Lean's popularity in public service work can be understood in light of the overall transformation of public service organisations, which increasingly resemble any other organisation. For example, it is believed that the problems caused by under-resourcing in services for older people can be solved primarily by improving organisational management (Hoppania, Olakivi, and Zechner, 2018). White coats have been replaced by grey suits, as Leena Eräsaari (2016) puts it, referring to the emergence of consultants, lawyers, economists, and professional managers in public service organisations. In a wider context, this is a question of growing managerialism: management discourses and practices that are characteristic of the business sector are replacing the professional expertise that formerly characterised the operation of the welfare state and its services, such as health and social services. Great expectations are placed on the new practices' and discourses' ability to increase the competitiveness and efficiency of service production (Eriksson and Lehtimäki, 2018).

Moreover, in the context of the Nordic welfare state, the spread of NPM doctrines such as Lean to the public service sector has an impact on gendered power relations in working life, as the sector's workforce remains heavily female-dominated. However, the gendered nature of health and social care work is rarely discussed in evaluations of the consequences of NPM doctrines for the Nordic welfare state. More often than not, gendered assumptions and expectations about women's and men's skills and talents with regard to health and social care remain invisible in such evaluations (Hirvonen, 2014). These cultural assumptions and expectations are based on deep-rooted idea(ls) about the value of feminine and masculine dispositions in working life, and in society more broadly. They therefore need to be addressed in a social scientific study of management doctrines. As Acker (2006) writes, gendered stereotypes and constructions guide, justify, and legitimise decisions and ways of organising and dividing work in the labour market, in both implicit and explicit ways. The study of Lean's translation into health and social care services is therefore interlinked with investigations of gendered structures and practices in the labour market.

Or is history repeating itself?

The spread of new management models from private to public and from business to service sectors typically follows a logic in which leading national authorities disseminate the translation of new management techniques via

local authorities, professional associations, and the progression of personnel through the career system. This is a task in which management consultants play a decisive role. In the case of Lean, the first step in implementing the new management model often entails employees' participation in Lean management training courses. These are organised by Lean management consultants, who have gradually become influential players in the reform and restructuring of public service organisations (Thedvall, 2017). As Czarniawska and Joerges put it:

> Like traveling salesmen, they arrive at organisations and open their attaché cases full of quasi-objects to be translated into localised ideas. Often, they bring in the whole equipment needed for the materialisation of an idea, but also always they spill some extra ideas which might then materialise through some local translation – or might not.
>
> (Czarniawska and Joerges, 1996, p. 41)

What may seem like innovation is often just a translation of a translation – an old idea turned into a new one and tailored to a particular context. As Abrahamsson (1996) has pointed out, the management practices that gurus and consultants rendered fashionable during the 1990s, such as Lean production and total quality management, were simply a revival of fashions that had been popular during the early 20th century.

In terms of their timing, the outlines for the mobilisation of NPM doctrines were sketched in Finland in the 1970s, although the implementation of the resulting policies only began during the early 1990s, following a steep recession that provided the justification for cuts to expenditure on public services. In this context, what Lean thinking represented was not entirely new but a recreation drawn from various management paradigms, such as Taylorism (standardisation, tight statistical control) and human relations theory (interprofessional cooperation and interaction) (Radnor *et al.*, 2006; Seeck, 2008). This observation also applies to health and social care: apparently, new management models are often upcycled versions of old models. For example, ever since its establishment in the late 1930s, Finnish nursing management education has actively adopted international influences and management theories into its curricula. The elimination of waste from the production process in maternity care work was already being addressed in the 1950s, when it drew on Taylorist principles of rationalisation; it then reappeared in 21st-century nurse management training under the aegis of Lean (Sinkkonen, Lammintakanen, and Taskinen, 2018). Goals and measures such as waste elimination have been reworked and remarketed according to the needs of the moment as they have travelled across space and time.

We may understand management models as fashions, but it can be difficult to identify the roots of the latest fashions, or fads, as Critical Management Studies scholars also call them (Piazza and Abrahamson, 2020). These fashions may appear in the guise of novel management models rather than

as the upcycled patchwork quilt they in fact are. However, not all new fashions and upcycled models are the same. By the same token, they are neither inevitable nor totally random. Often, they are reactions and countermoves to changes in economic processes and labour force capacities. The various forms of value creation and the social imperative of capitalist production to invent itself anew (Marazzi and Mecchia, 2011) in new areas are worth consideration here.

The roots of Lean in the modulations of capitalism

Lean training is typically provided to employees as staff training. Training and learning have positive connotations of self-development and emancipation, as well as the opportunity to take part in the transformation of one's organisation. Training programmes come in all shapes and sizes, and in the fieldwork for our study we came across a variety, including large congresses with 'guru' keynote speakers, small two-day workshops for a targeted audience of healthcare professionals, and year-long training modules tailored to a large number of employees in a specific organisation. Over the course of their participation in such events, workers are supposed to pay the new knowledge forward in their workplaces, thereby demonstrating that they are not only maintaining their individual 'productive skills' by learning Lean but also contributing to the transformation of the whole organisation's culture by sharing their knowledge (Silvennoinen and Lindberg, 2015, p. 269).

Workers who participate in Lean training are seen to be investing in their own future working lives as responsible subjects. But they are also considered a flexible workforce that can be adjusted to the demands of the labour market and the organisation (Paju *et al.*, 2019). For this reason, the overarching theoretical framework for our investigation of Lean translations in this book is biocapitalism. We introduce this concept in more detail in the next chapter. Suffice it to say at this point that biocapitalism refers to the current modulation of capitalist accumulation that takes the whole of life (*bios*) and its cognitive, communicative, and affective dimensions into account in the production process, making those qualities central to value creation (Morini and Fumagalli, 2010; Fumagalli, 2019). The concept of biocapitalism articulates the complex dynamics of work, labour, modes of production, and management paradigms. Most writers on biocapitalism define it as a counterpart and heir of Fordism – the regulated form of industrial capitalism that enjoyed 'thirty glorious years' (Moulier Boutang, 2011, p. 16) around 1945–1975. The main ingredients in that glory – that is, economic growth and a (territorially limited) rise in welfare indicators – were the need to reconstruct Europe and Japan after the two world wars, and ideas about how to organise work and government spending through Fordism, Taylorism, and a Keynesian compromise.

'Fordism' concretely refers to the Ford automobile factory, where the Model T was manufactured on assembly lines. Each worker performed just

one specific task, and the assembly line then transported the car to the next phase of manufacture. In theory, almost anyone could perform these single tasks after brief training. However, not just anyone was capable of working in the Ford factory, since it demanded concentration without too much thinking (e.g. wondering *why* a task was done in a particular way) or too much gossiping with co-workers. Workers also needed to stay in one place for a certain period and not to hang around socialising. Fordist production used the 'just-in-case' principle: cars were produced not only for immediate sale but also for stock, just in case they were needed. This was intended to save money on production costs since there was an implicit expectation that the market would expand almost endlessly if the business were to gain a monopoly position in the field (Boyer, 2004; Peltokoski, 2006; Virno, 2004).

Taylorism, for its part, was a doctrine about the 'scientific' organisation of work. It minimised, routinised, and mechanised tasks to make the assembly line as efficient as possible. All the workers in the factory knew their own tasks and their own positions in the organisational hierarchy. The foreepersons, experts, and other technical staff worked in separate rooms under the direction of factory leaders. To regulate the relationships between workers and capitalists, a Keynesian welfare compromise was enacted: waged workers and employers were defined as the key figures of Fordism, and social security regimes, welfare services, and social insurance systems were built around the idea of the wage earner – that is, they were built for those who were wage earners, and for those who, for some reason, were not yet or no longer wage earners. This arrangement mitigated absenteeism, sabotage, and other destructive acts, and it also generated a rising number of consumers (who could buy Ford cars, for example) (Moulier Boutang, 2011).

However, this 'glorious' assemblage – Fordism, well-paid workers and their families, the growing welfare state, and the virtuous circles it generated – faced many difficulties and 'less brilliant but equally structural aspects' (Moulier Boutang, 2011, p. 16). The working class did not want to remain working class, and they demanded the democratisation of education. Moreover, new conflicts developed between skilled and unskilled workers. New formations of expertise arose, particularly with the development of technology and computing. It also became clear that Fordism was based on false ideas about the biosphere. At the beginning of the industrial age, matter was seen as limitlessly transformable by human activity in the interests of progress and welfare (Moulier Boutang, 2011, p. 17; Tsing, 2015). Scarce resources were defined as economically exploitable, although in reality they were non-renewable, such as fossil fuel energy. As well as material resources, the states of the Global North also exploited the living working power of the Global South, which was labelled a 'developing' world – a novel way to exercise colonialism. All this resulted in a crisis – or rather, a bundle of crises – from the 1970s onward.

The transformation of the Fordist model of production to post-Fordist modulations included several 'capitalist responses' (Moulier Boutang, 2011,

pp. 18–19). One of these was Toyotism, or 'the Toyota way', which translated itself into Lean in the 1980s. This model puts on the agenda tools such as quality control, the decentralisation of production, a plurality of organisational modes, collective intelligence and innovation, globalised financialisaton, and the control of customer behaviour. For production to be efficient, marketing, research, and development, the anticipation of customer desires, and the assessment of user experiences become essential to the successful marketing and selling of goods and services. Post-Fordist work has often been characterised as immaterial, but this does not capture the central transformation since post-Fordist work is very material in the sense that it is based on embodied actions and qualities – anticipating, feeling, socialising, and innovating.

We are in a social factory. Post-Fordist work moves and stirs our bodies, our lives, and our biographies, and this is why we choose to call the current formation *biocapitalism* rather than post-Fordist or cognitive capitalism. The journey from Fordist capitalism to biocapitalism radically shifts the role of working bodies and minds in labour processes: in biocapitalism, qualities such as sociality, affectivity, and enthusiasm are transferred into the centre of the production process. The origin of production has always been the labour force – that is, working bodies – but now it is the *potentiality* of the labour force that is most relevant. The living body becomes the subject of the producing body, not because of what it is (or what it has eaten), but because labour power is an aggregate of the most diverse human faculties: the potential for speaking, thinking, remembering, and acting (Virno, 2004, p. 83). This is most evident in the culture industry and consumer goods markets, but it can also be found in 'old-fashioned' jobs, including welfare service work. Lean as a technology is a response to the old management model, which was judged too bureaucratic and wasteful; at the same time, Lean is also a technology that enacts human (and techno-human) potentiality – our will to live.

Welfare service work and expertise in post-Fordism

Importantly, and as the chapters in this book will demonstrate, Lean training programmes are one of the fora where expertise develops. According to the modern understanding of expertise, health and social care professionals are guided primarily by their professional ethics and codes, and they work within the legal bounds of their profession (Abbott, 1988). This understanding of expertise, however, is rather narrow, and it fits poorly with the circumstances of contemporary working life, where employees are increasingly also accountable to their organisations, whose goals and values are equally binding and extend beyond those of professionalism (Hirvonen, 2014; Evetts, 2011). Health and social care workers' expertise is now managed and shaped by a range of mechanisms that are increasingly subtle (Wrede *et al*., 2021; Laiho and Riikonen, 2016).

The contemporary management and production of expertise are reflected in the imagery and vocabulary found in health and social care work's guidance

and control documents, which depict the ideal professional as an entrepreneurial individual equipped to adapt, take risks, and assume responsibility for their own work (Olakivi, 2018; Laiho and Riikonen, 2016). Alongside entrepreneurialism, digitalisation, and multiprofessional teamwork (Susskind and Susskind, 2015) are just some of the developments that challenge the idea of professional expertise as the possession of individuals alone. Instead of a narrow understanding of professional expertise as something accrued through formal training and controlled and regulated by legislation, Huhtasalo (2022) and others suggest that expertise today in professional organisations such as health and social care workplaces is better understood as a *relational* process that includes a variety of human, material, and immaterial actors. Likewise, the knowledge that emerges at Lean training events adds another dimension to how contemporary expertise comes about as a constantly shaped, reshaped, and negotiated relationship. This 'coming about' will be explored in more detail in the chapters of this book.

For our purposes, health and social care services have specific characteristics that deserve further consideration. The first concerns their common origins as occupational sectors designed to cater to the needs of Finland's universalistic welfare state in the second half of the 20th century. The education, training, and employment of the vast majority of health and social care occupations remain closely linked to the state today. Therefore, we use the umbrella terms 'welfare (service) occupations' and 'welfare (service) work' (Henriksson, Wrede, and Burau, 2006) to describe our research topic. These terms are used widely to refer to public sector employees and professionals who work in direct contact with patients, clients, and citizens (Kamp, 2016). The health and social care professionals we followed and interviewed for our study included registered nurses, social service workers, paramedics, and others that fell into this category (see Chapter 2). Thus, this is not a study of the consequences of Lean training for a single, clearly demarcated occupational group, nor is it an investigation of the consequences of Lean for a single organisation. Instead, our goal is to emphasise the state's institutional role in directing and governing the development and position of a great number of health and social care occupations in the Finnish welfare state (Henriksson, Wrede, and Burau, 2006) and to point out the new directions this governance is taking due to public service organisations' growing interest in new management doctrines such as Lean thinking. Moreover, this is a study analysing the interplay between some of the key stakeholders, namely welfare service workers and consultants in Lean training. Reviewing the growing body of research on public sector consultants, Ylönen and Kuusela (2019) highlight how the picture of the changes, especially the qualitative ones, facilitated by consultants remains fragmented. This is a gap our book, for its part, aims to fill.

The concept of welfare service work brings various actors – including service users, consultants, and public service managers – into the discussion of how health and social care services can, could, or should be managed, and of

the values and principles behind this. The concept also points to the ethical and moral dispositions shared by the occupational groups engaged in welfare service work. Policy-oriented researchers have recently taken an interest in feminist care ethics, and an emerging body of research on the 'feminist ethics of care' is characterised by a relational ontology, in both descriptive and normative respects. Researchers on care ethics perceive care as a radically new way of understanding human agency in contemporary societies (Sevenhuijsen, 2000; see also Tronto, 1993; Held, 2006). Waerness (1984, 2005) uses the concept of 'caring rationality' to describe the ethical basis that various caring occupations share. Workers enact it as an embodied rationality through their everyday actions at work. The rationality of care highlights the relational, processual, and temporally pliable nature of welfare service work, and we discuss this further in the chapters of this book. In our study of Lean translations in welfare service work, we take Waerness's broad political definition of caring rationality as a reference point for our own definition of care as a practical, ethical, and political concept.

Today, requirements concerning welfare service workers' professional competence and accountability include not only the expectation of appropriate medical and ethical (i.e. professional) conduct in relation to service users but also the expectation of a more personal responsibility for the efficient use of public and organisational resources, as well as a personal dedication to one's organisation. In other words, the workers' accountability is both professional and ethical – not only occupational but also organisational and economic. The changes in professional agency that new management doctrines such as Lean cause are thus part of a larger reformulation of work, the labour market, the welfare state and services, and ultimately society.

Health and social care organisations undergoing Lean transformations present a perfect biocapitalist laboratory for experimentation with the exploitation of individuals' living skills, such as their abilities to learn, feel, see, create, innovate, and connect with one another, and to get excited about improving their own work processes, the workflow, and the client's experience. As discussed earlier, continuous improvement (*kaizen*) is one of the key principles of Lean thinking; it is also a key mechanism of biocapitalism. As the contexts, conditions, and definitions of work evolve alongside prevailing understandings of learning, so too do our understandings of ideal professionalism. Individuals' full capacities are now on the table. Moreover, there are legal grounds to support this development: Finland's *Law on Healthcare Professionals* (2015, para. 18) highlights professionals' responsibility to maintain and develop their professional know-how, and requires employers to provide adequate conditions for this. Health and social care professions continue to be characterised by relatively strict jurisdictional boundaries, which are institutionalised by sociolegal and regulatory pillars and maintained through negotiation and boundary work (Henriksson, Wrede, and Burau, 2006; Abbott, 1988). Valvira, Finland's national supervisory authority for welfare and health, carefully monitors the professional practice rights

of welfare service personnel. However, no such monitoring is required for the management consultants who educate that personnel about Lean thinking. In theory, anyone can start a management consultancy business, which means that consultants may be having imperceptible effects on the terms of welfare service workers' professional agency.

As already underlined in this chapter, all of this calls for a critical analysis of the actors involved. The requirements established by Lean management can be contradictory and unclear by comparison with welfare service workers' expectations regarding the good leadership and management of health and social care organisations. Underneath the constant urge to improve public service quality, efficiency, and management with the doctrines *du jour* lies the fact that the public health and social care service system is a central and very concrete pathway for realising (gender) equality in Finnish society (Hirvonen, 2014). When 'rigid' practices of service provision are reworked with dynamic doctrines introduced by management consultants, the consequences of this process should also be reviewed from the point of view of how they can secure and advance social equality – a fundamental principle of the Nordic welfare state (Anttonen, 2002). If the health and social care service system becomes distanced from the central ethical principles, values, and ideology that are cherished not only by its workforce but also to a large extent by its clients (Kouvo, Kankainen, and Niemelä, 2012), this may weaken the system's ability to respond to the needs of clients and workers alike and ultimately deteriorate societal trust in the service system.

Critical studies on Lean

Our book and the fieldwork on which it is based are by no means the first attempts by social scientists to assess the consequences of Lean implementation in (public) health and social care services. Previous research has taken various approaches to Lean. A mainstream view sees Lean as best practice for rethinking and reorganising work and management (Fillingham, 2007; McCann *et al.*, 2015, p. 1560; Radnor *et al.*, 2006). Other research has suggested that Lean has great potential in healthcare and elsewhere, but that its adoption is often superficial: adopters focus on the technical tools of Lean implementation but neglect contextual sensitivity, thereby failing to create a sustainable Lean culture (e.g. Hassle *et al.*, 2012; McCann *et al.*, 2015; Oudhuis and Tengblad, 2013; Radnor and Osborne, 2013; Waring and Bishop, 2010). By contrast, some research indicates that Lean is not applicable to the public sector at all, and that it has detrimental effects on both employees and client services (see Carter *et al.*, 2011; Martin, 2018). In some cases, this has been discussed in relation to the 'humanitarian critique' (McCann *et al.*, 2015, p. 1560) that Lean's promise to genuinely involve workers cannot be fulfilled. Lean itself is often contradictory, simultaneously promoting integration *and* segregation, decentralisation *and* centralisation, as well as creating different opportunities for different groups of workers (Abrahamsson, 2014).

Another critique argues that Lean does not differ from previous management doctrines. Instead, its scientific rationalisation encompasses heavy standardisation and statistical control, pursuing the measurability and transparency of work processes and thus leading to 'perfected Taylorism' (e.g. Carter *et al*., 2011; Tamura, 2006). Moreover, critical views highlight that the implementation of Lean in healthcare involves complex human beings as objects of the service process, making it difficult to streamline production processes (Hirvonen *et al*., 2020; Kamp and Dybbroe, 2016; Krause-Jensen, 2017; McCann *et al*., 2015).

The critical views all seem to agree that there is a mismatch between Lean's 'origins' in the masculine automobile industry and its 'new' context in the feminine healthcare sector (see also McCann *et al*., 2015, p. 1568). Nevertheless, research that considers the gendered aspects of Lean management is almost entirely lacking (however, see Abrahamsson, 2014; Hirvonen *et al*., 2020; Kamp and Dybbroe, 2016). The few studies that do consider gender report that in industrial sectors where Lean has been implemented, 'an unequal gender order [has] reappeared in new variants' (Abrahamsson, 2014, p. 128), valuing men and things considered masculine over women and the feminine. These results are interesting, given that the emergence of human-oriented management and leadership is often associated with the 'feminisation of management' (Billing and Alvesson, 2000), the celebration of the communicative style of feminine leadership (Eagly and Johnson, 1990), and even 'female advantage' due to women's presumed interpersonal skills (e.g. Grant, 1988; Helgesen, 1990). As Billing and Alvesson (2000) argue, while the celebration of feminine practices and skills may contribute to the demasculinisation of management and leadership, this may not necessarily happen in ways that benefit women. Rather, it can result in the dissolution of the symbolic cultural connection between men and leadership (see also Aho and Mankki, 2023).

Brief introduction to our data and the structure of this book

In this book, which is based on extensive qualitative fieldwork, we hope to contribute to the research literature on Lean in relation to health and social care as well as gender. Furthermore, we hope to inspire others to keep expanding the theoretical frameworks and methodological means with which social scientists typically study management doctrines. The empirical data we collected during our *Lean Work Gender* project in 2018–2023 includes three different data sets, some of which are interlinked. The corpus consists of three types of data: ethnographic fieldwork conducted at Lean workshops and training events; interviews with Lean consultants and welfare service workers who participated in those events; and visits to Leaned organisations' workplaces.

The first data set comprises ethnographic field notes written by research team members at the numerous Lean training events in which we took part in

2018–2019. The format and size of these events ranged from small seminars of about 10 people to lectures delivered to 100 people. The events' duration ranged from one day (seminars) to more than a year (courses). Many of the chapters in this book focus on a particular training course that lasted for one year and included both on-site, face-to-face training and online training. We participated in the on-site, face-to-face seminars. The second data set includes two rounds of individual interviews with 14 health and social care professionals, whom we recruited from the one-year training course. For the first round, we conducted the interviews either face-to-face or by phone during the early stages of the training. The second round was carried out with the same interviewees towards the end of the course; this was during COVID-19 pandemic, and therefore all the interviews were conducted by phone. The third data set was collected from Lean consultants – or Lean experts, as we call them in this book – during 2018–2019. It includes 11 interviews with interviewees we recruited by using the snowball method at Lean seminars in which we participated.

Chapter 2 lays out our theoretical toolbox and methodological approaches. It introduces the theoretical frameworks on which subsequent chapters draw, and it explains how we see the knowledge engendered by studies such as this. Chapter 2 also gives a detailed account of the data sets and methods used in the subsequent chapters. Chapter 3 delves into the dynamics of gender and Lean under biocapitalism. Gender differences, arrangements within and between genders, and gendered power relations 'vibrate' (Haraway, 1991, p. 195) differently in biocapitalism compared with Fordist capitalism, and Lean provides a lens to identify and trace those vibrations. Chapter 4 takes temporality as a lens and distinguishes several compelling and contradictory temporal rationalities that come into play when welfare work performances are streamlined according to Lean principles. Chapter 5 focuses on Lean expertise as situated knowledges, exploring how knowledge is engendered, along what borders, and with what objects. Chapter 6 provides an actor-network analysis of a specific Lean training event, revealing its translation work and its black boxes. Chapter 7 investigates affective dimension of resistance in Lean training, and Chapter 8 continues the theme of affect by focusing on affective encounters, which are vital to the work and can engender not only joy but also sadness and overwhelm. Chapter 9 concludes the book by arguing that although Lean is just another manifestation of NPM and management fashions, it is radical in the ways it surfaces the whole lives, bodies, and sensations of welfare service workers under biocapitalism.

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2 Theoretical toolbox and methodological approaches

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In this chapter, we first introduce our theoretical framework for studying the deployment of Lean in welfare service practices, and then we discuss the methods we adopted. Taken together, the two parts of this chapter establish our theoretical and methodological basis for studying Lean. The theories of affects, biocapitalism, gender, sociomateriality, situated knowledges, and translations introduced in the first part of the chapter are discussed in the second part as analytical tools and methods to conduct (affective) ethnography and interviews. The second part also introduces how everyday materialities and affects encountered by welfare service workers, Lean consultants, and researchers alike were invited, evoked, and analysed during our research process.

Theoretical framework for studying Lean

To make sense of how Lean operates as the multifaceted glocal phenomenon that is transforming (predominantly female) welfare service work, we assembled a conceptual toolbox that brought together theories of biocapitalism, translation, affects, sociomateriality, gender, and situated knowledges. Before elaborating on these theories and concepts, we will briefly summarise their place in our study.

Biocapitalism is our theoretical foundation for understanding the workings of value creation in the contemporary post-Fordist economy. For us, Lean is a paradigmatic manifestation of biocapitalism in present-day working life. Our empirical research seeks to uncover the situated formations of biocapitalist value production within the specific context of feminised welfare service work. We use the concept of translation as an adjustable theoretical-methodological optic to analyse Lean management from the perspective of the multiple transformations of organisational ideas, practices, things, knowledges, and affections that occur when groups of humans and non-humans actively work on Lean thinking. In what follows, we adjust the optic of Lean translations by switching our analytical lenses from the theorisation of gender to the conceptualisation of affective bodily encounters and agential materialism (sociomateriality), and then again from agential

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materialism to situated knowledge production. In this way, we aim to gain deeper insights into how Lean translation operates across different spheres in health and social care.

Lean as a continuous translation process

With regard to translation theory within organisational research, there has been a longstanding attempt to understand the continuous circulation and spread of management ideas, fashions, knowledges, and practices (e.g. Abrahamson, 1996; Andersen and Røvik, 2015; Carlile, 2004; Czarniawska and Sevón, 2005a; Czarniawska and Joerges, 1996; Czarniawska, 2009; Gherardi and Nicolini, 2000; Nicolini, 2010; Morris and Lancaster, 2006; Røvik, 2011; Sahlin-Andersson and Engwall, 2002). To make sense of the similarities and differences in approaches to translation, Wæraas and Nielsen (2016) review three versions of translation theory that are typically used in organisation and management disciplines: actor-network theory (ANT), knowledge-based theory (KBT), and Scandinavian institutionalism (SI). Most applications of ANT to organisational research follow the sociology of translation (e.g. Callon, 1986) in that they emphasise the political dimension of translation: it is interests, claims, and convictions that are the object of translation. Thus, translation is perceived as a process in which an actor attempts to mobilise a network of relations by using various persuasive acts, manoeuvres, and discursive techniques to persuade other actors to adopt a particular perspective (Wæraas and Nielsen, 2016, p. 242). By contrast, KBT takes organisational knowledge as the object of translation. KBT has its own distinctive translation vocabulary, which shares little with ANT. Employing concepts such as source, target, recipient, boundaries, peripheries, and transfer, KBT sees translation as a 'boundary-spanning activity undertaken to ensure the effective flow of critical information and domain-specific knowledge' (Wæraas and Nielsen, 2016, p. 244). SI takes general management ideas and practices as the object of translation. SI addresses the geometric aspects whereby translation is connected to the ongoing process of change in management ideas as they travel from one context to other localised arrangements across time and space (Wæraas and Nielsen, 2016, p. 246). Although SI draws from ANT, especially the work of Latour (1987), the terminology used in SI work – including concepts like 'networks', 'negotiations', 'intrigues', 'acts of persuasion', and 'moments of translation', is often significantly less prominent than in ANT (Wæraas and Nielsen, 2016, p. 247).

Rather than orthodoxically following any of these theoretical traditions or frameworks in this book, we build our understanding of Lean translations by combining insights from SI (e.g. Czarniawska and Joerges, 1996) and ANT (Callon, 1986; Latour, 1987) with other theories about biocapitalism, affects, sociomateriality, and gender. We thus perceive Lean translation as a multifaceted process in which many interrelated things are transformed simultaneously. In line with Czarniawska and Joerges (1996) and Latour (1987),

we see Lean translation as a geometric process that involves the continuous materialisation of ideas. A precondition for ideas to travel from one place to another is that they first need to be converted into objects such as texts, Word documents, PowerPoint presentations, manuals, or pamphlets (Czarniawska, 2009). Only then can objectified ideas be sent to other locations via mediators (Latour, 2005, p. 39), such as networks of information and communication technologies. The use of technology, as Czarniawska and Joerges (1996, p. 24) remark, accelerates and magnifies the translation process. Ideas also circulate through the movements and undertakings of 'idea carriers' (Sahlin-Andersson and Engwall, 2002), such as consultants and management gurus, who further translate the ideas by adding some elements and discarding others. In the case of Lean management, we have already seen this transformative effect of glocal travelling: following the establishment of the 'Toyota way' in Japanese factories, both public and private sector organisations in the Global North are now surrounded by a whole 'Lean industry' of manuals, websites, consultants, certifications, and business schools, all developing and providing their own interpretations of Lean. Along with the transformation of ideas, this movement also involves a shift in meanings as Lean proponents struggle over appropriate Lean language. Although it is not our main priority in the book, we will address this semiotic dimension of translation (Nicolini, 2010) by showing how Lean consultants and adopters tend to develop alternative vocabularies to talk about Lean.

Starting from the transformation of Lean ideas, we focus on the pursuits through which Lean implementation translates into embodied actions and working practices across local arrangements in Finnish public welfare service work. As Czarniawska and Sevón (2005b, p. 8) point out, an objectified management idea cannot simply be picked up from one place and put down in another without being reconstructed afresh. The receivers of new ideas are not docile adopters or transporters (Latour, 2005, p. 39); rather, they play an active role in fitting the ideas to local conditions, traditions, and practices (Morris and Lancaster, 2006). Ideas become 'energised' as creators and users attempt to modify them for their own or somebody else's use (Czarniawska and Joerges, 1996, p. 23). To further emphasise the relational and dynamic aspects of Lean translation, we take heed of Latour's (1987) remark that any translation results from the active work of heterogenous actors, each of whom modifies, shapes, transforms, reinvents, disrupts, and even resists the ideas upon which they are supposed to act (Latour, 2005, p. 39). A continuous chain of actions creates something that did not exist before (Latour, 1986), thereby changing both the translators and what is being translated (Czarniawska and Sevón, 2005b, p. 8; Czarniawska, 2009). Applied to the analysis of translations in health and social care practices, this points to the continuous de- and recontextualisation of management ideas, actions, and practices. Some routinised ways of conducting professional welfare work practices may be displaced (Callon, 1986) by new ones or else modified with a Leaned twist of managerial logic that emphasises organisational productivity

and economic efficiency (Olakivi and Niska, 2017). Thus, our focus on ideas, actions, and practices in Lean translation has a political dimension (Callon, 1986; Latour, 1987; Nicolini, 2010) in that we analyse how particular desires are advanced in the (re)organisation of welfare work while others are ignored or even resisted. It is about whose interests win ground during the Lean translation process.

With regard to the optic of translation with which we operate in this study, we also emphasise that ideas, actions, and practices are not separate from the transformations and rearrangements of professional knowledge, occupational boundaries, organisational affections, and gendered power relations that Lean implementation both uses and generates. To focus exclusively on ideas, for instance, would limit our opportunity to gain a more comprehensive understanding of the multiple ways in which Lean operates in the everyday lives of welfare organisations. For us, and following Latour (1987), the translation of Lean comes with many uncertainties and controversies, meaning that translation often unfolds in unpredictable ways and leads to unforeseen outcomes. We analyse these unpredictable workings and effects of Lean translation with different optical emphases in each chapter, showing how Lean engages with welfare service workers' labour as temporal contradictions (Chapter 4), situated knowledges (Chapter 5), black-boxed practices (Chapter 6), humorous resistance (Chapter 7), and joy and sadness in encounters (Chapter 8). We study gender, the ongoing organising principle of work and labour, in all of the chapters, particularly Chapter 3. What unites all the chapters is that they shed light on how Lean translation provides a channel for understanding the current workings of capitalism – by which we mean biocapitalism, a topic we will now discuss.

Lean: the paradigmatic manifestation of biocapitalism

Our approach to Lean in public welfare work is theoretically informed by a paradigm called 'bio-cognitive capitalism', which historically arose after the global emergence of post-Fordist capitalist production (Fumagalli *et al*., 2019). More precisely, our take on Lean management engages with the notion of biocapitalism, which in broad terms refers to the capitalist accumulation process founded on the exploitation of the whole *bios* (life), including the cognitive and communicative dimensions of human life (Morini and Fumagalli, 2010; Fumagalli *et al*., 2019; Marazzi, 2011). The new paradigm contests the orthodox Marxists – and many other scholars of working life – who argue that the Fordist paradigm for the extraction of surplus value continues to hold sway. This Fordist view makes a sharp separation between non-human machines and human labour, as well as between productive and unproductive labour; it argues that this separation remains the basis of the exploitative relationship between capital and labour and of the necessary growth of production. However, Fumagalli *et al*. (2019) argue that capitalism demands new sources for the extraction of value, and that the Fordist model

is no longer paradigmatic and cannot explain current changes to capitalism (Fumagalli *et al*., 2019, pp. 1–2). The concept of biocapitalism thus opens up several analytical perspectives on capitalist welfare societies in the Global North, especially on how labour, affects, knowledge, (class) subjectivities, and the formation of value are entangled in the current mode of capitalism.

In our study, we discuss capitalism not as a stable, immutable monolith, but as a changing and contingent economic condition and process that exceeds and renews itself over time (Viren and Vähämäki, 2011, pp. 15–16). Thus, we see biocapitalism as assembled *upon* previous formations of capitalism – especially on its Fordist and Taylorist formations, but also on mercantilism and even slavery (Moulier Boutang, 2011). Some old arrangements continue and perhaps even sustain the current arrangements; by the same token, today's arrangements constitute the platform for whatever is going to come after biocapitalism. For now, we consider biocapitalism to be the most rigorous concept to refer to the general dynamics of work and labour as they happen and are performed in workers' everyday lives. Next, we will briefly discuss the background to the notion of biocapitalism, and then we will explain why we have found it such an inspiring concept to engage with while investigating Lean management, work, and gender.

The concept of biocapitalism is rooted in Italian workerist thought of the 1960s, particularly autonomous Marxism (Fumagalli, 2022). Accounts of autonomist Marxism often distinguish between two phases, *operaismo* (workerism) and post-*operaismo* (post-workerism): the former points to the era of the industrial 'mass worker', and the latter to the figure of the 'socialised worker', which has been now replaced by terms such as 'immaterial', 'cognitive', and 'affective' labour (Gray, 2022, pp. 801–802). However, as Mannevuo (2015) points out, it would be dangerous to claim that affective labour is a new phenomenon specific to post-Fordism, since this would tend to assume that work mediates without affects – which of course has never been the case. It is only the role and force of affects that have changed: in working life today, the affective dimension of labour (and capitalism) is intensified and more apparent. Furthermore, 'autonomy' within Italian Marxist thought – at least historically – usually meant autonomy from official organisations such as political parties and trade unions (Gray, 2022). Autonomists emphasise that workers' collective struggles and activities are always immanent to capitalist relations themselves (Gray, 2022, p. 803): there is no 'outside' of capitalism where workers' struggles or activities unfold. Furthermore, as Viren and Vähämäki (2011, p. 16) point out, the proletariat is not a sociological category or interest group; in its constant motion, the proletariat too participates in the modification of capitalism. Italian autonomist Marxism offers thought-provoking perspectives on how to think afresh about relations between capital and labour. Challenging the hegemonic economic discourse of development and progress, the basic autonomist Marxist argument is that the working class 'is the motor of development rather than capital' (Gray, 2022, p. 803). This notion brings us closer to the concept of

biocapitalism and its connection to our own study and context, that is, the Nordic welfare state and its highly gendered and unionised health and social care sectors. We argue that the current mode of Lean management operates according to the logic of biocapitalism, which recognises and mobilises not only workers' potentiality but indeed their 'motion' or 'motor' – that is, their *bios* – in the name of developing and managing welfare services. Thus, *bios* (or conatus, a concept we will discuss in Chapter 8) is a crucial feature of Lean management.

Morini and Fumagalli (2010, p. 235) use the term 'biocapitalism' to refer to a process of accumulation that is founded on the exploitation not only of knowledge but also of the entirety of human activity. The point is to show, for instance, that professionalism alone is no longer enough and that human essences or capabilities to feel, sense, communicate, and create are the things that are meaningful and valuable in the current mode of capitalist production (Marazzi, 2011). Thus, as Morini and Fumagalli (2010, p. 236) point out, current economic management takes as its object living life rather than static life, thereby exemplifying a mode of post-Fordism based on the elements of surprise and fluctuation that invigorate (dead/inert) production (Virno, 2004). To an increasing extent, organisations and management systems are not only interested in workers' explicit knowledge as a human resource; instead, surplus value is extracted from workers' subjective and tacit knowledge, as well as their opinions and motivations for work (Morini and Fumagalli, 2010, p. 236).

Fleming (2014) conceptualises biopower as 'biocracy', referring to the instrumentalisation of life attributes that were previously considered irrelevant or disturbing to organisational productivity. In the current mode of production, these attributes are a source of value-making, and according to Fleming (2014, p. 883), a mode of governmentality too – 'a weapon' that exerts force on bodies and social relations. The same idea is discussed by Fumagalli (2019, p. 78), who points out that labour that was previously considered unproductive is now seen as productive under biocapitalism. Lean production, as Marazzi (2011) asserts, is a paradigmatic manifestation of how linguistic and communication abilities are brought directly into the production process. In the Fordist system, according to Marazzi (2011), the production process had to stop if one needed to communicate, but post-Fordist Lean production is a 'speaking' production process since people must work *while* communicating. Thus, communication (i.e. linguistic ability) 'has a directly productive value' (Marazzi, 2011, p. 23). However, the biocapitalist process that translates previously unproductive, disturbing, or troubling labour into productive labour does not take place easily; it demands mediators, and the persuasion of various actors. In our case, this is evident insofar as Lean is a joint effort of consultants, managers, and workers. Thus, the process of harnessing life or *bios* for Lean production does take place not through the direct instrumentalisation of life attributes but through the orchestration and mobilisation of those attributes via encounters and

cooperation (Hardt and Negri, 2009) – 'putting life to work', as Morini and Fumagalli (2010) express it.

Teamwork and cooperation are central elements of working life today, including in Lean. Referring to Marx, however, Hardt and Negri (2009) argue that cooperation already lay at the heart of profit-making in the industrial factory. The role of the capitalist was to bring workers together, give them the necessary tools to work, and reinforce their cooperation. The difference today, according to Hardt and Negri, is that in factory-based production, capital ruled teamwork from the outside, but this is no longer the case with what they call 'biopolitical production'. Instead, intellectual, communicative, and affective (team)work is produced in human encounters and in encounters with non-living materialities, as we will show in this book. In biopolitical production, then, capital does not determine production but orchestrates it without intervening too heavily (Hardt and Negri, 2009). Workers need to be suitably free to do good work and generate profit.

Lean management and its implementation, including in Lean training led by consultants, are thus at the core of biocapitalist value production. Workers are motivated not only to consent to work but also to develop their work by participating in training, getting excited, sharing their thoughts and feelings, learning to measure their work in new ways, and finally becoming Lean agents themselves. It is these processes of the biocapitalisation of labour that we investigate throughout this book. In our critique of the political, cultural, and gendered economy of Lean, we show how Lean as a biocapitalist mode of production takes common forms that are (to some extent) easily shared: they stick and feel like common sense to the people who engage with them.

Gender in biocapitalist processes

Gender is generally under-theorised in scholarship on biocapitalism, and empirical studies of gender formations under biocapitalist conditions are practically nonexistent. The lack of interest might be explained by the strong implicit understanding in economic theory, including in various Marxist and post-Marxist approaches, that the valorisation process and its changes 'happen' only in the productive sphere (particularly in factories), and that the workplace is therefore the site where studies should be conducted and potential radical politics is born (e.g. McRobbie, 2011; Federici, 2004). The counterpart of this understanding is that life outside production is 'only' reproductive – that is, just another facet of production – and it is therefore left untheorised. The spheres of production and reproduction have historically been and remain gendered, with the former coded as feminine and women's spheres, while the latter is coded as masculine and men's spheres. The fact that capitalist (or any other model of) production would cease to function if women were to stop caring, cooking, and cleaning remains unspoken and indeed silenced.

Clear-cut boundaries between production and reproduction, paid work and unpaid work, working hours, and free time were foundational to the arrangements of labour and capital under Fordist industrial capitalism. However, under biocapitalism, these boundaries tend to break down. Actions and practices that were previously located in the reproductive sphere have become either commodified and fiscalised (as has happened with many health and social care services) or else handed over to labour markets in other ways under the guise of general intellectual and affective qualifications. Biocapitalist production gives a leading role to the chains of social reproduction, including relationships, exchanges, care, mutual dependency, and relations with the environment (Morini, 2021, p. 79). Even more so, the content and form of social, cultural, and biological reproduction have become raw materials, an important means of production that is processed by biocapitalism (Morini, 2021, p. 29). For feminist theory, the new formations of work and life have presented a set of paradoxes that are both intriguing and pressing, as Adkins and Jokinen (2008, pp. 140–141) note. Early materialist feminist theorists already insisted that activities such as caring and domestic work were value-producing and should be counted as work, and in doing so, they brought into view the creativity and value productivity of life. These kinds of work are not easily measurable, and they are often heterogenous, singular, and indivisible (Adkins and Jokinen, 2008, pp. 140–141).

The role of gender in contemporary formations has been considered largely theoretically. This body of theory can be divided into four approaches. First, feminist movements and practices have been celebrated as models of resistance and radicalism (e.g. Hardt, 1999). Second, women have been regarded as the paradigmatic workers of contemporary capitalism (Morini, 2007; Adkins and Jokinen, 2008). Third, care work and social reproduction have been characterised as contemporary capitalist work par excellence, and affective, relational, and care labour has been taken as the locus of valorisation in contemporary capitalism or biocapitalism (Adkins and Jokinen, 2008; Veijola and Jokinen, 2008; Morini and Fumagalli, 2010). Fourth, it has been noted that social welfare systems are not only crucial generators of biocapitalist arrangements but also carriers of gender roles (Adkins and Jokinen, 2008; Monnier and Vercellone, 2010).

Writing about the biopolitical potential of affective and immaterial labour from below, Hardt (1999, pp. 89–99) refers to ecofeminism to analyse how women and nature are dominated together but also work together in a cooperative relationship 'against the assault of biopolitical technologies' in a situation where 'politics has become a matter of life itself'. He also discusses Ruddick's idea of 'maternal thinking' as a possible (if potentially essentialising) tool to understand how labour works 'directly on the affects' to produce subjectivity, society, and life, and how affective labour in this sense is ontological (Hardt, 1999, p. 99).

Morini writes that:

> women seem to represent a model that contemporary capitalism looks at with growing interest, both in terms of the *administration* of labour (precariousness, mobility, fragmentary nature, low salaries) and in terms of the contents, given the new anthropological focus that work claims to assume through the intensive exploitation of quality, abilities and individual skills (capacities for relationships, emotional aspects, linguistic aspects, propensity for care).
>
> (Morini, 2007, p. 42)

Moreover, the spatial and temporal reorganisation of work tends towards the female experience (or at least, the experience of the housewife): the overall 'domestication' of working life, the incessant demand for flexibility, the rampant precariousness. Morini (2007) concludes that these tendencies necessitate an understanding of social reproduction as work and that the gender paradigm may provide an instructive point of observation and knowledge about today's accumulation of capital, which seeks to encompass the whole of life.

Veijola and Jokinen (2008, p. 166) expand the idea of the feminisation of work by suggesting that the 'transformation of work is addressed from the point of the contingent, contradictory, and complex interplay of work and gender, situated in concrete social worlds too often left out of serious discussions of work and mobilities, namely, the spheres home and leisure'. They propose *hostessing* as the grounding principle or paradigm of contemporary work: 'Hostessing is a skill and performance experienced and embodied by both women and men, but not necessarily in similar terms and consequences' (Veijola and Jokinen, 2008, p. 166). They further propose that gender be treated as a 'contingent habit'. Individuals tend to act in accordance with naturalised codes of gender habitually, that is, in the mode of repetition. It is in the nature of a habit that one repeats it – rather than, say, reflecting on it. However, a habit is also an act, and it offers one practical, anticipatory, and theoretical options to repeat it differently, that is, to change the situation. Thus, gender is both practical and anticipatory, a 'feel for the game' that is never fully closed (Veijola and Jokinen, 2008).

While post-*operaismo* approaches are reluctant to analyse social welfare or the welfare state as constitutive elements of biocapitalism, there have been tentative endeavours to consider the problematic from a gender-informed viewpoint. Monnier and Vercellone (2010) argue that most attempts to analyse the welfare state system under cognitive capitalism have simply treated it as a dependent variable in relation to changes in the accumulation of capital, and this has obscured the welfare state's crucial role both as a system of production and as a system of distribution in capitalist arrangements. Writing from the context of France, they state that the feminisation of labour

confronts the patriarchal family model, 'upon which rested the reproduction of the labour force, the sexual division of labour, and the welfare system' (Monnier and Vercellone, 2010, p. 78), and that the chief contributing factors in the crisis of Fordism were 'the workers' refusal of compartmentalised work, the increase in workers' desire for autonomy, the rejection of patriarchal gender inequalities at the workplace, and opposition to the institutions of a disciplinary society' (Monnier and Vercellone, 2010, p. 81).

Adkins and Jokinen (2008, p. 141) refer to a different welfare state model, namely the Nordic model. According to them, Nordic feminist theory played a significant role in the elaboration of value production and reproduction outside the walls of the factory, both in the domestic sphere and in women's paid labour in the public sector: 'Crucially, therefore, this rethinking of value concerned not simply an extension of and rethinking of the categories of work and labour but also a revisioning of the understanding of the state' (Adkins and Jokinen, 2008, p. 141). For example, Waerness (1978) identified an 'invisible welfare state', which referred to the dynamics of women's unpaid work at home, women's increasing employment outside the home – which was necessary to build welfare services – and women's quest for independence via paid work, often in the field of public welfare. Anttonen, Henriksson, and Nätkin (1994) asked whether the Nordic welfare system might be called 'woman-friendly' (to which they replied: yes and no). Hirdman (1990) coined the concept of the gender contract to reveal the manifold rules and negotiations that defined the arrangements between production and reproduction, and between men and women. In Hirdman's (1990) view, the gender contract (which changed over time) involved a gender conflict, and this conflict continuously opened up new spaces of potential resistance. Thus, without mentioning biocapitalism, Nordic feminist theory stressed the value of the production of life, or *bios*, as well as how such activities concern the production of not homogeneity but heterogeneity (Adkins and Jokinen, 2008, p. 141).

In this book, we draw lessons from previous researchers on biocapitalism (they do not all use the term 'biocapitalism', but they denote similar arrangements) to investigate gender in everyday life under specific conditions (Lean, the Nordic welfare state, and public welfare work). We consider gender, gendered processes, and gendered performances to be habitual and embodied practices. We ask about, observe, and participate in processes where gender is made liveable – that is, where it is domesticated and translated. We develop our concept of gender in various chapters, applying ideas about femininity, masculinity, hybrid masculinities, gender as value, code, and resource, gender as interwoven with class, and gender as integral to the survival of capitalism across time. Alongside and entangled with these embodied gendered configurations, we suggest that the concept of affect is also necessary to understand the (biopolitical) translations of capitalism.

Affective forces under biocapitalism

Thanks to the so-called affective turn and its various waves in social and cultural studies (see Gregg and Seigworth, 2011; Koivunen, 2010), arguments have begun to flourish about what affects, affective elements, or affective entanglements 'really' are. For example, is it the case that affects arise first and are only subsequently put to work, used, valued, and even exploited in the labour market? What social, political, and economic structures enact which affects? To answer such questions, a sociologist would want to investigate the complex flux of individualised and institutionalised social processes. A management researcher, on the other hand, might want to know whether it is possible to make people feel according to certain modes or modalities. For example, how might 'productive' affectional moods be induced in participants during Lean implementation? Are there any rational or even calculative ways to manage affective milieus? How are reason and affect connected more generally? Regardless of the suitability of the questions or the correctness of the answers, one thing is certain: the dynamics that unfold between institutions, managerial and other ideas, sociomaterial parties, and lived and embodied affects are highly complex.

An attractive but rigorous schema of affects and their dynamics can be found in Gilles Deleuze's (1988, pp. 9–10) reading of the 17th-century philosopher Baruch Spinoza. Spinoza was puzzled by questions such as: why are people so deeply irrational? Why are they proud of their own enslavement? Why do they fight for their own bondage as if it were freedom? Why is it so difficult not only to win freedom but also to bear it? Why does a religion that invokes love and joy inspire war, intolerance, hatred, malevolence, and remorse? In struggling with these questions, which seem uncannily apt today, Spinoza created an ontology of being, or life itself, which seems to offer a promising way of understanding the complex dynamics of affects in work and labour – especially, we might argue, under biocapitalism.

Deleuze (1988) reads Spinoza intuitively and affectively, and this may be a more practical approach than attempting to follow every proposition and make every connection, as Deleuze's translator Hurley (1988, p. iii) puts it. We will follow Deleuze's reading of Spinoza in a similarly intuitive manner. First, Spinoza insists that there can be no life, thinking, or living together without being affected. 'Being affected' here does not necessarily refer to enthusiasm or passion, although these are what we tend to think of when we think about affect. Rather, being affected is continuous and necessary to life. Our desire to live and our ability to survive are born in affective encounters. However, we do not know how we become affected. Instead, we simply recognise feelings such as joy, sadness, anger, fear, or hope, depending on how our bodies encounter each other. We feel joy if bodies combine to form a more powerful whole and sadness if one body decomposes the other, destroying the cohesion of its parts (Deleuze, 1988, pp. 18–19). Spinoza names this dynamic 'ethics' (the title of his 1677 book on the subject). He does not

hesitate to state that people who strive to organise their encounters in ways that enable good, cohesive living are good, free, rational, and strong, whereas people who moan, complain, and make no attempt to create opportunities for joyful encounters are bad, servile, weak, or foolish (Deleuze, 1988).

Spinoza and Deleuze take seriously the fundamental embodiedness of all human and animal existence. They propose that thinking and reasoning are not things that happen when bodies and affects are silenced, dominated, or transcended, as mainstream philosophy and social and political theory have presumed and largely still presume. Instead, bodies and minds are mingled and entangled, and they work together, individually and collectively. However, it is not easy to know the exact role or function of bodies. In *Ethics*, Spinoza (cited in Deleuze, 1988, pp. 17–18) writes that 'we do not know, what the body can do', and 'lacking this knowledge, we engage in idle talk'. Spinoza then suggests that body and mind are not separate at all. Quite the contrary, they are parallel: there is no causality between the mind and the body. 'What is an action in the mind is necessarily an action in the body as well, and what is a passion in the body is necessarily a passion in the mind' (Spinoza, cited in Deleuze, 1988, p. 18). Actions in the mind – that is, ideas – work together when bodies meet other bodies. Even more importantly, no single body is capable of anything. To be able to live, think, and change things necessitates several bodies with affective 'antennas' coming together. Spinoza (cited in Deleuze, 1988, p. 18) writes: 'When a body "encounters" another body, or an idea another idea, it happens that the two relations sometimes combine to form a more powerful whole, and sometimes one decomposes the other, destroying the cohesion of its parts'. There is a continuous movement of bodies becoming affected and a continuous movement of inadequate ideas, confused ideas, mutilated ideas, and effects separated from their real causes (Deleuze, 1988, p. 19). Sometimes bodies combine and compose, and this occasions joy; sometimes ideas and other bodies threaten our composition, and this occasions sadness.

> But as conscious beings, we never apprehend anything but the effects of these compositions and decompositions: we experience *joy* when a body encounters ours and enters into compositions with it, and *sadness* when, on the contrary, a body or an idea threaten our own coherence.
>
> (Deleuze, 1988, p. 19)

Thus, we grow or expand when we are joyfully affected, and we become diminished when we are sadly affected. Although this is not something we can just decide or make happen, we can organise conditions so that becoming affected becomes possible, and to do so is wise, prodigious, and ethical. Nevertheless, we do not know (despite our idle talk) what bodies can do since we never apprehend anything but the effects of compositions and decompositions. Moving further towards the question of the dynamics of

affects, Spinoza suggests that behind both bodies and conscious minds there is desire: not a desire to know or be good, nor a purely sexual desire, but an appetitive process, the appetite being 'nothing else but the effort by which each thing strives to preserve in its being, each body in extension, each mind or each idea in thought' (Deleuze, 1988, p. 21). Spinoza calls this appetitive process *conatus*, the will to live and survive.

We make a broad application of the Deleuzian understanding of affect, according to which bodies have the capacity to affect and become affected (Deleuze, 1988). To investigate in detail the connections between encounters and encountering parties, be they human or non-human, we will follow a Spinozist – Deleuzian analysis of the work of affects and the concept of *conatus*. We understand affect as 'an active, moving relation, and a collectively formed and circulated capacity' (Karppi *et al.*, 2016, p. 3). To study the dynamics of affects and work, we must ask what affects are, how they are composed, what they do, and what the effects are of certain affective compositions. These questions are both theoretical and empirical. Thus, we propose affect as an analytical tool to highlight the relationships between human and non-human, individual and collective bodies that converge (Kolehmainen and Juvonen, 2018, p. 5) in work and management. While affect can be treated as a force of encounters, this does not mean that affect is always *forceful*; it can also work via unnoticed and subtle intensities and events that emerge in encounters (Seigworth and Gregg, 2010, p. 2).

There is still more conceptual kit to add to our toolbox: first, materiality – not only as an object of production or a passive entity waiting to be crafted but also as something that possesses 'agential power' (Barad, 2003) and enters affective and other encounters; second, situated knowledges, which are enacted in affective encounters.

Sociomaterial practices in Lean translations

Lean as a philosophy and practice can be viewed as a sociomaterial assemblage or composition that links together different kinds of actors. Syrjälä and Norrgrann (2019; Laitinen *et al.*, 2022) have pointed out that human actors interact with three types of non-human actors: living non-human actors (animals, plants, and microorganisms), non-living material actors (equipment, goods, and technology) and non-living intangible actors (climate, weather, and odours). Lean ideas are typically translated and materialised into daily work with the assistance of several non-living material actors, such as colour-coded whiteboards, process maps, problem-solving templates, and Post-it notes. These actors have an impact not only on how employees' everyday meetings are organised but also on how knowledge about work is produced, known, and factualised in health and social care. As a result of repetition, these non-living material actors become inherent parts of quotidian work practices. Material means such as whiteboards are also used to demonstrate and remind employees on an everyday basis that their entire

organisation, including management, supports the new management system (Hirvonen *et al*., 2020). We will use the concept of sociomateriality throughout this book to trace the formation of heterogenous assemblages.

Sociomateriality is an umbrella concept that brings together different conceptualisations of the intertwined relationship between sociality and materiality, with the aim of emphasising the importance of materiality in research (Jones, 2014; Mutch, 2013). Latour (2005) has argued that there are no inherent differences between the social and the material, and many organisational studies emphasise the importance of sociomaterial practices to break the dichotomy between social and material (Orlikowski, 2007; Jones, 2014). Following these lines of thought, we understand sociomateriality as 'the constitutive entanglement of the social and the material in everyday organizational life' (Orlikowski, 2007, p. 1438). Sociomateriality coincides with the ontological premises of agential realism, whereby there is no separate social interaction that is distinct from materiality (Barad, 2003). There is only a fused sociomaterial.

This sociomaterial theoretical framework helps us understand the complex relationship between people and the terrestrial environment during the process of Lean translation. It challenges the traditional idea that people interact with their material environment as predefined, separate actors. Instead, it focuses on the relationship between people and the material environment in what is known as 'contact formation' (Barad, 2007; Orlikowski, 2007). According to ANT, materials are themselves actors that 'inscript' the possibilities for action (Akrich, 1992). The colourful Post-it notes mentioned earlier are good examples of the inscripted possibilities for particular kinds of embodied action, as they participate in transferring work processes from messy, dispersed 'real-life' contexts into the context of a single boardroom. By borrowing the agential potential of Post-it notes (e.g. they are easy to move, they stick on the whiteboard), people are able to translate 'real-life' work processes into governable, classified, visualised, and mobile inscriptions (Latour, 1999, pp. 29, 65) providing perceptual benefits for collective sense-making within a shared time-space (Roth and McGinn, 1998). Thus, the 'social' is not the glue that fixes everything together: it is what is glued together by many other types of connectors (Latour, 2005, p. 5) – and importantly, by the specific associations they provide.

From objective knowledge to situated knowledges

Lean translation as an activity under biocapitalism denotes a process of knowledge transfer or knowledge formulation in professional communities within welfare work organisations. To critically assess how knowledge about organisational change is formulated in Lean translation, we take this knowledge formulation as a process involving various partial visions. To this end, we follow Haraway (1988), whose concept of 'situated knowledges' presents a way to challenge assumptions about the objectivity and singularity

of knowledge. Haraway argues that only a partial vision is ever possible for any actor and that it is impossible to have an objective perspective. The idea of situated knowledges is emblematic of Haraway's (1988, p. 582) feminist doctrine of objective empiricism and 'particular and specific embodiment', which she developed in the 1980s in order to overturn existing ideas about objectivity in scientific research. To overcome the dualistic epistemological debate between objectivity and relationality, Haraway offers a doctrine of embodied objectivity that accommodates paradoxical and critical feminist science projects: feminist objectivity means quite simply situated knowledges (Haraway, 1991, p. 188). The plural form 'knowledges' highlights that only a partial vision is ever possible. For Haraway, feminist objectivity is about limited location and situated knowledge, not about transcendence or the split between subject and object. In this way, she argues, 'we might become answerable for what we learn and how we see' (Haraway, 1991, p. 190).

Answerability for one's vision is part of the feminist ethics of situatedness. Knowing is fundamentally a question of the knowledge producer's understanding of the inevitable partiality of their own vision and the ability to take responsibility for the effects and consequences of their knowledge. As Haraway (1997, p. 199) suggests, knowing should be based on imagined connections and coalitions, which are difficult to achieve because they are always situated and partial, not universal and ahistorical. Just as management fashions come and go, knowledge about them is always a matter of situated rationality.

Whether seeing takes place from the standpoint of the subjugated or the powerful is irrelevant. Indeed, it is impossible to generate 'innocent' identity politics and/or epistemologies as strategies for seeing from either of those standpoints. According to Haraway (1991, p. 192), 'being' is much more problematic and contingent. One cannot relocate in any possible vantage point without being accountable for that relocation. Vision is always a question of the power to see – and perhaps of the violence implicit in our visualising practices. As Haraway asks: 'With whose blood were my eyes crafted?' (Haraway, 1991, p. 192). The knowing self is partial in all its guises; it is never finished, whole, simply there, or original. It is always constructed and stitched together imperfectly, and it is therefore able to join with another, to see together without claiming the other. It is here, according to Haraway (1991, p. 192), that the promise of objectivity lies: in partial connection. It is never possible to occupy simultaneously all privileged positions structured by gender, race, or class, for instance.

Overall, the idea of situated knowledges works at four interrelated levels – epistemological, ontological, ethical, and political. It provides a fruitful starting point for analysing the partial visions involved in Lean translations. Lean thinking attempts to bring together different types of expertise and knowledge arising from the fields of management and leadership and to translate these into health and social care organisations. Introducing Lean thinking to these organisations is a process that imposes knowledge from outside onto

the realm of welfare work professionalism. This can result in the generation of genuinely innovative practice, but it can equally end up undermining employees' embodied knowledge about their own professional practice, not to mention the idea of expertise as the property of the individual. Lean knowledge is supposed to be formulated together among colleagues, standing in front of a whiteboard, being affected, and getting excited about one or other of the numerous Lean methods and tools designed for that purpose. As Haraway (1991) emphasises, the work of (political) collaboration across differences requires the forging of relationships among humans. This is far from a straightforward process, and it calls for the use of multifaceted methods to study Lean translations.

Situating Lean knowledges, affecting, and becoming affected in the field

> There is an enduring need to rethink organizational ethnography, and I argue that it may be done by opening the black box of affect in ethnographic practices and theorizing affective ethnography as a style of being in the field, being with and becoming-with others, and writing ethnography.
>
> (Gherardi, 2019, pp. 741–742)

We started our Lean journey by reading about Lean and doing background research on the topic while writing our funding applications. After receiving our funding, we took a sneak peek into the field in 2017, when we paid a visit for a couple of hours to a small enterprise that arranged Lean training for a wider range of local organisations. The venue we visited had been designed and built to resemble an actual industrial factory. Trainees would learn Lean by building small pedal cars, just as real cars used to be built on the assembly line in the Toyota factories. In our notes, we described the consultant with whom we chatted as a 'cheery, down-to-earth man who referred to his [Lean] expertise as practical and experience-based'. We further reflected that the place and the atmosphere were really 'mannish'. However, we felt that our questions about Lean's applicability to the female public welfare service sector were answered politely, and the consultant speculated that the Lean business might need more women experts. By the time we left the venue that afternoon, the consultant had sold us a famous Lean textbook – a book that became very familiar to us during the training events and seminars we subsequently attended on our Lean journey. We became interested in the topic of Lean textbooks as part of the Lean translation process (Hirvonen *et al.*, 2020; see Chapter 6 in this book).

From the outset of our project, we quickly started to use the word 'journey' when talking to others about our research experiences and findings. However, we often did so ironically. As critical social scientists, we wanted to show that we were using the word in a critical and self-aware manner, unlike

Lean gurus or consultants, who (as we saw it) would use the word 'journey' to evoke the sense of a *spiritual* journey – a journey one had to undertake in order to really change one's thinking. Nevertheless, the Lean language began to stick, and we became quite enthusiastic about this field, which contained all sorts of gurus, consultants, seminars, workshops, businesses, and textbooks as well as research on the topic. Lean was by no means a clear-cut management doctrine; it was a messy field with various actors, and sometimes it was difficult to get a grip on what counted as Lean and what did not. Furthermore, we started to pay attention to all sorts of work processes – or indeed, life processes – that could be Leaned. Once one put on the Lean glasses, it was hard not to see potential Lean projects. We started to identify Leaned processes everywhere. Even the government's basic income policy had gone through some kind of Lean process, as we learned at one seminar.

During our 'journey', we would also joke about starting a Lean business of our own. We became very familiar with the Finnish Lean scene, and we detected a lack of Lean-educated public welfare management experts. As our project's funding period drew to a close, our hunch was realised: we were asked to give Lean training as part of a Lean seminar aimed at health and social care professionals. At that point, we once again had to think through our own role in the field and in the making of Lean translations. Ultimately, we declined the tempting and very generous offer. Maybe we felt we could not provide what was being asked of us because we had not become 'proper' Lean consultants. Even though academics nowadays are constantly being asked to promote and market themselves, and to make their research more visible, practical, useable, and applicable, we still wanted to keep our academic work separate from Lean consulting and to exercise our academic autonomy to say no.

These reflections on our Lean journey show how we, as researchers, also became part of the glocal translation of Lean. This was a topic to which we paid great attention during our fieldwork: our *becoming-with* others in the Lean assemblage, to echo the aforementioned extract from Gherardi (2019). Participating in Lean training events and seminars, conducting interviews with welfare service workers and Lean consultants, meant becoming-with them, learning, getting excited, and getting tired in the various situated Lean configurations we encountered. In other words, we as researchers both affected others and became affected by others as we tried to make sense of the temporary, situated Lean assemblage and translation processes that comprise the focus of this book. Next, we discuss in more detail the methods that guided our data collection and analysis.

Situating Lean by doing expert interviews

To receive informed views about the role of Lean in Finnish welfare services, including its possibilities, utilities, challenges, and shortcomings, we conducted expert interviews with Lean consultants (or 'Lean experts', as we

will often call them in this book). Naturally, we were also interested in the experts' own roles in Lean translations. We selected expert interviewees who had broad knowledge about Lean in various occupational fields, especially in the welfare service sector. All of our expert interviewees had studied and taught Lean for several years. Many had various Lean certifications (e.g. 'green belt', 'yellow belt'); some had taught themselves and others as part of their academic education or professional careers; some had also participated in training programmes within their organisations. All of the experts we interviewed had held key operational positions in their organisations' Lean projects and experiments. Although the experts had broad 'theoretical' understandings of Lean, their practical Lean experience comprised even more relevant knowledge for our analytical purposes.

Chapter 5 analyses Lean consultants' (often fruitless) efforts to initiate and carry out Lean transformations in public welfare organisations. The chapter draws on interviews with 11 external and internal Lean consultants – four men and seven women. We used snowballing to recruit these interviewees at Lean seminars in which we participated. During 2019–2020, three researchers conducted the interviews face-to-face, by telephone, or (in one case) by email. The interviewees had diverse job titles, including 'management consultant', 'head Lean coach', 'head of home care unit', and 'professor'. They also varied by educational background. Three of the men had engineering backgrounds; most of the women had backgrounds in health and social care, with the exception of one professional academic. We anonymised the interviewees in all our documentation, referring to individuals simply as Expert 1, Expert 2, etc. Our analysis focused on situated knowledges, descriptions, and interpretations, including the experts' own assessments of Lean where they shared with the researchers.

The interviews were structured as follows. First, we asked interviewees to tell the story of how they had become familiar with Lean and whether their views had changed along the way. The experts typically referred to previous Lean experiments and development projects in which they had been involved in various organisations. Then we asked them to explain the implementation of Lean experiments, guided by questions about what they had done in practice, who had been involved, how Lean had been received, how they had overcome potential challenges, and what they thought about the applicability of Lean to welfare services compared with the industrial sector. The aim was to get each interviewee to give as detailed and rich a description as possible, including illustrative examples of Lean and its situatedness.

Conceptually and methodologically, the analysis presented in Chapter 5 traces the discursive-material means by which the Lean experts described their engagement in boundary work (Abbott, 1988) and their use of boundary objects (Star and Griesemer, 1989) during the Lean translation processes they had helped steer in health and social care organisations. The knowledge our expert interviews produced was extremely interesting, and it increased our understanding of how Lean travels and what logic it follows in the Finnish

public welfare service environment. But we were also interested in the stages of the translation that introduce Lean and make it attractive to managers and workers in practice. It is to this topic that we now turn.

Affective ethnography as a fieldwork style

An organisation's Lean journey often begins with seminars and training sessions. By participating in these, we saw how Lean is marketed as a management and thinking model to social welfare organisations and their employees and managers. One stock of empirical data consists of an enormous quantity of ethnographic field notes written by our research group members during numerous events in which we participated, in various parts of Finland and on one visit to Sweden, during 2017–2019. We also visited three Leaned welfare service organisations and one Lean consulting agency. We conducted six days of ethnographic (participant) observation at various Lean seminars and workshops. In addition, we participated in a specific one-year Lean course aimed at employees of one welfare service organisation, including 12 face-to-face on-site course days.

Our approach could be described as team or *collaborative ethnography*, a method that challenges the figure of the lone ethnographer conducting fieldwork and writing the analysis by oneself (see May and Pattillo-McCoy, 2000, p. 65). In this book, we refer to us in plural 'we' when describing our data collection and 'I' when referring to analysis conducted from a specific angle by a single researcher for a solo-authored chapter. As 'fieldworkers', we all participated in collecting the data, reporting the fieldwork, and doing the analysis. Moreover, during the fieldwork and the whole research project, we have constantly discussed the data, its analysis, and outcomes together as a group, producing collective thoughts and influencing each other's thinking during the process.

Some of the courses in which we participated were tailored to the needs of a particular organisation, while others were one-off events that anyone could join for a fee (which might be paid out of their employer's staff training allowance, for example). Lean consultants are not required to have any specific qualifications to teach or coach; nevertheless, most of those we encountered had several years' teaching and training experience. The size and format of the events we observed ranged from workshops for about 10 people to lectures for 100 people. The duration ranged from one-day seminars to training courses lasting more than a year. In this book, we concentrate on the one-year course mentioned earlier, which included both online training and 12 on-site face-to-face training days; we participated in the face-to-face sessions. We present our ethnographic investigation of this organisation's Lean training in Chapters 6 and 7.

All the Lean workshops we attended were designed for public welfare professionals and middle managers. We would contact the organisers in advance

and introduce ourselves as working-life researchers exploring the implementation of Lean in welfare services. Although we were not the target group, organisers welcomed us to their workshops and seminars as (usually) paying participants. The year-long course on which we focus in this book became a special case for us since it gave us the opportunity to join the Lean journey of one organisation's workers for quite some time; we got to know some of the workers, and we interviewed them twice during the course. Our key contact was a person we met at one of the Lean seminars we attended. During one lunch break, we approached her and started talking. She occupied a leading position in her organisation, and she was very excited to talk to us and cooperate with researchers. After the seminar, we emailed her a couple of times, and she ensured we had all the required ethical documents before inviting us to the first meeting of the Lean training course. The course was designed to include not only Lean but also other popular management ideas, such as service design. Unfortunately, the outbreak of the COVID-19 pandemic meant we were unable to participate in the final seminars, where participants presented their own Lean projects. However, during our interviews with course participants, we received detailed descriptions of these projects, and we discuss them in this book. Before we outline our interview methods, we will show how our use of affective ethnography (Gherardi, 2019) helped us understand how Lean is made attractive and sticky (Mankki, Aho, and Hirvonen, 2022; see Chapter 7).

At the beginning of the year-long course, our key contact introduced us as academic researchers who were interested in working life and wanted to investigate the implementation of Lean in public welfare services. The course was taught by several consultants, some of whom were more trained in Lean than others. As well as telling the trainees about ourselves and seeking their consent, we always contacted the instructor in question beforehand to request permission to participate in each training session. Furthermore, we had informal discussions with the course instructors and organisers throughout the course, during breaks, and after training days. Some of the instructors were very interested in our study; others did not really want to engage with us.

The course had 30 participants, who varied in terms of age, gender, profession, and position in the organisational hierarchy. They included middle managers, front-line workers, doctors, nurses, emergency workers, physiotherapists, and many more. We refer to this heterogenous group as 'welfare (service) workers'. When we first introduced ourselves to the course participants, we explicitly told them that we were also interested in the emotions Lean provoked in them and in whether gender played any role during the implementation of Lean in public welfare work or its management.

Our own position as researchers doubtless generated various thoughts and feelings among the course participants. Some welcomed us more warmly than others, and the atmosphere shifted in different directions across the year. The following field note extract reveals the ambivalent atmosphere that emerged

between the researchers and the other participants. It also shows how readily various micro-configurations arose as accustomed habits during the course.

> I go and sit on the same seat as last time, among the same women who sat there previously. I say hi to them and ask if it is ok if I come and sit with them. One woman eagerly replies, 'Yes, it's ok'. Last time, the women commented that it was good that I was in the same group with them when we were assigned to do an exercise. I guess our [i.e. the researchers'] presence has some meaning for them, and we are not invisible.
>
> (Field notes)

Sometimes multiple researchers would be conducting fieldwork at the same training session, but we still did not manage to make equal contact with everyone, as the next field note extract reveals:

> A lot of loud chitchat is taking place in the seminar room, and there is one person in front of me telling another person next to her that she is going to have an operation. I think it is a shame that we did not get anyone from that group [i.e. the people in front of the researcher] to accept an invitation for interview. I have the feeling they are the ones that are most sceptical towards us and maybe towards the whole course, I do not know why I have that feeling.
>
> (Field notes)

During the course – as always happens – some people took up more space than others: they were louder, laughed more, asked the instructors more questions, and approached us during coffee and lunch breaks more actively than the others, and we also paid more attention to them in our field notes. Nevertheless, we were still able to take notes on small but significant events, such as when someone remained quiet after a joke, started looking at new sportswear on their mobile phone, or left the training day early to collect a child from nursery school.

Moreover, although the consultants were polite to us, our relations with some of them were strained and uncertain. This was particularly the case with those who taught general working life skills rather than Lean per se. For instance, at one point, one of the researchers asked a consultant about a theory she had used to explain personality differences, and she became slightly agitated about it. Our presence as academics might have placed some consultants' professional authority at risk, although we did not actively question their viewpoints during workshops. On the other hand, some instructors and consultants were particularly welcoming; one even gave us tips on reading material, sending us a note that included both general Lean literature and literature that took a critical stance towards Lean. Overall, our relations with most attendees were usually friendly, polite, and chatty. During breaks,

when we asked them about their work, lives, and previous Lean experience, they were very willing to share their thoughts and feelings. As the course proceeded, the coffee and lunch breaks became something akin to 'break rooms' in which, together or separately, we researchers – just like the other research participants – could rest, laugh, and enjoy the cafeteria's strong coffee (see Salmi, 2022).

Referring to anthropologist Jonathan Shapiro Anjarian and literature scholar Ulka Anjarian, Jelena Salmi (2022) reflects on the idea of the ideal ethnographer presented in the novel *Myötäjäiset* [Marriage portion] by anthropologist Siru Aura. This type of ethnographer becomes aware of the meaning of enjoyment during fieldwork. To let oneself have fun while conducting fieldwork not only is a way to recuperate from the hard work involved but can also produce new analytical, embodied, affective, and sensorial inspiration. Similarly, we had to let go – at least temporarily – of the (too) critical or strict analytical gaze and way of thinking that we were used to as academics and to let the Lean games and enthusiastic atmosphere embrace us as we participated in the training sessions. As we took part in the exercises and games, we sometimes also got tired, failed to follow what was being said, had other things on our minds, made and responded to jokes, and stayed quiet – all while vigorously writing field notes to ensure we documented as much as possible. Sometimes, particularly in small group discussions, we also heard painful or challenging stories, and it would be difficult to make notes while respecting the moment.

While affects comprised a major theoretical underpinning of our conceptual approach to Lean from the outset, the ambivalences we detected in how affects were put to work during Lean courses and in interviews increased our interest in them during the analysis (see also Katila, Laine, and Parkkari, 2019; Kolehmainen, 2019). Our discussions and field notes from the training course indicated that the consultants tried to create a positive atmosphere and hopeful feeling around the new management model (see Thedvall, 2017). They did this by repeatedly emphasising that the application of Lean thinking was not 'rocket science': anyone could apply 'common-sense' solutions to (re)organise their own work, and the things trainees did in their everyday lives probably had something to do with Lean already. On the other hand, consultants also wanted to ensure that people were learning how to measure and make scientific sense of the work they already did. On our very first training days, and even in our previous Lean seminars and workshops, we became aware that something very interesting was taking place, something that could not be put into words directly but needed to be studied in a more detailed, embodied, and sensory way. Thus, we became interested in mapping how affects occurred in the sociomaterial setting of the course, and in how they were mobilised through the idea of Lean as an open-ended, continuous, common-sensible (Mankki, Aho, and Hirvonen, 2022) but nonetheless scientific new/old management model.

While we were sometimes outsiders and passive observers during the course, we were mostly able to take a more active role. Since we were active course participants (Wadel, 2015), particularly during the exercises, the data and knowledge production process foregrounded our own bodily doings, our responses, and our embodied experiences of affecting and being affected (see also Kolehmainen, 2019). In line with Kolehmainen (2019), we think that by engaging in field practices a researcher can sense and experience affects on-site through the entanglement of their body with other non-human or human bodies. In this regard, our methodological choice to play the role of active participants took inspiration from affective ethnography, which Gherardi (2019, p. 742) defines as 'a style of performative ethnographic process that relies on the researcher's capacity to affect and be affected in order to produce interpretations that may transform the things that they interpret'. Affective ethnography shifts the locus of knowledge production from after-the-event narratives to 'the social as it happens', thereby enabling an exploration of affective enactments themselves rather than of their descriptions (Kolehmainen, 2019, p. 46). While there is nothing new per se in using the researcher's body and embodied experience as a resource for 'knowing' in the ethnographic research process (Coffey, 1999), feeling the atmosphere in the field in affective ethnography shifts the focus from 'knowing' to relating and experiencing (Kolehmainen, 2019, p. 46).

Our empirical analysis in Chapters 6 and 7 is based on ethnographic field notes produced by five researchers who participated in the training days in versatile combinations. Our conduct while making field notes was guided by the question of how affects occurred – how they were mobilised and co-produced within and through sociomaterial entanglements and configurations, such as the Lego games and puzzle exercises that were used during workshops to legitimate the necessity of Lean thinking. We paid attention to how human actions and materiality were entangled, and how those entanglements evoked affective sensations. In practice, this meant that we focused on the material aspects of the training venue and the embodied activities, feelings, moods, gestures, and body movements of the participants, including ourselves. We also paid attention to how sociomaterial entanglements and affective sensations intensified attendees' attachment to Lean. Our theoretical horizon encompassed the affective resistance that can emerge as alien affects (Ahmed, 2010), and thus we looked into how affective insensitivity could lead in other directions – including away from Lean, as discussed in Chapter 7. Besides using our own bodily knowledge and observations of how Lean was made attractive, we further employed affective and sociomaterial methods while conducting and analysing our interviews we did with the course participants. In Chapter 6, we analyse ethnographic field notes in combination with course participant interviews and discuss how Lean is made through the construction and opening of 'black boxes'.

Inviting everyday materiality and affects into interviews

As mentioned earlier, we recruited interviewees from the year-long course in which we participated. Participation in these interviews was completely voluntary, and the Lean trainees were all clearly informed that we would be observing the course. However, we found that for some people, participation in the interview was something they preferred to keep to themselves. At the beginning of the course, we told trainees they could approach us if they wanted to be interviewed. Our slightly clumsy idea was that we would collect names on a list between classes and during breaks. Luckily, one of the course participants hinted to us that some people might not want to do this so openly since there were also supervisors present. Although many people did come forward to give us their contact details, we ensured we could also be contacted in other ways, and we then received emails from potential interviewees. At one point, one of the organisers came to us to suggest that we should not conduct our interviews during training days. This provided another opportunity for us to ensure participants were aware that our research was independent of the Lean course, and that the interviews would be conducted anonymously and outside the training itself.

Three researchers conducted the first round of interviews with 14 course participants, either face-to-face or by phone, right at the beginning of the course. The duration of these interviews varied from one hour to more than two hours, totalling 22 hours of recorded data. A second round of interviews with the same interviewees was conducted by four researchers at the end of the course, during the COVID-19 pandemic, and these interviews were by phone. The duration of second-round interviews varied from 45 minutes to over two hours, totalling 18 hours of recorded data. The interviews were professionally transcribed and anonymised. We use pseudonyms to refer to these interviewees.

The interviews included questions such as the following: would you please describe your ordinary working day? Who do you meet? When do you have a break? What expectations did you have about Lean and this course? Would you give as detailed a description as possible of the final Lean development project you did and how it was received by your colleagues? Both interview rounds were motivated by the desire to get as much detail as possible about interviewees' daily work routines. The idea was to trace and make visible the workers' encounters with materialities, technology, time, place, and people. Although Lean textbooks and consultants claim not to be interested in changing workers' professionalism or professional agency (Hirvonen *et al.*, 2020; Mankki, Aho, and Hirvonen, 2022), by orchestrating (more or less) and nudging workers in the direction of Lean thinking, they nonetheless expose professionalism to a certain precariousness, insofar as professionalism is always carried by the workers as embodied, affective, material knowledge that 'switches on' in encounters with patients, co-workers, technology, and other elements.

In Chapter 4, we introduce the concept of the temporal architecture of Lean. This concept resulted from our analysis of the interview data, for which we used both the sociomaterial approach and rhythmanalysis. The chapter investigates the rhythms and time dimensions of Lean in everyday work practices and asks how they affected workers' operational possibilities. Chapter 8 further analyses the interview data and tackles the notion of affective encounters in welfare work. It maps the affective encounters of front-line workers as the daily, necessary, and continuous coming together and splitting apart of bodies, be they individuals, technologies, or managerial ideas.

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3 Gender in biocapitalism

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> The regulation of gender and sexuality must be understood as integral to capitalism as it survives across time.
>
> (Gleeson and O'Rourke, 2021, p. 40)

> Gender is a field of structured and structuring difference, where the tones of extreme localization, of the intimately personal and individualized body, vibrate in the same field with global high tension omissions.
>
> (Haraway, 1991, p. 195)

The Lean model of production opens a doorway straight into the dynamics of biocapitalism. In this book, we approach both Lean and the current modulation of capitalism via embodied, affective, and cognitive configurations and translations. Moreover, we wish to analyse work and labour as experienced, performed, practised, implemented, and calculated by workers themselves. Like Foucault (2008, p. 223), we ask: 'What does working mean for a person who works? What system of choice and rationality does the activity of work conform to?' Of course, we are especially interested in how Lean ideas shape and encounter activities and rationalities that already exist in the workplace and in what those manifold translations mean for persons who work. Translations and rationalities often travel as texts, software programs, 'solutions' (such as the Lean 'fishbone' tool), and protocols, and all of these non-human particles are on the move too. Methodologically, we focus on various events as both contingent compositions of what has been and anticipations of possible futures. And then there is gender.

As Gleeson and O'Rourke (2021) and several other feminist thinkers observe, all formations of capitalism are based on gendered divisions of work and gender hierarchies. Silvia Federici, Maria Mies, Mariarola Dalla Costa, and Claudia von Werlhof 'have recognised that modern political economy has been and continues to be built on slavery, colonisation and women's permanent, worldwide exploitation and deprivation of power' (Federici, 2022, p. 635). Translated into working people's embodied everyday

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performances, this means that all forms of capitalism (and most economic theories) assume that people arrive at the value creation process as able, fed, and already 'reproduced' bodies – without recognising that there are people out there taking care of workers' ableness, nourishment, and reproduction. Those people have historically been women and other oppressed groups, and their work still comprises the majority of this unpaid but vital reproductive work.

Over recent decades and all over the globe – but especially in the Global North – economic, social, and political transformations have moved this unpaid, unseen reproductive work from homes and the private sphere into the public sector, private companies, and various mixtures of the two. The gender hierarchy has remained – in old and new formations. Whether social welfare work is paid or unpaid, public or private, it is mostly women who perform it. Salaries in the sector are significantly lower than (for example) in the export industry, where the majority of workers are men. Women are also paid less than men within the same organisations and sometimes even in the same jobs, as incredible as that sounds in the 21st century. Our interviewees talked about this. Raija, a nurse in her 30s, commented:

> I would so much like to think that it [gender] has no consequences. I have experienced some odd situations where I have been called a girl. . . . And then we had a male employee for a while, I noticed that an infuriating amount of the staff took the attitude that good, now we have a man, and when he speaks, the message gets heard, and I was appalled, since I had never even imagined that people really might think that way, that this recently graduated young boy, just because of his sex, might say something more convincingly.

Male interviewees also identified gendered practices. Ensio, a man in his early 40s, described how he became aware of the gender gap in the nursing labour market:

> Yes. I did not use to think this way, but when [I was] in [nursing] school it dawned on me that if you are a man and a nurse, you have much better chances to get employed wherever you want. And it was common knowledge that men's employability was, at least at the beginning of the 21st century, the world was a place where a man as a nurse would manage better than average.

Elsa was in her early 30s, and her job was similar to Ensio's. She deliberated at length and in detail on gender and its manifestations in various working contexts. For example, she identified practices where a male worker in a higher position might choose another man as his working partner, thereby

maintaining gender separation and hierarchy. When the interviewer asked for more examples of unequal practices she had noticed, she replied:

> There is certainly more of it . . . which feels unfair. . . . So what then is unequal treatment according to different people, when after all it is always a subjective experience? So they are not necessarily very huge matters, but you get a feeling of being left outside . . . which is then very difficult to show concretely in the end that some sort of injustice has happened, since it is your own feeling on the matter.

Thus, in today's working life, in an 'equal' and 'women-friendly' Nordic welfare state, and in the sphere of welfare services – a sphere mainly built by women, where the majority of the workforce is female – women's and men's performances are valorised and valued unequally (Adkins, 2002; Veijola and Jokinen, 2008; Dowling, 2016). Despite ongoing efforts to address unequal gendered practices, many men are still reaping the benefits of what sociologist Raewyn Connell (1995, pp. 82, 260–261) calls the 'patriarchal dividend', which manifests itself not only in wage differentials but also in prestige, subtle work arrangements, and practices. Moreover, as Elsa set out earlier, lived inequality usually 'feels unfair', but it manifests itself as 'not very huge', is 'difficult to show concretely', and is often identified as 'subjective', even by those who have experienced it and try to describe their feelings in words.

This chapter analyses what happens when biocapitalist elements are added to the dynamic described earlier. We ask how gender works when it is inscribed onto embodied, working subjects, how it is put to work, and by whom. How are gendered identities and resources used to achieve control, agency, or a mixture of the two? Is it possible to domesticate and translate gender as a field of structured and structuring difference that vibrates in both intimate lives and global omissions, to echo the quotation from Haraway mentioned earlier? Are there ways in which gender enables affective, intellectual, and practical forces rather than controlling and exploitative forces?

In the first part of this chapter, we utilise our expert interviews to explore how experienced Lean instructors perceive the role of gender during the introduction and implementation of Lean in their organisations' welfare service work. To make sense of how gendered power dynamics are incorporated into the biocapitalist logic of value creation in Lean, we utilise the concept of hybrid masculinity (Bridges and Pascoe, 2014). This concept highlights how gendered hegemony and inequalities are (re)produced and obscured through the selective inclusion of 'soft' or inclusive elements that are typically associated with the 'feminine', women, or other marginalised groups. We reveal that Lean must be translated into welfare service work in a way that appropriates, modifies, and recontextualises various gendered expressions, associations, styles, resources, and practices, and that this generates a hybrid masculinisation of Lean. This double movement of hybrid masculinisation creates the impression that Lean is inclusive, woman-friendly, rational, and

scientific, while simultaneously obscuring how it also continues to valorise and privilege practices saturated with 'masculine' values and associations (see also Aho and Mankki, 2023).

In the second part of the chapter, we step back for a while to map what lies beneath the current arrangements of biocapitalism and hybrid masculinities. We look at the classed dynamics of gender and work, especially in Finland, and we identify translations that mostly travel 'vertically'. At the end of the chapter, we pose troubling questions about gender in biocapitalism in general and welfare service work in particular. If the regulation of gender and sexuality is integral to capitalism as it survives across time, as Gleeson and O'Rourke (2021) assert, we need to rethink the sexualities and genders that are integral to biocapitalism. Is it possible to theorise and study this trouble? In this book, our laboratory for doing so is Lean and its lived, everyday practices as workers see them.

Lean mutations: hybrid masculinities in Lean expert talk

The 'original' Lean was built upon the Toyota production system and developed in Toyota factories in Japan after World War II. The 'Toyota way' unfolded against the backdrop of shortages of raw materials, money, capital, and skilled workers, at a time when the Fordist ideas arriving from North America – together with North American money – had to be contested. Fordism, and its counterpart Taylorism were based on economies of scale and homogenous production lines: the Model T Ford was produced in large numbers and then sat in storage, waiting to be purchased. However, the transportation and storage of products could become very expensive. To avoid such waste, Toyotas were ideally assembled only after someone had ordered (or hinted they might order) a car. This 'just-in-time' production achieved great savings in logistics and storage. The Toyota way became possible specifically in Japan in part because of that country's tradition of hierarchical and authoritative working environments (Mehri, 2006) as well as its weak labour movement. There were also similarities between traditional Japanese cultural and religious habits and the Toyota way, such as the idea of constant improvement (*kaizen*). The Toyota way was necessary amid the economic scarcity of postwar Japan, but it also became a counterblow to Fordism.

It was taken for granted that the primary focus here was on men, men's relationships and masculinity. In effect, men were the 'absent presence' (Collinson and Hearn, 2003, p. 201) in discussions of organisational and management practices, highlighting the recurring paradox that men tend to be central to analyses without being explicitly acknowledged as gendered. It was only when North American management consultants translated the Toyota way into English (Holweg, 2007) in order to sell it to public services that gender became visible. Nevertheless, it did so implicitly rather than explicitly, most notably in the sense that public services, especially welfare services, hired a lot of women. This translation of the Toyota way also invoked

'softer' – that is, less masculine – capacities. As Mehri (2006, p. 26) writes in his ethnography of a patriarchal, rule-centred automobile factory in Nizumi, Japan, it is also worth noting that while the Toyota way had 'coerced' men and women into traditional gender roles, its translation into Lean began to disrupt strict gendered and hierarchical rules. At the same time, its character as a counterblow to Fordism perhaps melted away or transformed into something else.

After lengthy consideration, North American management consultants picked 'Lean' as the term to use when translating Toyota ideas and rationalities into public services (Holweg, 2007). 'Lean' is a brilliant translation semantically, as it refers both to the objective of Lean (to make production as thin as possible to avoid waste) and its ethos (to sustain workers and encourage them to support each other). While the 'original' Lean was a markedly masculine way to arrange and manage the mode of production, 'new' Lean workplaces are 'social factories' (e.g. Gill and Pratt, 2008), where value is extracted from emotional, affective, relational, and social elements (Morini, 2007), and where 'customer value' is not only a good car or an exciting driving experience but also something 'extra' that is generated when the customer's needs are anticipated, met, and cared for. Networking, social relations, care, and reproduction are paradigms and sources of added value in the new accumulation regime (Fumagalli and Morini, 2020, p. 11). Most of these social factory elements are culturally coded as feminine abilities, if not as 'naturally' feminine characteristics that can be expected of all women.

McCann *et al.* (2015) touch on the relationship between Lean, gender, and contextual factors. They identify a mismatch in the translation of Lean methodology from its origins in the male-dominated automobile industry to its implementation in the predominantly female healthcare sector. This mismatch stems in part from Lean's inherent manufacturing logic, which focuses on the cultivation of inanimate products, whereas valuable work in healthcare centres on the changing individual needs of living, thinking, and sensing human beings (McCann *et al.*, 2015, p. 1568). However, Lean is a multifaceted entity that encompasses a range of ideas, techniques, and applications, and it is often implemented with varying emphases, depending on the existing or presumed gender-coded values, practices, and culture of the organisation where it is applied (e.g. Abrahamsson, 2015; see also Kuokkanen and Seeck, 2013). Consequently, Lean implementation varies from case to case and involves the transformation of all stakeholders and targets involved in the process – including the alleged mismatch between Lean and feminised welfare service work.

In what follows, we delve deeper into this mismatch and its gendered dynamics by asking what happens when Lean – which often relies on a taken-for-granted masculine imagery of efficient management (Collinson and Hearn, 2003), advocating the Taylorist principles of standardisation, targets, authority, intensified control over labour, hierarchies, and scientific rationalism (e.g. Mehri, 2006; Carter *et al.*, 2011) – meets the accumulation regime

of social factories. We apply the concept of hybrid masculinity to analyse the implicit and explicit assumptions, tactics, and strategies related to gender that are utilised and mobilised by Lean experts when they are translating Lean into welfare work.

In our expert interviewees' narratives, both the concept of Lean and the Lean transformation of organisations were implicitly saturated with traditionally feminine and masculine elements. The experts emphasised the scientific rationality, standardisation, and evidence-based features of Lean as a (gender-)neutral means to obtain efficiency in healthcare. However, they arguably drew from a masculine imaginary of rationality and control, as they frequently cited the cultural association between Lean and the assembly lines of the predominantly male automotive industry, claiming that Lean could introduce much-needed robustness and structure to healthcare management. Nevertheless, the experts acknowledged that Lean could not be applied straightforwardly without adaptation to the healthcare field, emphasising the need to 'translate Lean into the language of healthcare', as one expert stressed:

> I don't see any issue with Lean originating from the automobile industry. While it was invented there, it has since expanded to other sectors. The key is to ensure that it's translated into the language of healthcare in a way that people can understand. Just like in a factory, it's important to keep the assembly line moving smoothly and to have the right components arrive at the right place at the right time with the right professionals. For example, a bumper must be assembled in the correct location at the right time, and it must remain undamaged during its logistical journey. Similarly, patients on an emergency unit must flow through the system like an assembly line, and it's essential that they are in the right place at the right time with the right professionals to receive the appropriate treatment.
>
> (Expert 1)

Another expert commented:

> One element of Lean is that we have clearly defined goals and we clearly track them and measure and think about why we have a gap, what is the problem, and start thinking about how we can improve this so we can reach that goal. This type of systematics brings elements that are good, brilliant, and bolster our healthcare management.
>
> (Expert 2)

Translating Lean into the language of healthcare essentially meant combining its 'women-friendly' or 'softer' elements with the masculine robustness of standardisation. The implementation of new public management doctrines in public welfare services has resulted in a shift towards a managerial approach

focused on economic efficiency and measurable outputs, and these may come at the expense of providing quality care in accordance with welfare professionals' ethical and occupational principles (Hirvonen, 2014; Owens, Singh, and Cribb, 2019; Selberg, Sandberg, and Mulinari, 2022). However, management tends to adapt to gain social acceptance and align itself with previously conflicting professional discourses, resulting in hybrid formulations that blend managerial and professional discourses (Olakivi and Niska, 2017). Our experts argued that Lean implementation did not interfere with healthcare professionals' core clinical competences but instead created space to concentrate on tasks that provided 'real value', such as patient care. We expressed scepticism regarding the applicability of standardisation to healthcare, asking whether following sets of standards might be more achievable in manufacturing, where the focus is on non-human objects. We also questioned whether it was even possible to establish standardised ways of working in care, where the 'object' is a human being with varying needs. This led to a debate in which previously well-regarded Lean virtues, such as standardisation and measurement, were re-evaluated and augmented with traditionally 'feminine' elements such as emotional labour, interpersonal skills, and situated know-how:

> That is a very traditional approach to Lean, that everything should be standardised. While there is some truth to this, in practice it doesn't make sense to standardise everything. Instead, only the most critical and essential parts related to performance need to be standardised. . . . For example, if a standard work instruction specifies that a caregiver should place their hand on a patient's shoulder during a care encounter, this level of detail is unnecessary and can even seem pointless, that's not essential from the perspective of process. There must be room for human interaction and situational awareness. . . . a certain type of a situational know-how or something does not in any way disappear with Lean. In fact, they may be even more critical today than ever before. We must always consider how much standardisation is reasonable, and we should avoid imposing unnecessary restrictions that prevent workers from treating patients or customers like human beings. As a Lean professional, I cannot and would not attempt to standardise these types of interactions. However, we can set targets and leave it open how the standardisation should be achieved. By doing so, we can provide room for situational know-how to flourish.
>
> (Expert 10)

Previous studies have suggested that the rationalisation of highly skilled emotional labour can increase the demand for such labour in interactions with clients and colleagues (Kamp and Dybbroe, 2016). Our analysis here reveals that standardisation not only assumes the need for interpersonal skills but also increases them. Paradoxically, however, this standardisation renders

emotional labour invisible by not incorporating it into Lean's standardised schemes (cf. Kamp and Dybbroe, 2016, p. 82). This disregard for emotional labour contradicts the rationality of care (Waerness, 2009), which highlights the relational, embodied, gendered, communicative, and situated nature of welfare service professionals' daily work (Hirvonen, 2014). Thus, what was seen as essential from the welfare professionals' perspective was not seen as essential from Lean's process perspective, as Expert 10 notes here. Nonetheless, emotional labour is essential to the work of welfare professionals, and they must perform it anyway. Leaving standardisation open and flexible in Lean may thus increase both the exploitation of female welfare workers and their feeling of ethical stress (Selberg, Sandberg, and Mulinari, 2022), as they will need to balance between providing high-quality care to patients and ensuring the standardisation is applied appropriately.

While the incorporation of feminised potential into Lean had conflicting implications regarding emotional labour with patients, the Lean transformation process was seen as a means of changing the 'under-utilisation' of feminine potential in healthcare organisations. Rather than adhering to previous masculine management styles that employed authority and top-down discipline over female workers, Lean emphasises the need to maximise the potential of workers on the healthcare front line, where the primary value is created (see Aho and Mankki, 2023). Even though the decision to pursue a Lean transformation had been made by professionals other than front-line workers, it was portrayed as a way to make organisational practices more inclusive, collective, and democratic:

Expert 1: After the decision to pursue the transformation was made, we immediately began informing the staff. I provided change training non-stop, conducting multiple sessions per week, with all personnel on duty encouraged to participate. We also created a transformation notebook where staff could record their thoughts and ideas regarding the transformation. If there were issues we had not acknowledged, we would address them immediately. We provided staff with multiple opportunities to influence the process, such as inviting them to offer suggestions on how to modify the emergency unit during the renovation planning. We took account of their opinions at every phase of the process. . . . The staff had multiple ways to have an influence, such as when we were planning the renovations and the plan drawing was placed in the coffee room for the staff to comment on. They had the opportunity to suggest modifications to the emergency unit based on their preferences, and we took account of their opinions throughout the process. When they realised that their input mattered, it motivated them even further.

Interviewer: So people's opportunity to have an influence was central?

Expert 1: Yes, it was. And when I became a new supervisor, we initially faced difficulty in getting ideas from the staff. The previous supervisor had not listened to their suggestions and gave the impression that they were not paid to develop their skills, just to stay nurses. This attitude discouraged the nurses from participating in any development activities. However, it was great to see that when they were given a chance to contribute and were appreciated for their ideas, their mindset began to change. They became excited about the opportunity to develop, and it opened up the systems there.

Prior to the implementation of Lean, as Expert 1 asserts, nurses were accustomed to simply performing their basic duties without many additional responsibilities regarding development. This was partly due to outdated, authoritative leadership and management practices, which confined nurses to their subordinate occupational roles. However, with the introduction of a Lean transformation and a new pro-Lean supervisor, female workers' potential and autonomy were released from the constraints of this masculine, top-down discipline, thereby enabling their growth as both workers and human beings.

In addition to the inclusion of feminised potential, some experts attempted to connect Lean principles to feminised work and the skills traditionally associated with women. This narrative suggested that women had acquired the necessary Lean skills through their household duties and could seamlessly turn those skills into labour market assets. However, this attitude can be criticised for downplaying the masculine history of Lean, constructing a gendered cultural 'fit' between Lean and women (see also Aho and Mankki, 2023) that may not accurately reflect the reality of women's experiences in welfare service work. For example, one expert attempted to obscure Lean's masculine origins by drawing parallels between Lean and the Martha Organisation, a Finnish body that educates the public about home economics and domestic matters. By attempting to draw parallels between 'common-sense' domestic skills traditionally associated with femininity and Lean as a management model, this expert was engaging in a form of strategic borrowing (Bridges and Pascoe, 2014, p. 252) from marginalised groups, thereby obscuring power dynamics and the fact that the feminised skills associated with domestic work are frequently undervalued, unpaid and relegated to the private sphere.

Interviewer: One aspect that captures my attention is the fact that the health and social care sectors are primarily female-dominated. [Interruption.]
Expert 3: This fits women better than men.
Interviewer: You mean Lean?
Expert 3: Yes.
Interviewer: Why do you think so?

Expert 3: Consider the example of the Martha Organisation. Who works there, primarily? There are some men, but a significant majority of the workforce comprises women.

Many experts also discussed how a successful Lean transformation in healthcare required a change in leadership culture. While highlighting the need to embrace interpersonal skills during Lean implementation, a few experts (re)constructed the cultural fit between women and Lean. They did this by distancing Lean principles from the connotations of hegemonic masculinity (Connell, 1995) – such as authority, domination, and hierarchy – that typically saturate the values and practices of traditional masculine-style leadership (Collinson and Hearn, 2003). Lean was more likely to suit women than men because 'men want to rule the world, but Lean is not based on ruling but trust', as one expert noted (see also Aho and Mankki, 2023). Another expert suggested that although a humane leadership style was not the 'exclusive property of women', it might come more naturally to them, resulting in a 'growing demand for leaders who are prone to demonstrate empathy'.

Despite this supposed fit between Lean and women, there is a notable lack of women among Lean gurus, consultants, and professionals. When challenged to explain this discrepancy, our experts could offer only a few examples of female leaders. They referred more often to men when they talked about the 'good managers' or 'Lean gurus' they had met during their Lean journey. These managers' 'goodness' was primarily connected to the idea that they were good at listening, asking questions, and encouraging people to develop. By contrast, the feminised qualities the experts had used earlier to disqualify women continued to linger. For instance, one expert commented that 'the problem with women is that they lose logical thinking very fast'. Another expert invoked the idea of unproductive femininity by noting that he had found the 'wrong kind of empathy' in female-dominated workplaces – the kind of empathy that tipped over into sentimentality, resulting in a barrier to development. Although it has been argued that 'women's work' is the paradigmatic model of labour in contemporary capitalism in general (Adkins and Jokinen, 2008, p. 142), it seemed here that it was easier for men to acquire and be recognised for the feminised, relational, domestic, 'small-world' skills required by Lean management and leadership than it was for women to acquire masculinised skills (see also Aho and Mankki, 2023).

In addition to invoking explicitly gendered connotations, our experts sometimes used the idea of a gendered cultural fit without referencing gender explicitly. For example, some argued that healthcare was a more favourable field for Lean implementation than manufacturing due to healthcare professionals' 'educational background', 'homogenous culture', 'willingness to share information' and readiness 'cooperate with others'. Possible resistance to Lean was more often attributed to authoritative managers and doctors than to female front-line workers and their professional counterculture (see Chapter 7). Arguing for Lean's appropriateness to healthcare in these terms,

the experts evoked gender-stereotyped meanings as well as assumptions about docile or flexible femininity (cf. Salzinger, 2003; see also Aho and Mankki, 2023), suggesting that women were more likely to adjust and conform to the organisation's aims. Similar assumptions about 'docility' are rarely found in male-dominated industries, where the critical reception of new management ideas is often celebrated as a form of collective occupational resistance that signals the hard, honest, embodied work of male shop floor workers (Willis, 1979; Roper, 1994; Kuokkanen and Seeck, 2013).

It seems, then, that Lean management does not necessarily restructure the gendered order. Rather, an unequal gender order will reappear in a Leaned organisation in new, hybridised forms. This is in line with findings from other public sector organisations (Connell, 2006) as well as different industrial sectors (Abrahamsson, 2015). The masculine virtues of targets (Kerfoot and Knights, 1998) and technocratic scientific rationalism (Burris, 1996) seem to be foregrounded in Leaned health and social care, but they are simultaneously 'softened' by the introduction of a humane management system that promotes inclusiveness, collaboration, and female workers' potentiality. Lean is further feminised by its supposed perfect fit with women and their supposedly feminine skills. Lean is constructed as 'woman-friendly' by being distanced from abstract masculine technocratic meanings such as measurements and statistics and by the creation of associations between Lean and feminised phenomena. However, when female workers perform feminine-coded inclusive practices, such as the interpersonal skills and cooperation required in teamworking (Metcalfe and Linstead, 2003), some experts noted that the there is a risk that Lean process may become 'unproductive'. This concern arises from a common gendered assumption that women tend to prioritise empathy in their workplace relationships over other skills. The analysis suggests that the assumed tendency of women to dwell on matters of human relations is offset by the promotion of 'masculine values' such as analytical thinking and decisive decision-making skills, leading to a (re)masculinisation of women's work. Moreover, in line with previous studies (Eagly and Johnson, 1990; Wajcman, 1998; Katila and Eriksson, 2013), our analysis indicates that women and men are evaluated differently in terms of the managerial characteristics that are considered valuable and desirable.

Arrangements of class and gender in welfare work

According to Beverley Skeggs (1997), capitalist social relations produce and shape classed femininities and moral codes. To understand the classed makings of gender, we need to grasp the moral codes of respectable behaviour and ideals of femininity and masculinity as they are inscribed in people's bodies – that is, as they become lived. People carry moral codes regarding respectable and recognisable behaviour in their daily lives and working performances, and gender is an act that is tenuously constituted over time and instituted in exterior space through repetition (Butler, 1990, pp. 140–141). Gender is

a habitual act, or a flow of habitual acts (Veijola and Jokinen, 2008). Daily acts and habits are by nature slow to change and difficult to identify, but we do know that contemporary biocapitalist arrangements grow upon and reorganise earlier arrangements of genders, forces, and moral codes. The new arrangement does not eliminate its predecessor(s) but uses it (them) in manifold ways. This constant translation and displacement may partly explain the confusion expressed by the interviewees we quoted at the beginning of this chapter. For example, Raija said she wanted to believe that gender had no effect, but she had noticed that an annoying number of co-workers liked having a male colleague because they thought he would be listened to. Raija was shocked that people really thought that way – that a recently graduated boy would be more convincing than his older female colleagues. Elsa, for her part, reflected on the subjectivity and invisibility of various inequalities, which she said could be felt but were difficult to show.

Arrangements that place men in more convincing positions and recognise their behaviour more readily, mirror the basic binary gender hierarchy, but there is more going on here too. Skeggs (1997, p. 99) explains that in early 20th-century Britain, notions of ideal femininity (and sexuality) were imposed on the bodies of middle-class women, who 'could prove themselves to be respectable through their appearance and conduct', and whose bodies were accordingly coded as frail, soft, and passive. By contrast, working-class women were coded as strong and hardy, but also as vulgar, sexual, deviant, and other. However, working-class women claimed that middle-class women's care was of poor quality and not respectable. Good-quality care became working-class women's weapon in their everyday gendered and class battles – for example, against middle-class representatives of state institutions such as welfare, education, and law. Nonetheless, this investment in care did not gain working-class women any more symbolic or institutional power; instead, it locked them into a specific position in the division of labour, family, and community (Skeggs, 1997; Farris, 2022).

In Finland, the gendered class logic took a somewhat different turn. The myth of the strong Finnish woman encompassed all social classes (Markkola, 1997). Frail, soft, and passive upper middle-class women certainly existed, but middle-class women who remained unmarried, became educated, and wanted to work and be politically active perhaps played a more significant role. The fields of activity open to these women were the public sectors of education and care, and women were important not only as service workers but also as service planners and builders. For example, nursing education was designed and engineered mainly by middle-class women (Julkunen, 1994). This also provided working-class and rural women with opportunities for education, work, and income. So, why did this arrangement not render women respectable and recognisable in education and welfare service work? A compromise 'negotiated' between the agents of gender, nation-building, and class in Finland meant that women did gain power in the public sector, but this power translated into a 'vocation' – specifically women's vocation to

serve and benefit the nation, with a hint of self-sacrifice. The female worker was expected to be modest, competent, and flexible. Her salary need not be high – indeed, it *should* not be high because of the moral codes and the sense of vocation. By contrast, the doctor's profession was built by middle-class men, and it is still coded as masculine today, even though 60% of the workforce are women.

An important factor in the construction of the doctor's profession is to keep the feminine elements of care (and dirt) at bay. Similarly, when men work in the care sector, they do not inhabit its feminine dispositions but instead call them into question (Husso and Hirvonen, 2012; Hirvonen, 2014). Under current gender arrangements, both the rarity of men in care work and their calling into question of feminine dispositions work to men's benefit. Varpu, a senior nurse, explained:

> And then I notice that if there are male nurses, which are really rare, but if there are, they receive, this is an awful expression, but they receive a 'dick bonus' from the older female patients: they are really enthusiastic if a male nurse takes care of them. But this is probably due to there being so few male nurses. And I hope we get more of them into the care sector, they are needed. . . . Because we have patients with multiple illnesses, strong, big patients, so strength and potency are really needed there. And the men as nurses often are calmer and they do not stress so much about the fast pace, women may stress much more. But that is an overstatement.

A number of studies suggest that men are expected to demonstrate leadership skills, physical strength, and a relaxed attitude, and to have restricted involvement in physical caregiving routines (Murray, 1996; Taylor and Tyler, 2000; Cross and Bagilhole, 2002; Simpson, 2004; Evans, 2006; Husso and Hirvonen, 2012). The embodied and emotional aspects of care fall more to women, while men are encouraged to engage in the disembodied and technical side of care work (Hirvonen, 2014). This again raises questions about the classed nature of the division of labour: can we identify a novel formation of working-class masculinity here? Varpu's words suggest a masculine ideal of a calm, relaxed attitude combined with strength and 'potency' (*väkevyys* in Finnish). In the following extract, Ensio, who worked as an emergency unit manager, elaborates on the good parts of Lean training:

> The stuff [provided by the male Lean consultant] was good, so that in a sense the somewhat simple and straightforward thinking of engineers provided good insights into all this healthcare carry-on, and like, he especially put forward that there are solutions, they just need to be found. That at least some of the procedures there always offer a solution to existing problems. And he was able to articulate this very clearly, and it was maybe the most important insight for myself as well,

> that with the help of these problem-solving models or in a solution-oriented manner we will proceed.

When the interviewer asked for more details about the 'carry-on' in healthcare, Ensio continued:

> Well, it is just that all the time people are asking what others think, and are afraid of conducting trials or making decisions, and somehow always afraid about if I am able to do it this way or another way. And always asking permission for everything, and maybe it is a typical outlook of female-dominated sectors.

Here we see another twist in gender arrangements in welfare service work: what used to constitute ideal femininity in care work (compliance, flexibility) becomes a problem in Lean, where the ideal is to streamline processes by challenging accepted routines. Moreover, social welfare work is (still) a peculiar form of labour that melts affects, care, and salaried work together on the stove of classed gender dynamics. According to Emma Dowling (2022, p. 38), 'care [work] is an ethical social relationship based on both feelings and affection and a sense of service, both requiring and producing sympathetic attachments with bonds that tie us to others, whether weak or strong'. Is this not a rather accurate description of joyful affective encounters? Dowling (2022, p. 38) also suggests that we distinguish between care and social reproduction in order to be able to analyse more precisely what happens to affective relations and caring activities when they go to market and are turned into services for sale. Care work is one aspect of the labour of social reproduction, while care refers to the activity of tending to the emotional and physical needs of others. There are some care work processes that may well be Leanable to make them more effective, and where the labour time (i.e. working hours) is negotiable. But then there is also care as an ethical relationship: when we 'do care' for another, we also care *for* them, and indeed, this might make care work bearable and protect care workers from feelings of alienation and dependency (Dowling, 2022, pp. 37–39). This is precisely the point where the gendered exploitation of care workers can enter the dynamic. Hillevi, a hygienist, tried to capture how this could happen:

Interviewer: Do you feel that your gender somehow benefits you or restricts you compared with men, given that they are fewer in number?

Hillevi: No, I have never thought that way. But of course it is positive; if there were more men, the salaries might be something else.

Interviewer: So you think it might have an effect?

Hillevi: It might have an effect, yes, since I think nurses are traditionally too nice. That is, nice in the way they always say it is a vocation. Well, it is, in a way, since not everyone becomes a nurse. But the salary here is the thing that is the worst in care work.

Interviewer: Do you think there would be ways to raise salaries other than having more men?

Hillevi: Well, I don't know. I think that the state will never, we will never reach the same salary levels as in industry. And of course, a nursing institute or a hospital cannot be a unit that yields profit; if it were principally 'break-even' it would be good. But this is not the case always either. I don't believe there are many means to get [more] salary.

In the Nordic welfare states, the classically rigid liberal distinction between public and private has softened, and from a certain point of view the state has been women's ally – for example, it has provided women with jobs and allowed them to play leading roles in the development of education and social affairs. However, the role of corporations is strong in the Nordic model, and salaries are agreed upon through tripartite negotiations between employees, employers, and the state. But women have never had strong corporate organisations behind them, and therefore they have been forced to try to realise their interests via the state – which is not particularly feminist (Julkunen, 1990, pp. 144–145).

Lean adds more layers to this whirling dynamic. It uses market language, which of course changes the work insofar as it is performative: customer value, streamlined production chains, and the elimination of waste do not necessarily fit the professional ethos and ethics of welfare service work, and they do not appear as assets in corporate negotiations. As we will discuss in Chapter 4, time in welfare work is organised very differently compared with time in (the automotive) industry. Cars are not usually ill, for example, and periods that might be labelled wasteful in market language – for example, periods of recovery time – might constitute necessary conditions in health and social care. But since the welfare service sector increasingly exploits the ideas of profit and competition, it is all the more difficult for women in the sector to secure assets in negotiations over salaries and working conditions. Dowling (2022, p. 39) notes that attempts to standardise, rationalise, streamline, measure, and generally enhance productivity in care can ultimately jeopardise not only caregiving but also the ability to care.

Moreover, Lean might ultimately jeopardise the ethics of care too. Feminist research on care in the Nordic countries has criticised market economy thinking on the grounds that it is not based on an adequate understanding of the distinctive nature of care and therefore often generates reforms and measures that contradict the logic or rationality of caring (Waerness, 2009). Although there are principles in Lean that do protect ideas about the ethical performance of work – for example, every Lean process starts with collective thinking about 'why we work here' – there is a risk that efficiency and the elimination of waste will run counter to the principles of the ethics of care, which according to Tronto's (2005) famous characterisation are attentiveness, responsibility, competence, and responsiveness. These qualities are very

difficult to measure and translate into salaries. In the end, the question is what gets recognised as important, and the ethics and logic of care seem to receive only lip service. According to Ensio, this situation might lead people to 'fight' over recognition and respect in areas other than salaries – for example, by competing over whose improvement ideas are the best, which itself contradicts the Lean principle that colleagues should primarily work together as a team, not as individuals.

Staying with the gender trouble

According to Preciado (2013, pp. 29–30), theorists of post-Fordism have revealed that the productive process in contemporary capitalism finds its raw material in knowledge, information, communication, and social relationships. Referring to Moulier Boutang, Preciado also states that the mainspring of production is no longer situated in companies but in society as a whole. It is the qualities of the population, cooperation, conventions, training, and forms of organisation that hybridise society, markets, and companies. However, Preciado (2013, p. 30) notes that the analysis and description of this new form of production usually 'stop biopolitically at the belt'. He argues that gender, sexuality, and the excitable body are at the heart of political action in biocapitalism and that they are objects of minute governmental and industrial management (Preciado, 2013, p. 35). Gender and sexuality do not work as identities, or as the insides of bodies:

> Gender in the twenty-first century functions as an abstract mechanism for technical subjectification; it is spliced, cut, moved, cited, imitated, swallowed, injected, transplanted, digitized, copied, conceived of as design, bought, sold, modified, mortgaged, transferred, downloaded, enforced, translated, falsified, fabricated, swapped, dosed, administered, extracted, contracted, concealed, negated, renounced, betrayed. . . . It transmutes.
>
> (Preciado, 2013, p. 123)

Preciado's provocative theses are not far from what we see in Lean and its translations: gender and bodies seem to be everywhere, in every fold of biocapitalist practices. Pick out any single sentence, episode, or testimony from practically anywhere in our data, and you will find traces of gender there: the gendered practices that made an episode possible, the ways people act (habitually and reflexively) along gendered routes, the way gender oils the machinery of recognition, the sale and extraction of gendered qualities from bodies, the incessant translations of gender, and so on. Thus, it is not easy to get a grip on gender, to talk about operationalising or measuring it, even though biocapitalism rearranges, reorganises, and financialises the integral, gendered, material, and embodied layers of life, labour, and production. We therefore wonder (with Haraway, 1991) whether it is possible to build a theory of biocapitalism that is faithful to the feminist ethos or to suggest a

feminist theory that will recognise biocapitalist compositions. In the upcoming chapters, we aim to achieve this goal by examining the implicit vibrations and transmutations of gender as it intersects with Lean in various welfare work configurations.

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4 Temporal architecture of Leaned welfare service work

Iiris Lehto

Time is an omnipresent commodity. The industrial way of life is associated with a particular attitude to time and speed: time is perceived as a scarce resource, and speed is associated with efficiency (Kincaid, 1983; Bendix Andersen *et al*., 2018). Times when nothing happens, periods of waiting and rest, breaks and pauses, are considered wasteful, unproductive, and lost opportunities. When time is money, the faster something moves through the system, the better it is for business – or in this case, for welfare services. Accordingly, profitability and efficiency are tied to speed (Adam, 2003; Bendix Andersen *et al*., 2018). Time, in its various dimensions and manifestations (rhythm, speed, horizon, and sequence), is inherent to strategic management (Earley and Mosakowski, 2000). Following the quest for efficiency, transparency, and more evidence-based routines, measurable aspects of the worker – client relationship, such as (clock-based) time and frequency, have become more important in welfare services – for example, when policymakers allocate resources or when client satisfaction is measured. Previous studies of healthcare organisations have shown that time is typically viewed as a 'monetary value' that professionals can negotiate. Thanks to this view, saving time has become a symbol for saving money (Bendix Andersen *et al*., 2018). This is partly reflected in the public sector's import of industry-based management concepts – such as Lean management – to speed up and reduce 'time waste', as well as in many new statutory time limits (Baines *et al*., 2014; Hjärpe, 2020; Klein *et al*., 2022). Thus, time is simultaneously lived, created in interaction, treated like money, used as a resource, budgeted, allocated, sold, and controlled (Adam, 2003).

In the public welfare service environment, different temporalities and time dimensions structure both practical work (including care) and the application of Lean. In this chapter, I focus on organisational, patient, and physiological time (Lämsä, 2013; Ihlebæk, 2021). Good caring entails addressing patients' individual needs and taking time to be with them. In general, caregiving allows life to flow forward, but nonetheless, the rhythm of care is variable and changing. Although care in its different forms is repeated on a daily basis, the rhythm of concrete caregiving may vary from day to day. One nurse may perform caregiving at a fast pace and another at a slower pace

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(Ihlebæk, 2021; Lehto, 2020). The time of care is difficult to measure and, to some extent, also difficult to schedule and standardise, although achieving this is the aim of various methods and tools, including Lean. Lean standardisation can lead to conflicts among different rhythms of caregiving, as I will show later.

According to Henri Lefebvre (2004), everywhere where there is interaction between a place, a time, and an expenditure of energy, there is also rhythm. Rhythm brings together the quantitative aspects and elements that mark time and distinguish its moments. Qualitative aspects and elements link moments and time´s quantitative elements together (Vojcic, 2014). The word 'rhythm' is often used to refer to the lived character of built environments, highlighting the temporal and spatial patterns of various human activities. Rhythms are also socially produced (Tartia, 2020, pp. 2–3). In this chapter, I focus on a public welfare service organisation, the implementation of Lean, and the general activities that Lean trainees encounter.

In addition to time, temporalities, and rhythms, work is also structured by encounters and interactions between human and non-human actors (Latour, 2005). The Lean trainees in our study encountered drug lists, hospital beds, various devices, and Lean whiteboards in their everyday work. COVID-19 was another non-human actor. All these non-human actors were part of the temporal rhythmicality of the welfare service organisation.

Materials, equipment, and acts are linked together, and the national, domestic, global, and local levels meet in them (Löfgren, 1997). The reliance on materials intensifies interactions that are otherwise thought to be purely human. To use objects and perform tasks requires skills, and learning those skills can be tedious and time-consuming. For example, during the COVID-19 pandemic, some Lean trainees were moved from their usual unit and had to learn the rhythms and practices of a new unit.

Different areas of materiality also refer to and require each other (Lehtonen, 2015, pp. 309–311; Löfgren, 1997). For example, before administering a medicine to a patient, a nurse will spend time becoming familiar with the patient's condition and learning how to properly administer the medicine in this specific situation. From a Lean point of view, this is a matter of standardising practices and reducing waste. The patient's time is not spent on the nurse's learning how to use a certain tool in the moment of treatment. A typical area of implementation is the development of treatment processes, where the aim, for example, may be to save time by shortening queues and waiting times (Jorma *et al*., 2016, pp. 10–19).

However, materiality concerns not only non-human actors such as instruments, artefacts, or viruses. Sounds and affects are also non-human actors, albeit closely connected to human actors (Lämsä, 2013). Riikka Lämsä (2013) defines non-human actors as actors that are non-human in relation to people – in this case, the people in the hospital unit. Non-human actors are more permanent and material than human actors. For example, the patient continues their journey after their need for treatment has come to an end, but

the bed on which they lay will remain in the hospital room. Thus, the time dimensions and rhythms of human actors and non-human actors can differ. Our Lean trainees were key actors in the synchronisation of other actors' overall rhythm, as I will later demonstrate. Moreover, different actors have different kinds of agency. I understand agency as a relationship between the resources, possibilities, and conditions of an activity, analysed through the division of power (Ronkainen, 2008, p. 388). The agency of Lean trainees, patients, and non-human actors was embedded in everyday practices, and it was situated and temporal.

Cities live in repetitive rhythms where events follow certain more or less established patterns: how we interact with other people or artefacts, how we move around the city on routine routes, or how nighttime and daytime urban spaces differ from each other. All these factors build the city's temporality, and regular repetition creates relatively permanent rhythmic forms that we might call the city's temporal architecture or structure (Tartia, 2020; Osman and Mulíček, 2017). To some extent, the same applies to public welfare service work and to organisations in general. Inside a welfare service organisation, there are routine routes through which patients and workers move, and the work is structured by shifts in which nighttime and daytime differ. I am interested in how the temporal architecture was structured in the practices of welfare service workers who were receiving Lean training. I am also interested in their work environment: the trainees worked in an environment that was saturated by rhythms, and as human actors, they were part of that rhythmicity. I therefore focus on the rhythms and time dimensions that organised the Lean trainees' temporal architecture and work practices. How did rhythms and time dimensions affect the trainees' agency and operational possibilities? What factors kept the temporal architecture of the work together, what factors dismantled or modified the temporal architecture, and how did this occur?

To answer these questions, I apply Lefebvre's (2004) rhythmanalysis. In rhythmanalysis, rhythm is a tool rather than an object of analysis. Rhythmanalysis reveals that social practices can be experienced as alienating or liberating, depending on their rhythmic qualities and how they are shaped by social spaces and times (Elden, 2004, p. xii). Moreover, rhythms always appear in clusters, reflecting their multiplicity, relativity, and interconnectedness. Lefebvre's distinctions between different kinds of rhythm allow me to examine Lean trainees' experiences of the relationships between their work rhythms and the application of Lean. In this chapter, I examine the rhythm of the Lean trainees, the rhythm of welfare service work, and the rhythm of Lean management.

My data consists of semi-structured thematic interviews with 14 Lean trainees, 11 women, and three men. This chapter draws on both of the two rounds of interviews we conducted with the trainees (see Chapter 2). My first-order analysis was data-driven; the second-order analysis reanalysed the preliminary results in light of Lämsä's theory of temporal agency and Lefebvre's

rhythmanalysis. After reading the numerous interview extracts multiple times, I grouped them into four basic categories that captured the most distinctive features of the time perspectives found in the data. It is important to note that these categories referred not to individuals but to the temporal dimensions of their accounts and the literature discussed earlier. In what follows, I focus on various everyday practices and identify and analyse how rhythms and time are manifested in welfare service work when it is performed in a public welfare service organisation that is in the process of adopting Lean. I will present each of my four categories – 'streamlined rhythms', 'collision and friction between rhythms', 'making time visible' and 'time for development' – in turn, and I will then discuss their reciprocal relationships. I provide ample interview extracts to give the reader a flavour of the categories' empirical bases. Depending on the context, I use the terms 'Lean trainee', 'welfare service worker', or 'nurse' to refer to the interviewees. However, before moving on to the results of my analysis, I will first introduce my theoretical framework.

Time, temporalities, and rhythms

As has emerged in previous chapters, Lean focuses on continuous improvement, the standardisation of work, and the maximisation of customer value production. Standardisation aims to eliminate waste and disruption, for example, in the duration of treatment processes. The logic of Lean partly follows a logic of choice whereby progress towards action is made in stages (facts, value-laden choices, and technical actions) (Mol, 2008). One stage follows another, and time is assumed to be progressive or linear.

However, Lean methods such as the 'plan-do-check-act' model also divide development into temporal cycles. At the same time, the idea of continuous improvement indicates that the Lean process is never completed. This is close to a logic of care where the beginning and end of a procedure are difficult to define. Care is not always reducible to finite procedures. Although the time required for some treatments can sometimes be predicted and standardised – for example, if they are to be repeated at certain intervals, such as check-up visits to a patient with rheumatism or diabetes – unforeseen situations can arise that change the course of the day. A machine or electronic patient records system might malfunction; a treatment might take longer than expected. Thus, in the logic of care, time twists and turns and is rarely linear (Mol, 2008, p. 18).

Annemarie Mol (2008, p. 18) points out that care is not a transaction or product passed from one hand to another. Rather, different pairs of hands – that is, skilled, professional human beings – work together towards a result. That result is not always an improvement in patient health. For example, if a patient's cancer treatment ceases to be effective, the result may be that the patient is transferred to hospice care.

Care is an interactive, open process that can be shaped and reshaped according to its results. If one treatment is not helpful, it may be possible to

try another. Sometimes the patient needs a moment just to talk, and this can improve their well-being even though it will not cure their physical illness. Care is a broad concept without clear boundaries. It is also performed in interaction with different actors. Care can sometimes improve if professionals supply less product and patients do more work themselves. For example, a technician may measure your blood sugar for you, or you may measure it yourself, as long as your joint efforts lead to an improvement, (Mol, 2008). According to Mol (2008), care process is open-ended and it is not a matter of size. Thus, it does not mean that the care process is more encompassing or larger than the devices that are part of it (ibid.).

In care, the action moves back and forth in an ongoing process (Mol, 2008, p. 18). This process may be influenced by organisational time, physiological time, or patient time (Lämsä, 2013) – or in Ihlebæk's (2021) terminology, hospital time, medical time, and patient time. These three different ways of constructing time are evident as rhythms in clinical practice (Ihlebæk, 2021). According to Lämsä (2013, pp. 65–66), organisational time is guided by the rhythming of activities to make the hospital unit into a smooth-running, efficient entity. The dimensions of organisational time include the morning shift, the evening shift, the night shift, the unit's daily rhythms, coffee breaks, and holidays. Physiological time, on the other hand, is based on the biological rhythms of the human body. Its variables include the frequency of urination, the rhythm of the heart, and the rate of progression of the disease. The events of physiological and organisational time are cyclical: things repeat themselves at certain intervals, although the cycles are of different lengths. Employees are the subjects of the activity, especially during organisational time. Welfare service workers need to continuously reflect on and balance the inherent tension between medical time and patient time. Patients – or clients, in Lean language – are also subject to organisational and physiological time (Ihlebæk, 2021; Lämsä, 2013, pp. 65–66).

Eviatar Zerubavel (cited in Lämsä, 2013, p. 66) argues that the operation of hospital units is organised sociotemporally. This refers to organisational time and forced cyclical rhythms, such as weekly meetings and work shifts. For example, patients' linear rhythms are determined by the nurses' cyclical rhythms as their shifts change (Lämsä, 2013, p. 66). Disagreeing with Zerubavel's interpretation, however, Lämsä – who examines the forms of patienthood constructed by practices on a hospital unit – argues that organisational time is not dominant or primary. Rather, the everyday life of a hospital unit involves alternation, overlap, and negotiation between organisational and physiological time (Lämsä, 2013, p. 66). While Ihlebæk (2021) finds that medical time takes prominence over patient time and that this is affected by the emphasis on predictability over flexibility in the structuring of caring activities, Lämsä (2013, p. 66) observes that physiological and organisational time are not dependent on actors. That is, specific actors do not always work within specific time frames; instead, they can alternate and overlap.

However, time dimensions may be experienced differently by different actors and appear in different ways. One usually cannot act exclusively on

one's own subjective perception of time; one has to place oneself in relation to shared abstractions (such as calendars) that require shared divisions of time (Turunen, 2010, p. 181). Julius Frasier (1988, pp. 107–188) discusses sociotemporality and the socialisation of time: individuals living in a community need to synchronise their collective actions and create a common framework of thought, on the basis of which events can be timed without conflict. Sociotemporal orders are further elaborated by localised rhythms that are particular to smaller social groups (households, religious groups, workplace shift patterns, etc.) (Norris *et al*., 2019). In our study, the Lean trainees constituted a smaller social group within their work unit.

The third category of hospital time is waiting or patient time. Unlike physiological and organisational time, waiting time is dependent on a group of actors. According to Lämsä (2013), waiting can only be reached through the patients' experience. Waiting occurs due to poor synchronisation of the functions of physiological and organisational time, which leaves an empty space between activities from the patient's point of view (Lämsä, 2013, pp. 67–68). In Lean language, waiting is defined as waste because it produces added value for neither the patient nor the worker. Lean methods and tools therefore aim to make practical and organisational-cultural changes to reduce or eliminate waiting time.

As concepts, time and rhythm are interlinked and overlapping. Etymologically, 'rhythm' refers to movements in time and measured flows. Repetition is also an important part of temporality (Elden, 2004). Lefebvre (2004) contrasts rhythm with repetition: modern labour practices disrupt natural rhythms because they can begin and end at any time. The rhythm of capital is that of production and destruction: the production of things and of human life in general; the destruction wrought through war, progress, and invention. Social spaces and times (e.g. in the workplace) produce and are produced through experiences of repetition and variation. Lefebvre conceives quotidian spaces (e.g. working spaces) as the result of activities (e.g. walking, moving, talking, listening) whose rhythmic features can become the focus of analysis (Revol, 2014). He understands time and space (and both together) primarily as 'lived'. Time is not simply calculable or reducible to its chronometric representation (the clock); likewise, space is not reducible to Cartesian geometric lines and coordinates. For Lefebvre, clock time is a reductive temporal measure, just as Cartesian geometry represents a reductive understanding of space (Vojcic, 2014). Lefebvre (2004, p. 68) outlines the relationships between rhythms by distinguishing between constructive interactions between rhythms (eurhythmia), conflicts between rhythms (arrhythmia), parallelism between rhythms (polyrhythmia), and equality of rhythms (isorhythmia). In my analysis, I will explore how these were reflected in the Lean trainees' daily work practices. Analysing experiences of arrhythmia, polyrhythmia, and eurhythmia is a first step towards implementing rhythmanalysis. To sum up, I combine Lämsä's framework of organisational, physiological, and patient time with Lefebvre's rhythmanalysis to explore the temporal architecture of Lean trainees' daily work practices.

Streamlined rhythms and temporal agency

During the Lean training, participants were asked to complete small improvements and development tasks. These had to be implemented in their work units. The general purpose of these activities was to streamline work processes – to remove blockages and eliminate unnecessary activities, such as ineffective waiting (Marazzi, 2011). In a capitalist society ruled by a linear rhythm, time is a constantly dwindling resource and a computable commodity. Time must not be wasted but used as efficiently as possible (Aho, 2019).

Anelma developed a new entry schedule for her work unit. She worked on a unit where patients came for regular check-ups:

> The topic of my Lean development assignment was to adapt the treatment entry schedule. This was a good match with the COVID-19 situation. I started the development task a year ago, before there was any information about COVID. Patients do not all come to the waiting room at the same time to wait for treatment, and there is a maximum of four patients at a time. There was no need to reschedule or avoid simultaneous attendances [during the pandemic], as these had already been put in place. We also made the kind of change where we will not provide lunch in the shared dining room after treatments, but patients will be given a lunchbox. They can heat the food up at home. The boxes are refrigerated and brought in by the food centre.

Anelma developed a new treatment entry schedule that structured patient time in a novel way. Lämsä (2013) states that patient time is characterised by waiting and 'small agency', that is, agency constrained by social structures. Small agency also refers to situations where nothing happens. For example, waiting is described as a non-event (see Crapanzano, 1986), although from another perspective, waiting can be seen as an instrument to reach a goal – for example, a treatment (Vaattovaara, 2015; Honkasalo, 2013).

From the patient's point of view, the unit's previous pattern may have imposed an uncertain rhythm. Patients had to wait in the waiting room for long periods, not knowing when they would be called. The new entry schedule meant a more stable rhythm. The waiting no longer took place within the welfare service organisation, or at least not for as long as used to be the case. The trainee thus sought to synchronise linear and cyclical care service rhythms, and this synchronisation of rhythms increased patients' agency. Patients were now less tied to the welfare service organisation's rhythm and had the option to arrange their personal time more freely. Synchronisation streamlined the rhythms of the organisation, welfare service workers, and patients. Lean as a sociomaterial object was part of the process in which the synchronisation occurred and the patients' agency increased.

Although the COVID-19 pandemic in general was an unpredictable actor that changed the rhythm of the unit, this particular example predated

COVID-19's arrival in Finland. In this regard, it is also an example of how different variables in care work can change the temporal structure and require a new temporal architecture. Since patients were already accustomed to the new streamlined rhythm, they did not have to make further adaptations to COVID rhythms. One might see this as double or even triple efficiency: it saved both welfare service workers' and patients' time, and ultimately also organisational time. Nevertheless, the pandemic did force a restructuring of the organisational rhythm: lunch was no longer served to patients in the dining room after treatment. This too led to a change in patient time.

For patients, the streamlined rhythm seemed to increase their agency in the sense of control over their personal time. For welfare service workers, on the other hand, the process appeared to be somewhat different, as Anelma described:

> The Lean development task was completed, and the result was clearly visible, but in the trial phase, when these four patients and their waiting times were tested, examined and monitored, the feedback was that the pace of work became forced and that the work was controlled. That I controlled the work and the pace of work too much. This too was resolved through discussion and did not cause any controversy during the final stages. Now the system is up and running, it is no longer an issue.

The trainee who implemented Lean methods in the unit was perceived as a controller and pacemaker by her colleagues. The feedback revealed that the welfare service workers felt as if their agency had been taken away, or at least that their control over their work rhythm had decreased. Nurses are traditionally granted some discretion over the care of their patients. Adherence to self-defined professionalism is important, especially for groups whose position and agency within their own organisations and professions are relatively weak. Lean seems to create a different set of power relations and inequalities between actors. Depending on their position, different employees have different levels of autonomy, including over their daily work rhythms. In a Leaned organisation, different employees can also have different levels of 'Lean knowledge' and different abilities to implement Lean (Hirvonen *et al.*, 2020).

This can lead to friction between employees, and thus to arrhythmias. Lean trainees must persuade their colleagues to get excited about Lean, but it may not be an easy task. Several studies report that Lean increases workloads and decreases worker control (Holden, 2011; Conti *et al.*, 2006; Parker, 2003; Sprigg and Jackson, 2006). Waring and Bishop (2010) find evidence of occupational restratification as individuals are recruited as champions of Lean. Thus, the introduction of Lean contributes to and cuts across wider developments in the social organisation of healthcare, presenting new challenges to and lines of power within the division of labour (Waring and Bishop, 2010).

I argue that Lean thus has an effect on welfare service workers' agency. Lean trainees have better understandings of the requirements, restrictions, and possibilities of Lean and perhaps stronger agency – for example, the agency to make changes to their working rhythms during their organisation's Lean implementation. Lean trainees are advantageous compared with those who have not received the training.

To change the rhythm of their unit or reorder the structure of time, Lean trainees must consider multiple actors. In the following extract, Saara describes how she wanted to create a more flexible timetable for the patients' breakfast. According to Saara, the previous head nurse had opposed the idea on the grounds that changing the schedule would be too complex:

> I was in touch with the kitchen staff, and they said it would definitely work. The staff told me they had had a rush, so they hadn't had time to take the matter forward. Many members of staff were on sick leave. The introduction of a new way of working requires planning, the attention of the workers involved and other actors. In the autumn, I'm starting to rethink it, because I think it's better for patients. I find it cruel that at seven o'clock everyone must wake up to eat. If you vomit in the mornings, does it make any sense to eat at that time? I hope for a more flexible nutritional side to the new unit. We could even have our own small kitchen and the kind of food that patients like. We could also cook.

In this example, organisational time was in control of both the rhythm of caregiving and the patients' rhythm. The Lean trainee prioritised the patients' rhythm and paid attention to the rhythm of caregiving: for patients' well-being, it would be better to eat at a time that did not lead to vomiting. Reordering the structure of the unit's rhythm required the trainee to activate her agency. She bypassed the hierarchy and went directly to specific staff members. The staff were active, and they were the subjects of action, especially during organisational time (Lämsä, 2013). One could argue that this Lean trainee constructed time by joining the patient journey, facilitating the co-construction of future uncertainties (Ihlebæk, 2021). She noted the needs of individual patients, and she wanted to pursue a change in the rhythm of caregiving.

This Lean trainee also mentioned other structural changes that might help organise the rhythm of the unit and the actors operating within it in the future. A small kitchen would give them more flexibility to organise their daily rhythm and streamline it even further. If the welfare service organisation's management truly sought to apply Lean doctrines to the fullest, they would provide the unit with the necessary resources. The employees are the experts on their own work, and they should have the power to make the required changes. It is also notable that the trainee was willing to cook, that is, to take on tasks that had been central to the Fordist hospital model.

Collision and friction between rhythms

Different units have different organisational rhythms. A Lean trainee Saima worked on a unit that was open on weekdays only. The rhythm of this unit created mental pressure and a sense of urgency:

> It smacks of undue haste. There was a feeling that everything had to be done by Friday so the patient would not have to move elsewhere. There was mental pressure. Do your best for the patient faster, so that the patient is not transferred. . . . On Sunday night a nurse from our unit would be on another unit to which our patients had been moved for the weekend. The patients were transferred back to their own unit on Monday. If there was no familiar caregiver who knew the patients' backgrounds, the Monday was wasted. I felt like I had to pause the patient's treatment. Although both units are similar, there is a lot of difference. Maybe we weren't able to work for the patient in the same way on weekends as we could have done in our own unit.

The third time category is physiological time. As discussed earlier in this chapter, the events and activities of physiological time are based on the biological rhythms of the human body, and although both physiological and organisational time are cyclical, the cycles are of different lengths (Lämsä, 2013). 'Wasted Monday', 'haste', and 'pause' refer to a collision between organisational time and other temporalities. I interpret this as organisational arrhythmia. In arrhythmia, rhythms break apart, fluctuate, and fail to synchronise. Arrhythmia can also manifest itself as imbalances in the body, such as stress or fatigue (Lefebvre, 2004; Alhadeff-Jones, 2017; Aho, 2019). For Saima, the arrhythmia manifested itself as mental pressure felt sensorily in the body. In this case, a structural change balanced the rhythm for all the actors: the temporal architecture was organised in a more worker-friendly way, bringing (or returning) eurhythmia to the work practices. Eurhythmia is at the core of how healthy organisms sustain themselves (Alhadeff-Jones, 2017, p. 175). For a welfare service worker, it is easier to sustain a working rhythm if the structures are in balance. Marazzi (2011, p. 28) acknowledges that we need an external shock – such as a social crisis – to create the conditions for the application of systems of production that cannot be applied at 'normal' times when social and political compromises can more easily be reached. In this case, the external shock appeared in the form of a non-human actor: COVID-19. The pandemic required the welfare service organisation's management to take action and return to a more suitable way of organising the unit's work.

Nurses' work brings patients into mobilising and organisational action. Nurses maintain an overview of the status of individuals' care and communicate this to relevant actors; they ensure that all essential activities are carried out and do not interfere with each other; they assemble the materials and

resources required to support care; they oversee bed utilisation and facilitate patient transfers. This organising work by nurses is often referred to as the 'glue' of healthcare systems (Allen, 2014). It is also invisible work. In the following extract, a welfare service worker Anelma describes the invisible work that keeps the smooth rhythm going:

> During this day, everything went well. There were no problems, all the equipment worked, the planned staff were at work, there were no problems with the patient transport, the patients arrived appropriately. And everything went like a dream. Therefore, there was more time to be with the patient. . . . But for the most part, it's annoying that there's not enough time. And why we do not have enough time? Sometimes there are crazy days when some patients cope worse than others. Patients who are less able to do so require more time and effort from the staff at work.

In Lean terms, patients flowed smoothly through the process, and time was freed up for patient work, which is exactly what care staff want (Hirvonen *et al*., 2020). The day went like a dream for this welfare service worker. All the key actors and practical elements (knowledge, skills, emotions, goals, and objects) were synchronised. The processes progressed in simultaneous rhythms and intertwined with each other. When such intertwining occurs, it is possible to deliver a self-replicating practice (Räsänen, 2015). But the smooth rhythm falls apart if there is a change in a patient's state that requires more resources, that is, more employees and more time. The rhythm and mode of care thus changes along with the patient's state. Although it is self-evident that patients' needs vary, it is not self-evident that there is always enough time to care. In Lean, waiting is considered wasteful, but in care, waiting is part of the process. Sometimes a patient can do nothing other than wait – for example, for the medicine to take effect and the pain to ease. During this waiting time, the most important thing a nurse can do may be to sit beside the patient, calming the patient just by being present.

The most significant difference between hospital units is the degree to which a unit's rhythm and time dimensions can be predicted. For example, in an emergency unit, it is often impossible to predict how many patients will be on each staff member's shift. A predictable rhythm brings clarity and makes it possible to eliminate unexpected backlogs, as Anelma, the welfare service worker, explained:

> We have a unit whose operation is scheduled. There is a permanent staff, there is very little sick leave, and currently there is a professional staff. The staff is a good size in relation to the planned number of patients. It makes it quite smooth and predictable to do this work. It eliminates unforeseen rushes. We have 12 treatment places, sometimes it is known that the day after tomorrow there will be 11 patients in

> treatment. Then the load percentage is quite low. Then we will do a lot of work, and one can be prepared for that. We may find that one day there are only seven patients. It's a slightly more relaxed day. Predictability is perhaps the word used to avoid unforeseeable rush peaks or unforeseeable hardships.

A welfare service organisation can have an impact on predictability by hiring sufficient numbers of employees for each unit and ensuring there are enough workers available to cover colleagues on sick leave, for example. This, of course, requires a reserve of welfare service workers. At a time of global care crisis, there is a shortage of welfare service workers, especially in Western societies, and it is not self-evident that an organisation will be able to recruit workers even if it is willing to do so.

On the unit described earlier, the tempo of work may have been faster at peak times, but the peaks may have been easier to deal with since predictability gave the staff time to mentally prepare for the workload. This interviewee reported that every aspect of the unit was currently running smoothly and harmoniously. There were enough staff, no one was on sick leave, and the staff were professional. There was time for professional skills development, and the work community had grown together over time. Because the staff were permanent, it was easier to achieve eurhythmia. They got to know each other's work rhythms and settled into different rhythms together in order to avoid collisions and friction.

This is not the case in every unit. Skills cannot develop if there is no room for training, or if a high turnover of staff means the shared work rhythm must repeatedly be rebuilt. Indeed, even though the unit described earlier had found a suitable rhythm with predictability and opportunities to prepare, Anelma said there was still room for rationalisation in the patient arrival schedule:

> Scheduling questions are more challenging. Regarding the schedule, I will try to do this Lean master work as well, if in that way I can find some rationalisation system for this schedule. No patient would have to wait unreasonably lengthy times, and the nurse's work would be smooth and flexible. I have done the initial survey and noticed that the longest time from when the patient comes in the door to when the treatment starts was 45 minutes. That's a long time. I didn't begin to dig into what caused the long waiting time. The shortest waiting time between entering the door and starting treatment was 12 minutes.

Although waiting cannot simply be dismissed as wasted time, it would be to the patients' benefit if they did not have to spend extra time on the unit. The Lean trainee had noticed the wide variation in waiting times between patients, but she had not yet had time to investigate the cause. At best, the rhythms of the organisation – that is, the unit's rhythm, the welfare service

workers' rhythm, and the patients' rhythm – should coincide. This is where Lean is intended to strike, to make these rhythms mutually supportive.

Another Lean trainee, Hillevi, pointed out that it was not easy to reconcile the cultures and practices of each unit:

> After all, each unit has its own story, its own culture, its own method of operation, and every unit operates a little differently. It's always the links that are challenging. The operation would become smooth, and we would understand each other. Let's give time to the fact that I don't necessarily, I'm a nurse, but I don't know everything, and I don't need to. Let's give it time for me to learn it. It is not always possible in the hospital world, when there is not an awful lot of staff. That can be a challenge.

This trainee also stressed the importance of working in a smooth rhythm and finding consensus among the different units and their cultures. In Lean language, employees in different units should be able to speak the same language and all look in the same direction. On the other hand, the trainee said that as a nurse, she did not need to know everything, although she did need time to learn the required skills in welfare service work. Because staff shortages are sometimes acute, there may not be time for nurses to train themselves or for more advanced and skilled nurses to teach newcomers as comprehensively as they might if they did not have to prioritise their time so tightly.

Lean aims to keep time in check so that it is not wasted on unnecessary or unproductive things. There is nothing inherently undesirable about streamlining work. Problems arise if the streamlining is forced, that is, if the employees are already under-resourced in relation to the tasks to be performed. In this situation, employees are forced to cut back on certain aspects of their work, such as talking with patients. To minimise the shortage of resources, unit managers sometimes stake claims to the supply staff as an emergency reserve, as one Lean trainee expressed it. This mode of action is not without disadvantages, as it causes problems for units in more acute need of supply staff:

Paula: The problem we have is that, for example, this unit is steered and run by everyone. There are orders from the heads of other units and the head nurses. It confuses and complicates my work. It also takes away my motivation to work because I can't really control these things the way I would like to.

Interviewer: How would you improve the system if you had the power to do so?

Paula: All the supply staff would rotate, and no member of the supply staff would be assigned to any unit or shift in advance. The way it should work is that if the supply staff are there to cover sudden absences, the shifts are planned, and the managers only book people for sudden absences, not weeks in advance.

Trying to anticipate the need for supply staff is counterproductive, as these things cannot be predicted with certainty. This too can create collisions and friction among units and staff members, ultimately leading to arrhythmia in the entire welfare service organisation. Arrhythmia is characterised by the temporary or permanent lack of synchronisation between rhythms (Alhadeff-Jones, 2017, p. 173) – in this case, a lack of synchronisation between unit managers, care work, and welfare service workers. Arrhythmia also refers to a broad range of phenomena, including organisational dysfunctions (e.g. lack of coordination within a collectivity) (Alhadeff-Jones, 2017, p. 173). If the rhythm of care, the rhythm of management, the rhythm of staff, and the rhythm of patients constantly lack synchronisation, arrhythmia occurs. Moreover, a prolonged shortage of welfare service workers can lead to permanent arrhythmia. Subjectively, this may be represented, perceived, or lived as a feeling of disconnection and incongruence, a disagreement that expresses dissonance or a lack of harmony (Alhadeff-Jones, 2017, p. 173). Thus, it is important that any potential mismatch between the rhythms of different actors be solved before they get out of sync and the harmony is destroyed.

Making time visible

Welfare service work is made visible through various indicators, including reporting and documentation. Documentation and reporting are important with electronic patient notes, for example, to ensure the continuity, quality, and safety of patient care (Bjerkan, Valderaune, and Olsen, 2021). But reporting and documentation are time-consuming. For example, welfare service workers report time-consuming log-in procedures that last several minutes, as well as time spent searching for, checking, and double-checking information in electronic and paper-based systems (Allen, 2014; Bjerkan, Valderaune, and Olsen, 2021). In this section, I investigate how time was made visible in everyday work practices, while the Lean trainees were implementing their development tasks and small improvements.

Visual management is at the heart of Lean. For example, colour-coded boards materialise Lean as part of the work. Through repetition, such practices become commonplace (Hirvonen *et al*., 2020). In the following extract, Anelma describes her development task, creating a Lean board.

> The board is made – the carpenter found an extra sheet of roofing material, which is used as a whiteboard. I've been working on it, covering the weekly schedule with sticky-back plastic: Monday, Tuesday, Wednesday, Thursday and Friday. Four treatment rooms are marked for each weekday. For each treatment room, the patients to be treated in that treatment room are defined per treatment day. Since the idea is to minimise waiting time, each arrival time has its own colour. This is done – don't fall off your chair, this is done with a clothes peg. The wooden clothes peg is coloured with a marker, and the patient's name

> is written on it with a printed sticker, magnetic tape is glued to the back of the clothes peg, and the magnetic tape is coloured with the patient's arrival time code. The clothes peg is placed at the patient site in the patient room. I chose magnets because they are easy to remove and change the patient's treatment room if necessary. If Ritva usually arrives at 07:50 and Liisa arrives at 08:10, and if for some reason their arrival time needs to be changed, then you can just take the adhesive tape off and change it.

As sociomaterial artefacts, the home-made whiteboard, clothes peg, and magnet make visible a variety of temporal architectures, time dimensions, and rhythms. The Lean trainee told us she chose the magnet because it was easy to remove if there were changes to patients' treatment rooms or arrival times. This refers to the cyclical and unpredictable rhythm of care. Patients may encounter unpredictable delays that prevent them from arriving at their scheduled times. There might also be unpredictable treatment changes that take different lengths of time than is usual with particular patients. The Lean trainee's choice of easy-to-use materials for the whiteboard suggests an awareness of the polyrhythmicality of the unit. Lefebvre's (cited in Tartia, 2018) notion of polyrhythmia refers to a multitude of different, simultaneous rhythms that interact and overlap. In this case, the rhythms of patients, treatment rooms, welfare service workers, and care interacted and overlapped. The whiteboard as a non-human actor made those rhythms visible, with the help of the Lean trainee. Polyrhythmia is found in environments where heterogenous rhythms coexist but are not coordinated (Alhadeff-Jones, 2017, p. 175). Here, the Lean trainee coordinated the rhythms inside the welfare service organisation, but she could not coordinate external actions that might have an impact on the organisation's rhythms – for example, the rhythms of patient transport, which is provided by taxis paid for by the Social Insurance Institution of Finland. If there is no synchronisation, one has to focus on each rhythm separately and successively in order to grasp it (Alhadeff-Jones, 2017, p. 175). The whiteboard was sufficiently flexible to cope with changes to the patients' rhythms, and this made it easier to coordinate all the rhythms. The whiteboard was a relevant non-human actor in making time visible and performing synchronisation.

Visual management is also used to save workers time for more productive work or work that adds value to the client. In the following extract, another Lean trainee, Saara, describes her Lean board:

> If new people come to work, there is no need to start the computer. Instead, all the essentials should be accurately recorded on the Lean board. You can get to work without reading the report. Using a Lean board would shorten reporting time. We are now monitoring the reporting time to see if the reports have been shortened.

The visualisation of work practices has temporal benefits. It may save time on reporting, as the trainee suggests, and it may free up time for other relevant tasks. But it is still necessary to interpret the board, and this is a crucial skill. Although it may appear routine, interpretation requires problem-solving skills (Hampson and Junor, 2005). It is crucial that the visual board is usable and provides relevant information:

> Yesterday I made the final version of the schedule visually. There have been three previous versions of it, but they were not usable, and they were not as good as this current one. It gave me a sense of success when the staff immediately realised that hey, this is what it really is now, and that's what this means in concrete terms. At a glance, you can see a lot of different things.

At its best, a visual board makes visible how much time one needs to invest in different care actions or other tasks. But the phrase 'at a glance' hides a lot of skills: for a newcomer, a quick glance may not give as much information as it would for a more advanced welfare service worker, and/or the information may take longer for a newcomer to interpret.

Lean trainee Elsa described the need to make time visible in care processes:

> In the hospital world, sometimes it feels like everyone is in such a hurry. Everyone has so much work to do that putting things in chart form, or in any form, making it visible, maybe it makes it easier to structure things. Maybe it would ease off the rush if the tasks were put in order. This task must be done at this time, and that task at that time. Perhaps it would make things much clearer, there is a little room for improvement.

It is a common observation that rush is structured into welfare service work. The aforementioned Lean trainee wondered whether the rush might ease off if the tasks were made visible for all to see. In a cooperative relationship, practices feed off each other. They are positively correlated, and one practice benefits another (Pantzar, 2011). If everyone were aware of the tasks at hand, it might be easier to feed off each other's tasks and practices. On the other hand, if the core cause of the rush remains invisible or is not resolved by the visualisation of time, this may lead to a situation where Lean tools are mere sticking plasters over a deeper structural problem. When the plaster falls off, the problem remains.

Anelma, who implemented the Lean whiteboard, also noted that it had taken time for colleagues who had not attended Lean training to learn how to use it:

> So far, only I use it, but as long as we learn to change and convert it, then of course everyone else can start using it. I want to test it a bit first

> to see how it really works. The previous three versions didn't have this magnet, and they lacked the clothes pegs. It had names and places put on the adhesive tape, but it was somehow stiffer and more awkward. It wasn't so visual, I couldn't use those colours, the clothes pegs are coloured with that particular time colour.

The trainee wanted to ensure the whiteboard was usable, and she did not rush to implement it in the unit and make it part of the organisational rhythm. Rushing to put the board into action might lead to arrhythmia later. While there was a desire to improve work practices, employees also wanted to be able to settle into their current work tasks, at least for a while, as Paula brought up:

> If you look at the staff, the availability of staff has deteriorated, the turnover of staff is very different from what it used to be. Morale is different, commitment to work is different. On the other hand, there is also the fact that there is change all the time. We had a lot in the history of the unit too, there was always something new. There was no situation where you could just be here for a while and do this job. We got used to the fact that things were always changing. And you always have to learn something new or be ready for something new.

Constant change produces arrhythmias, and it undermines the possibility of developing professional routines. When there are small disruptions at several points in the work process, this can have a detrimental effect on the rhythm of care and the overall organisational rhythm. Conversely, when all the elements in the assemblage work in synchrony, including human and non-human actors, the likelihood of arrhythmias is reduced. If the human actors have sufficient resources and power to control their work rhythms, the possibility of synchrony and eurhythmia increases.

Break rooms also made visible the intertwining of time and work, as Anelma reveals in the following excerpt. There had been an anonymous complaint about the room that was usually used for breaks, and a change had to be made.

> They said out loud, 'I will take my coffee cup and come into this office to eat, and I will take my packed lunch and come into this office to eat'. I was trying to say, 'You know, you cannot really come in here'. We've had complaints about our behaviour. Now we will eat and drink in the actual break room. It was probably perceived as interfering in the work too much. The result was that our meal breaks and coffee breaks got longer. I got comments such as, 'If we are forbidden to eat here, I will go to the break room a few dozen metres away to eat, and I will be there for quite a long time. I will take a break for myself, and I won't intervene if any bells ring or devices bleep. Let those who are not on

> break take care of the situation'. On the other hand, this is quite right, because we have the right to take a break. A coffee break in the morning and a lunch break in the afternoon, and then you don't really have to take care of tasks, you can take that time for yourself.

As this excerpt shows, employees had previously worked during their breaktimes, at least passively. This may be a sign that even a momentary absence could upset the work rhythm and lead to arrhythmia. Moving to the actual break room meant getting (back) into a structured rhythm that allowed workers to take time for themselves and use their breaks for a rest instead of work. If this were to cause arrhythmia, then the problem must be structural. From the point of view of occupational well-being, it is important to find ways to achieve eurhythmia or polyrhythmia. In eurhythmia, what is at stake is the capacity to create an environment that stimulates the merging of rhythms into a cohesive whole (Alhadeff-Jones, 2019, p. 175). In this case, a cohesive whole could be reached if one were able to take a break without worrying whether anyone else was going to respond to the bells and alarms or take care of the caregiving work. In polyrhythmia, it is important to adapt and coordinate two heterogenous rhythms, in this case the rhythm of coffee and lunch breaks and the rhythm of care work. Taking breaks in a separate room was a step towards adaptation.

Time for development

One of the main philosophies of Lean is that one has two jobs: doing one's actual job and developing one's job. Although this does not mean that employees should stop doing their actual jobs for weeks at a time, a few hours should be allocated for job development. However, although employees are expected to have a developer's mindset, and they have to conduct development tasks while attending Lean training courses, their employer may not necessarily allocate them with the necessary resources. In such cases, it is up to the immediate supervisor to decide whether the employee can use working hours for development tasks or even for attending Lean training days. Even if an organisation claims to have adopted the Lean philosophy, that philosophy may not spread to every corner or every human actor. This was the reality faced by some of the Lean trainees in our study:

> The biggest problem is that my supervisor wasn't interested in Lean training at all. I didn't get working hours for this at all. I went through the Lean training completely on my own time. Sometimes it was a bit challenging to find the motivation to do anything in the work community. My employer doesn't give me anything, but I should give the employer my competence. It feels somewhat contradictory at times. It occurred to me that if my colleagues don't really understand what Lean is about, then it's like, right on, here we go again with these daydreams.

Elsa, the Lean trainee, considered it unfair that she had to give the organisation both her time and her skills without getting anything for herself. In fact, the time she spent on her Lean training and development tasks, and her use of her own competence, later materialised in a job with another organisation, helping her to move forward in her career. But while she was still working at the organisation in our study, her situation was one-sided and out of sync. In this example, the trainee's supervisor – and indirectly, the organisation – did not work towards isorhythmia. Isorhythmia designates equality or full equivalence between rhythms (Alhadeff-Jones, 2017, p. 172). For the supervisor (or the organisation), the trainee's actual job and her job development work did not occupy equal positions, even though according to Lean principles they should do so. Thus, it was difficult to accomplish the isorhythmia that would have eased the burden on this trainee. She could have fit the different rhythms together if she had been supported by her supervisor and her unit.

Another Lean trainee, Saara, told us that development ideas would pop into her head even during her spare time, for example, while she was gardening. Nonetheless, she could not find the time for development during her working day:

> Checklists, medications and incoming situations. There have been a lot of thoughts [in my mind], but I don't have any on-the-job training days marked on my work list. All in all, at least on a day like today, I didn't manage to develop anything. I just got the basic work done. I didn't even manage to ask the unit manager how these training days of mine are organised. These development tasks must be done here at work, not in my free time. I should be given that time. I simply haven't had any time, not even a minute. In between, I've always come up with ideas and collected things and thoughts, but I haven't got any further. I probably must fix it with the unit manager that I do need time to perform development tasks. When I do that [development], I can't run except to answer the bell, I can't answer the phone, and I don't have time to talk. Otherwise, it [development] will not succeed.

Time is the space of human development (Marx, 1985). One might add that time is the space for any kind of development. The aforementioned Lean trainee did not even have time during the day to ask if she could rearrange her workload so that she could develop. For some Lean trainees, development took place at the level of thought, invisible and behind the scenes. But ideas and innovations will not materialise in work practices unless employers step up. If an employer wants Lean to be implemented, it is their responsibility to fit together the heterogenous rhythms of development and care work. This will give the trainees a chance of surviving both tasks. Giving time to development may require putting other tasks on hold.

While Saara felt frustrated that she had to give her competence to her employer without even getting working hours in return, Maija was prepared

for the reality that she would have to perform her development tasks at home. She had learned from attendees on previous Lean training courses that this was a common practice:

> Of course, I try to do it primarily during working hours, but if it looks like it, I will do it at home. Yes, I want to invest in it. My tutor also said that sometimes you have to do it at home. When not everyone has their own offices, so you cannot close the door, now it is quiet here, when home care has gone on the morning round, and there is no bustle, but for example, the afternoon is already quite a different matter. I believe that if there is desire and interest, there will be time for it.

The question is not always about whether a trainee has time for development work; sometimes it is about whether there is any quiet space in the workplace where the trainee can concentrate during working hours. Lean trainees are expected to find a suitable quiet space in which to concentrate on their development work. The aforementioned interview excerpt does not reveal whether the trainee was paid for the development work she did at home. The question is whether the employer allowed the trainee to go home, or simply outside the building, during working hours.

Clock time organisation imposes additional external time pressures, and this can seriously disrupt the emergence of internal development. Inside an organisation, high time pressure works against creativity (Amabile *et al.*, 1996). If employees have uninterrupted quiet time during specified periods each day, they are able to get more done on their projects (Perlow, 1999). It has also been shown that time-framed and open-ended events have to coexist: the health professional simultaneously has an emerging interaction with their patient, a clock-time interaction with their health organisation, and (in this case) Lean development and small improvement tasks to complete too (Bendix Andersen *et al.*, 2018). The trainee quoted earlier said that if there was the desire to develop, there would be time for it (see Chapter 8). One interpretation of this is that regardless of whether an organisation provides open-ended, uninterrupted quiet time, the employee's desire to develop will overcome the practical challenges, and they will perform their development during their free time, outside working hours. But in the long run, it is not sustainable for there to be constantly competing time dimensions and rhythms within an organisation and across different units, or for employees to waste their energy shifting between and among them.

Conclusions

This chapter has used Lefebvre's rhythmanalysis to examine the rhythms of welfare service workers (i.e. Lean trainees), welfare service work (i.e. care) and Lean management (i.e. the organisation). It has also used Lämsä's framework of different time dimensions in welfare service organisations. My

analysis has revealed practical problems that create collisions and friction between different rhythms. For example, organisational time, patient time, and physiological time are sometimes in competition, with welfare service workers trying to shuttle between them. In concrete terms, welfare service workers would like to give more time to patients and to caring work, but this is impossible – for example, because of the fast pace of the work, the time-consuming nature of tasks such as reporting and documenting, or the need to carry out tasks previously allocated to other workers. The Lean trainees in our study pointed out various means by which the rhythm of their work could be improved. One way was to delegate tasks. Rush and workload are partly structural factors and partly arise from the unpredictable nature of care. Lean is used – or at any rate, sold – as tool to rationalise the mode of action.

The implementation of Lean changes the rhythm of a welfare service organisation, because the organisation – or more precisely, the workers – must consider two tasks: developing their work and performing their actual jobs. If these are not organised well, it may lead to arrhythmia, breaking the rhythms apart. Arrhythmia can in turn lead to a situation where the worker must choose whether to use their own time for development or to give up on development altogether. Welfare service work cannot be left undone. There are different modes of action between units. Some unit managers refuse to allocate working hours to Lean training or development, while others are more flexible. Overall, the development work is in the hands of the individual worker. If unit managers were to place both tasks – the actual job and the development work – on an equal footing, this would lead to isorhythmia, an equality of rhythms.

It also takes time to spread the Lean message to one's work community, give concrete guidance, and explain the logic behind small improvements. Lean trainees have to convince their work community of the benefits of Lean. In other words, they are required to put their agency to work. Agency can be seen as temporal since it is activated periodically. It can also be taken away – for example, if the management changes the structural rhythms of a unit against the will of the workers. In some cases, trainees only use Lean tools to improve their own individual tasks, which affects their personal work rhythm.

Making time visible has two different sides. On the one hand, Lean implements visual methods to save time. For example, a Lean board, as a non-human actor, provides the opportunity to save time on reading reports. Saving time is not undesirable per se, but one would have to ensure that saving time on reading a report does not cause a lack of knowledge about the patient's condition and thereby lead to serious problems such as malpractice. On the other hand, making time visible can shed light on the tasks on which welfare service workers spend their time, whether their time might be used in a more rationalised way, or whether there is a need for additional workers. Since the logic and rhythm of care are somewhat unpredictable, for example,

a single incoming patient in an emergency unit – let alone a major accident – can tie up several hours of staff time. In such cases, visualisation alone is not the answer. Polyrhythmia is accomplished if the unpredictable nature of care is taken into account (by hiring sufficient staff numbers, for example) and if the good practices established via small improvements become part of daily work practices. In eurhythmia, where everything is in harmony, the overall rhythms of the organisation and its actors are in balance.

It is understandable that occasionally there is arrhythmia – unbalanced situations in the organisation. For example, it may be difficult to find supply workers during seasonal flu outbreaks, or multiple machines may malfunction simultaneously. But it is important to ensure that arrhythmia does not become permanent. At its best, Lean can shape the organisation in a way that diminishes the risk of unbalanced rhythms; but if the staff have different opportunities to implement Lean, or if their knowledge of Lean differs significantly, it will be difficult to find permanent solutions. Further, if the management does not support the implementation of Lean in a similar way in each unit, there will be arrhythmias between units within the organisation.

It is important to note that non-human actors play active roles in daily practices. A tiny, invisible virus can change the rhythm of a unit, the rhythm of care, the rhythm of development tasks, and the rhythm of a welfare service worker almost overnight. Contingency planning is thus key to survive arrhythmias. On the other hand, if the organisation does not invest in Lean tools and materials, it may take longer for Lean trainees to collect the materials they need. This may lead to delays, for example, in the introduction of Lean boards. Some Lean trainees talked about how they would implement Lean if they had the time, power, and resources to perform the implementation. Lean is thus partly also performed in the future.

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5 Lean expertise as situated knowledge in Lean translations

Helena Hirvonen

Expertise in its modern form, ideally consists of knowledge and skills acquired during education and used in working life. This knowledge is situated in the bodies and minds of experts in various occupations and professions. Introducing Lean into new organisations challenges welfare service workers' and managers' occupational and professional knowledge. Lean translation is a process that involves various people coming together, moving apart, and co-building situated knowledges regarding how to apply Lean in the workplace. These situated knowledges are partial, locational, positional, contested, embodied, and always political understandings of how to continuously improve the organisation's work performance. Thus, the ideal Lean expertise is not stable but fluid.

Creating situated knowledges involves drawing boundaries between inside and outside (Haraway, 1988). This chapter draws on our interviews with 11 Lean consultants to study those boundaries in the making. It asks how situated knowledges are generated when Lean is introduced and what kind of boundary work this involves. The chapter places Lean management in the context of debates concerning the reordering and transformation of expertise during organisational change in health and social care organisations. Lean promises to give these organisations the opportunity to seek, identify, and eliminate waste in order to rationalise and streamline their operations. This, in turn, involves the reconfiguration of established working practices and calls for new forms of clinical and managerial leadership. In other words, Lean aims to revolutionise the whole organisation.

Lean is typically introduced into organisations by management consultants from outside those organisations. Further, it is translated in organisations by internal consultants – in the case of our study, health professionals with management credentials. According to Czarniawska and Sevón (1996, p. 36), Lean consultants are 'the designers and distributors, wholesalers and retailers in ideas-turned-into-things which then locally once more can be turned into ideas-to-be-enacted'. Their task is far from easy, and much previous literature has addressed the difficulties of the translation process and how it challenges existing forms of knowledge and expertise in professional organisations. First, Lean consultants may have an inadequate understanding

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of persistent hierarchies and professional boundaries in health and social care organisations, which can prevent the interprofessional teamwork that is considered necessary to successful Lean transformations (Radnor and Osborne, 2013; Andersen, Røvik, and Ingebrigtsen, 2014). The second difficulty concerns the leading role given to external consultants in the Lean implementation process. Management consultants have been blamed for imposing standard solutions on diverse organisational problems, and for failing to formulate any rhetoric or practices that would convince healthcare professionals of the benefits of organisational transformation (Holmemo, Rolfsen, and Ingvaldasen, 2018).

However, the question of whether or not Lean 'sticks' is not my concern in this chapter. Instead, I focus on Lean and Lean consultants in order to address the broader question of how organisational knowledge is created during organisational change. How Lean is implemented in Finnish health and social care services is a matter of how global ideas travel, how they are discovered locally, and how they materialise in organisations (Czarniawska and Sevón, 1996). During the translation process, Lean consultants are management trendsetters that procure new ideas, fashion rational and progressive discourse about those ideas, and market that discourse to managers (Abrahamsson, 1996, p. 125). They are the bringers of innovative ideas, and they (claim to) have knowledge about how to improve the organisation. This chapter proposes that how Lean transformation occurs in an organisation is ultimately about how and whose knowledge is perceived as valuable.

Introducing management knowledge into health and social care organisations is not straightforward. Historically, especially health professions have been characterised by relatively strong autonomy and discretion, in line with the modern understanding of expertise as something possessed by individuals (Abbott, 1988). Accordingly, welfare service workers are professionals whose expertise is defined by their theoretical knowledge, their education and training, and the recognition and acknowledgement of their professional community. Nonetheless, not even the health professions are immune to outside influences and pressures, and their degree of autonomy regarding knowledge formation has always been contingent and context-bound (Evetts, 2011a). In the case of our research setting, this has meant the need for professionals to conform to the shifting requirements of the Nordic welfare state project (Henriksson, Wrede, and Burau, 2006).

The increasing complexity of society challenges our understanding of expertise. It demands a more open or hybrid (Noordegraaf, 2007) understanding of expertise as a relational process (Koivunen, 2009) that includes a variety of human, material, and immaterial actors. Since the 1990s, and thanks to management techniques that come under the umbrella of new public management, the expertise of welfare service workers has been increasingly challenged in at least three ways: first, through the standardisation of clinical practice; second, through the reconfiguration of clinical work, especially professional boundaries, to deliver more patient-centred, evidence-based

services; and third, through the restratification of care professions that are being co-opted into managerial roles (Timmermans and Berg, 2003). These changes raise questions about the creeping managerialisation of welfare services, the negotiation of jurisdictional boundaries, new forms of governance, and the emerging hybrid identities of people working in health and social care (Waring and Bishop, 2010; Sturdy, Wright, and Wylie, 2015).

Susskind and Susskind (2015, p. 195) point out a common concern in the knowledge management industry regarding the tacit nature of professional knowledge and the reluctance of professionals to share their knowledge with outsiders. In this context, Lean is arguably a recent management technique that either threatens or promises (depending on who one asks) to replace professionals' logic with managers' logic – or to look at it from another perspective, to create space for collective expertise based on situated knowledge. In the field of welfare services, the renewal of scientific knowledge continues to motivate workers' personal and professional growth and their development of skills and know-how. Replacing the logic of professionals is not the same as jettisoning the renewal of scientific knowledge. Rather, it implies a broader qualitative change in the values, principles and practices according to which welfare service work is managed under biocapitalism. From the viewpoint of knowledge creation, this is a question of how and whose skills, capacities, affects, and views are valued, prioritised, or sidelined in the process of organisational change. Overall, the field of welfare service work has become saturated with knowledge managers advising organisations about how their employees' knowledge might be handled more effectively. Moreover, the growing reliance on short-term, outsourced external experts, such as Lean consultants, suggests that the knowledge they produce and provide is somehow supreme compared to that of public servants (Ylönen and Kuusela, 2019). This is the case although consultants' knowledge is not (always) scientific or academic, nor are consultants demanded bureaucratic let alone professional accountability that characterise the roles of public servants and care professionals working in welfare services.

In this chapter, I look at the (often doomed) efforts of Lean consultants to facilitate Lean transformations in welfare service organisations from the perspective of participants' different 'ways of knowing' and how these are recognised in the process. Empirically, I do this by tracing the discursive-material means by which our 11 Lean consultant interviewees described their engagement in boundary work (Abbott, 1988) and their use of boundary objects (Star and Griesemer, 1989) during the introduction of Lean to organisations. The chapter starts with the notion that situatedness is characteristic of the knowledge and expertise created during the process of introducing organisations to Lean management. How are situated knowledges generated between participants in Lean transformations? What boundary work does the introduction of Lean involve in welfare service organisations? Ideally, organisations beginning their 'Lean journey' should be open to negotiations about the assessment of their performance and the creation of integrated

'value streams'. Lean's characteristic sociability means that expertise becomes constantly reconfigured as a situated social practice during the process of organisational change (Waring and Bishop, 2010). Situatedness characterises Lean implementation in terms of both the human and non-human actors involved. The latter include Lean terminology as well as the methods and tools introduced by Lean consultants, such as the A3 problem-solving process or whiteboards (Waring and Bishop, 2010). These and other Lean methods are applied at different stages of the Lean translation process, with varying results. Situatedness is therefore also characteristic of the resistance that follows consultants' efforts to change existing work practices.

The chapter proceeds by first describing tensions concerning knowledge formation in professional organisations and the role of Lean consultants in organisational change. It then introduces the data and methods used, followed by the results of my analysis, which are presented in three subsections. The chapter concludes with a discussion of the role and consequences of management consultancy in welfare service work.

Situated knowledge in professional organisations

Resistance to knowledge from outside is typical of professional organisations such as hospitals. This is especially the case with the more established professions, such as medicine. These professions are characterised by their relatively strict jurisdictional boundaries, which are institutionalised in sociolegal and regulatory pillars and maintained through negotiation and boundary work (Abbott, 1988). Lean, on the other hand, encourages the reconfiguration of occupational boundaries in order to create flows and value streams in work practices (Waring and Bishop, 2010). Situated practices arise and evolve as actors come together in translation processes. During Lean translations, these practices constantly build and recreate participants' ways of knowing and their understandings of expertise, and this is a joint effort between the parties involved, that is, the Lean consultants, the health professionals, and their managers. Consequently, the knowledge and expertise that emerge and are put to work are also situational or situated. Expertise is continuously born and reborn through the creation of the team's shared goals, which are established with the help of Lean language, methods, and tools. Expertise constantly takes shape in various formations of actors and within intersubjective team relations, sometimes even reconfiguring professional hierarchies.

This chapter addresses knowledge through Donna Haraway's (1988) concept of situated knowledges. The concept challenges the idea of objective knowledge by using the plural form 'knowledges', since Haraway believes that only a partial vision is ever possible and that it is impossible to have an objective perspective. The concept has redefined the idea of objectivity in scientific research as 'particular and specific embodiment' (Haraway, 1988, p. 582). It also helps us to understand the boundaries that appear between different ways of knowing when contemporary management doctrines are

introduced to welfare service workers (Jokinen, 2022). Lean consultants and participants in Lean implementation constantly engage in what Blok *et al.* (2019) call pragmatic boundary reshuffling. This reshuffling refers to participants' efforts to balance between different ways of knowing and 'shake up existing organisational scripts' (Blok *et al.*, 2019) in order to generate a situated, shared understanding of the goals and means of organisational change.

The situatedness of knowledge arises through Lean language, tools, principles, and values, which can challenge but also reinforce existing ways of knowing. In this sense, experts' work aims to create a space for situated knowledge and new ways of knowing regarding the social organisation of (health)care work. However, there is a risk that not all knowledge will be considered equal during the process. Much of the effort made by Lean consultants goes into understanding and interpreting Lean language for nurses, doctors, and hospital managers, as well as identifying and blurring new and pre-existing boundaries between different professional groups and their ways of knowing on the one hand and between those professional groups and Lean management on the other. In the best-case scenario, this generates multiprofessional knowledge and genuinely innovative ways of knowing together. But it can also fail, reinforcing old hierarchies and creating new ones.

Organisational studies have acknowledged that the modern understanding of professional expertise as something residing in individuals' heads is insufficient to grasp expertise in contemporary working life. Koivunen (2009) suggests that rather than residing in people's heads, knowledge is deeply embedded and rooted in organisational work practices. Knowing is a process of becoming, not being: it is situated, context-bound, and forward-looking, as it aims to develop pre-existing ideas, products, and practices or to create new ones. Thus, collective expertise is a forward-looking process that relies on contextualised, situated knowledge creation between experts (Koivunen, 2009). My analysis in this chapter traces this expertise as a matter of situated knowledge in Lean translation, and it pinpoints tensions between participants and Lean consultants around the knowledge they hold about the social organisation of welfare service work.

Lean consultants steering organisational change

Reviewing the historical role of management in capitalism, Gerard Hanlon (2021) suggests that modern management emerged over the course of the 20th century. Its aim was to continuously improve labour productivity by subjugating workers' – and later also skilled craftspeople's – knowledge to the valorisation of capital. Indeed, the management of knowledge regarding organisational change is even more important in the era of biocapitalism, where the quest for new social and vital circles to absorb and commodify increasingly involves the bare vital faculties of human beings (Fumagalli, 2021). Turning various ways of knowing, feeling, perceiving, and living into knowledge that is amenable to capitalist accumulation often involves

management consultants. In the second half of the 20th century, consultants emerged as important players in the management advice industry. According to Wright (2019), in comparison with other knowledge providers, consultants are particularly well placed to popularise and disseminate management ideas and fashions in contemporary working life. They occupy a boundary-spanning role in the spaces in-between organisational practice, research, and education, and they have a strong commercial focus on identifying and selling 'new' concepts and practices to potential clients (Wright, 2019).

Lean consultants are key change agents in the translation process through which Lean is introduced to welfare service organisations, taught and communicated to employees, used in practical improvement work, and ultimately transformed and translated yet again as Lean continues its journey through different organisations (Andersen and Røvik, 2015). Despite the prevalence of Lean in healthcare, academic research has left the role of Lean consultants largely unexplored. The studies by Holmemo *et al.* (Holmemo, Rolfsen, and Ingvaldasen, 2018; Holmemo, Powell, and Ingvaldasen, 2018), conducted in Norwegian hospitals, are a rare exception. According to Holmemo *et al.*, avoiding typical mistakes during Lean implementation and clearing a path for new ways of knowing in healthcare organisations requires the combined efforts of at least three groups: external consultants, who have managerial knowledge but often no training in healthcare; internal consultants, who are involved in clinical-administrative work as healthcare professionals or managers in the organisation; and healthcare professionals, who are expected to adopt the new Lean culture and to measure, assess, and improve their own work performance on a daily basis according to Lean principles. To this end, most healthcare organisations now train their own experts (internal consultants). These people are an important resource as gatekeepers, introducers, and translators of new ideas into their organisation. Internal consultants differ from external consultants in terms of their local knowledge and networks, which give them the informal influence to initiate and drive processes. Thus, internal consultants are not only change agents aligned with external consultants but also change champions before, during, and after a change project (Sturdy, Wright, and Wylie, 2015).

One of the key principles of Lean is *kaizen* or continuous improvement. This assumes, encourages, and even demands that people continuously question their own work practices and those of their colleagues. In other words, it forces welfare service professionals to expose their expertise to constant assessment in the work community, while directing organisational values and the employees' mindset towards the idea of continuous improvement. To this end, experts from inside the organisation are particularly important in mediating between clinical, professional knowledge and more generic knowledge from the field of management (Holmemo, Powell, and Ingvaldasen, 2018). Ultimately, introducing Lean into a professional organisation entails the exercise of power over the boundaries that lie between different ways of knowing. It is a delicate process that requires intense negotiation, the translation of Lean principles for the workers involved, and the reinterpretation

of their various ways of knowing. However, as Jokinen (2022) emphasises, Lean challenges the modern conceptualisation of expertise as an individual's capability and instead encourages people to think and act together. Situated knowing in a Lean transformation produces its own expertise, thereby also allowing workers to challenge established ideas about professional knowledge and expertise in welfare service organisations.

The consultants we interviewed for our study (four men and seven women) included both external and internal consultants. Their diverse job titles included 'management consultant', 'head Lean coach', 'head of home care unit' and 'professor'. Their educational backgrounds also varied: three of the men had backgrounds in engineering, while most of the women had health and social care backgrounds. One was a professional academic. Many of them had broad experience with Lean in various occupational fields, but especially in the healthcare sector. They had all studied and taught Lean for several years, and many had acquired Lean certifications (e.g. 'green belt', 'yellow belt'); some were self-taught, while others had acquired their Lean knowledge during their academic education or professional careers. Some had also participated in training programmes offered by their organisations. All had worked in key operational positions carrying out Lean projects, either as internal consultants in their own workplaces or as external consultants in other organisations. We anonymised all the interviewees, and in this chapter I refer to them as Expert 1, Expert 2, etc. (For more information about our data collection process, see Chapter 2.)

The Lean consultants we interviewed were 'consultant managers' (Sturdy, Wright, and Wylie, 2015, p. 2): consultancy for them was an activity, occupation, and identity that formed part of their management role rather than a separate professional project. For many of our interviewees, being a consultant meant playing a hybrid role as both a former welfare service worker and a current development director or internal consultant. Nevertheless – or perhaps precisely because of the vagueness of management consultancy as an activity in health and social care organisations – they strived to place themselves carefully within the field of management consultancy on the one hand and the field of healthcare on the other. During the interviews, they described at length their successful endeavours as change agents in healthcare organisations. From the viewpoint of expertise, this may have been partly to 'trace their leadership credentials' within the field of management consultancy, as Waring and Bishop (2010, p. 1335) suggest, and perhaps also to highlight their success in having gained credible positions as consultants within hierarchical professional organisations.

Lean consultants as boundary workers during organisational change

The institutional work involved in implementing Lean in the welfare service sector requires consultants to be able to understand the dynamics of the

professional organisation. This means the ability to recognise the distinct sociolegal boundaries between various health and social care professions and the boundaries between managerial and professional knowledge that arise when Lean is introduced into these organisations. Conceptually and methodologically, this chapter therefore draws on the concepts of boundary work (Abbott, 1988) and boundary objects (Star and Griesemer, 1989), which stem from the sociology of work and science and technology studies, as well as on the concept of situated knowledges (Haraway, 1988). These were the concepts that guided my thematic analysis of the interviews.

First, I analysed the practical means by which consultants crossed the boundaries between occupational demarcations on the one hand and different types of knowledge on the other. My first-order analysis took a deductive approach (Graneheim, Lindgren, and Lundman, 2017) and followed Waring and Bishop's (2010) framework to trace the rhetoric and rituals used in Lean implementation. The analysis focused on the discursive and sociomaterial practices the consultants described in their interviews. Next, in the second part of the analysis, I reread and reanalysed my initial results to add another layer. This produced more conceptually explicit analyses of the situated knowledges involved in Lean translation. I will now present my final results in three subsections. The first subsection discusses the discursive tools used by the consultants, particularly the notion of 'value for patient' as a key boundary object. The second considers the role of the rituals and routines shared by consultants and workers during Lean transformations. The third assesses Lean's demand for a comprehensive transformation of the mindset of health and social care managers.

'Value for patient' as a boundary object

Persuading welfare service professionals, particularly unit managers and doctors, to engage in the process of Lean transformation was something the interviewees described at length. They emphasised that any attempt to facilitate organisational change in the welfare service sector, where 'new management terms come and go' (Expert 7), was often met with resistance, regardless of the management technique in question. As Lean philosophy has become more familiar in the welfare service sector during the 21st century, resistance against it has also grown. To get off on the right foot with a new client organisation, some interviewees would use the rhetorical tactic of simply avoiding any references to specialist Lean terminology. This choice was based on their experience with clients' incorrect understandings of Lean. As one of them explained:

> If I say 'continuous improvement', everyone understands that 'Aha, so we do this continuously and there is this direction [that we go in]'. . . . So, I think the most elegant way to launch Lean is to not talk about it, because it [Lean implementation] doesn't happen overnight. It doesn't help if you name it, like, 'This is Lean', because you cannot demonstrate

> it the next day. You can apply Lean principles, but it doesn't help if you name it as that.
>
> (Expert 7)

The interviewees were eager to highlight the importance of applying Lean systematically, repeatedly, and continuously in order to achieve organisational transformation. At the same time, they took liberties in the translation process, using concepts and ideas that were familiar to the organisations. As a consequence, Lean would be translated several times during its journey through any given organisation (see Czarniawska and Joerges, 1996; Andersen and Røvik, 2015). Many interviewees emphasised the 'common-sense' nature of Lean, which Expert 1 described as 'easy to perceive, so you don't have to read much to catch on and begin to apply the principles' (cf. Mankki, Aho, and Hirvonen, 2022). According to Expert 5, Lean's accessibility 'provided methods and tools to describe and visualise the problematics of Finnish health centres'. Even more importantly, Expert 5 went on applying Lean methods provided 'factual information against the deep-rooted belief in public healthcare that we're always automatically under-resourced'. In this way, Lean methods turned the focus away from never-ending complaints about welfare service under-resourcing, redirecting it instead to the question of what brought value to the customer. In Lean terms, this meant focusing on patients' waiting and lead times (i.e. the overall time a patient spent in care). This was done in light of data on staffing levels. According to the logic of Lean thinking, quantitative indicators of customer value and 'factual information' about the use of resources would help turn opinions into facts, making the benefits of Lean irrefutable. In a sense, the knowledge the Lean consultants had at their disposal was superior to the professionals' experiential, everyday knowledge of their own work.

However, the production of objective, quantifiable information about care pathways was not enough in itself to convince healthcare professionals of the benefits of Lean. Instead, consultants needed to find common ground and a common language between Lean thinking and welfare service workers. In other words, they had to do boundary work, find boundary objects to help bridge the gap, and create a space to establish situated knowledge about what customer value meant for their participants. The term 'boundary object' refers to (either abstract or concrete) scientific objects that inhabit several intersecting social worlds and satisfy the information requirements of each of those worlds (Star and Griesemer, 1989). Boundary objects can be material or linguistic constructions that are weakly structured when in common use but become strongly structured in individual on-site use. They are objects that have different meanings in different social worlds, but their structure is sufficiently common to more than one world to make them recognisable. They thereby become 'a means of translation' (Star and Griesemer, 1989, p. 393).

For all our interviewees, 'value for patient/client' was a key rhetorical means that acted as a boundary object to bring together doctors, nurses, and

other staff, especially during the early stages of organisational change. The value-for-patient rhetoric was accompanied by an emphasis on togetherness and the inclusion of everyone in the process of work improvement:

> We go over things in a fair manner, not accusing anyone, not pointing at anyone's work, but together try to find the client's viewpoint and how they might benefit from it. People are brilliant in that discussion, but also sensitive. If anyone feels at a disadvantage, especially a doctor, if they get the slightest feeling of being accused of something, it's no good. You need to be able to hold conversations where this doesn't happen, where nurses accuse the doctors or vice versa. And if it happens, you need to know how to divert the discussion and to start thinking about the client's viewpoint, and how we do it together.
>
> (Expert 2)

This expert explained how difficult it was to break down existing hierarchies between occupational groups, and how he tried to achieve this by bringing the change process as close as possible to the participants. Nonetheless, the patient's or client's best interests might mean different things to different occupational groups. Consultants said that in order to generate shared understandings and knowledge between the groups – and consequently to fuel the Lean transformation – the patient rhetoric needed to be attached to a concrete problem that all participants recognised. In this way, as Expert 5 explained, 'even the doctors will come along . . . and they get interested when we begin to measure these things . . . if the information comes from the level where the value is actually created'. Doctors appeared to be a particularly difficult group to convince of the benefits of Lean for their own work performance, but at the same time, they were a group whose participation was vital for the success of organisational change, which is something Lean text books also underline (Barnas, 2014). This is easy to understand considering the relatively strong position of medical doctors in the professional hierarchy of health and social care occupations (Evetts, 2011b; Wrede *et al.*, 2017). In light of the idea that all staff should be involved and employees' knowledge valued in Lean transformations, the consultants' accounts pointed to the difficulty of overcoming existing power relations by means of Lean rhetoric and rituals. It is to this topic that I turn in the next subsection.

Shared rituals and meaningless routines

In addition to blurring boundaries by discursive means, the consultants emphasised that instilling a Lean transformation required a hands-on approach to allow people to come together and develop new shared rituals and routines to improve their work collectively. In a study of Lean implementation in British hospitals, Waring and Bishop (2010, p. 1339) describe how Lean and clinical practice are mutually reconstructed in a situated

interplay of managerial and professional practices through shared rituals. These rituals are customary, patterned social practices that occur on an almost taken-for-granted basis. Importantly for my analysis, Waring and Bishop further explain that rituals tend to convey symbolic, shared meanings, such as role reinforcement, group membership, status, or group cohesion. Rituals thus reinforce wider cultural norms and expectations – for example, around status differentials and notions of professionalism (Waring and Bishop, 2010, p. 1336).

Expert 4 described how she had applied Lean's 5S method to rearrange ward facilities and improve workflow. The point of 5S is to use five steps (sort, set in order, shine, standardise, and sustain) to organise a more productive work environment. In this case, the goal was to improve and extend the space available for staff to fill in patient records on the office computer. At the same time, the use of 5S also broke down old spatial patterns that had marked the professional hierarchy on the ward:

> As a concrete working method, it [5S] is an excellent starting point, it's concrete, everyone understands it, and it can even provide unbelievable results. . . . So the ward nurse and doctor were saying the staff needed more room to do patient records, and as we all know, the use of space is not necessarily that efficient in healthcare. . . . So they began to apply 5S and ended up with a nice, calm space for doing patient records. Meanwhile, the decades-old tradition of separate coffee rooms for ward orderlies and the rest of the staff was broken.
>
> (Expert 4)

Applying a method 'outside the box' to work towards a common goal resulted in the collapse of old patterns that had reflected the hospital hierarchy. As Expert 4 further noted: 'Sometimes it's good for the Lean process to throw the group into disarray in order to stimulate new ideas and let go of the profession'. Moreover, she assumed there was a shared agreement among employees that there was a 'waste of space' in healthcare and a consequent need to rationalise the facilities. Rearranging the physical space of the ward by using 5S established situated knowledge about how to make better use of ward facilities. While 5S became a powerful tool for boundary work, it is unclear whether the ward orderlies – who occupied the lower ranks of the hospital's professional hierarchy – were happy about the loss of their separate coffee room. Consequently, it remained an open question whether the needs and wants of nurses and doctors – the professions in the upper ranks – were in fact prioritised during the application of 5S. During her interview, Expert 4 did not address the issue of whether a shared representation of the use of space on the ward had been achieved.

I interpret this scenario with reference to the situatedness of knowledge. Inscriptions always contain the traces of multiple viewpoints, translations, and incomplete battles, traces where some viewpoints are represented and

others are not. This points to what Haraway (1988) calls partial vision. Agents involved in Lean translations can only ever possess a partial vision of the process, and this means that the shared knowledge generated during a Lean transformation is always incomplete. Nevertheless, the aforementioned description depicts a partial vision of an ideal case where Lean methods were a stimulus to improve organisational process flow. According to this, the 5S method was an effective means of boundary work that drew people together around a shared task towards a common goal.

According to Jansson *et al.* (2020), sense-making with regard to organisational change is a holistic, processual phenomenon that emerges through sociomaterial practices. Sociomateriality is characteristic of many Lean tools, which require people to stand up, walk, talk, draw, measure, and visualise their work, giving them an opportunity to conceptualise phenomena in novel ways. Lean forces work to become visualised to make it more manageable. In this process, Lean practices can become routine social practices that connect structure and agency within the context of organisational change, as Waring and Bishop (2010) suggest. Describing an effort to establish a new routine in a home care team, one interviewee explained how clients' experience of pain – an important indicator of their well-being – was reconceptualised as a target of process improvement, 'a red flag':

> Even the workers were taken aback because although they've recorded this information [about clients' experience of pain], they haven't used it before, which was a surprise to me. And now we've applied this information. Before, we just acknowledged that if pain is at level three, it's serious pain, and we accepted this but did nothing about it. Now that we've built the visual management of client relationships, we've taken pain as a red flag. So the goal is that if the red flag goes up, we now have instructions on what to do, and we take the doctor and physiotherapist along to solve it, to reduce the pain. . . . We're trying to find standardised operation models to deal with situations where pain becomes a red flag for a client.
>
> (Expert 2)

Reconceptualising clients' pain as a red flag and establishing a new routine around its visualisation and measurement are textbook examples of applying Lean to improve the client experience. It focuses on creating value for the customer, producing measurable information about the client experience, and seeking to establish a standardised operational model. However, many interviewees admitted there were limits to standardising knowledge about the often highly complex issues of patient care that health and social care work involves. Moreover, many of them expressed serious doubts about the permanence of the results they had helped to achieve and the ultimate embedment of Lean transformations in welfare service organisations.

As previous studies have demonstrated, participants can remain exclusively focused on executing Lean methods in a routine manner without making any

effort themselves to improve their work (Thedvall, 2019; Waring and Bishop, 2010). One interviewee looked back at her experience on a maternity ward, where she had applied the method of daily 10-minute whiteboard meetings to document and discuss the ward's Lean progress. She described how her efforts had resulted in the creation of meaningless routines for employees:

> The evolution to standing in front of a whiteboard is not very natural, it's pretty much forced. Sure, if you go to the ward, I can show you our goals, the things we should measure. But the concept is completely imported from outside. We've just decided that we're a Lean hospital and we stand in front of the board once a day . . . and I need to somehow artificially search for the sense in Lean and the indicators [to measure]. It's very far from becoming a natural part of our culture. . . . And the midwife in charge of the meeting just says, 'Here are today's figures, now let's get to work'. This somehow sums up how the staff participate only because they have to. So we don't have the kind of culture where the daily figures on the whiteboard would mean something to the people who work here.
>
> (Expert 6)

The crucial element of a successful Lean transformation that was missing from these whiteboard meetings was the participants' personal discovery. Czarniawska and Joerges (1996, p. 31) explain that whether it is spontaneous or guided by a skilled teacher, discovery is necessary for the materialisation of ideas. Exposing people to ready-made ideas preempts translation and therefore does not create the mobilisation needed for action. The aforementioned description evokes the wasted effort of trying to forcefully embed disembodied scientific knowledge into a community from outside while disregarding the practical knowledge of the maternity ward staff, who were hurrying to get through the whiteboard meeting so that they could turn to their actual work tasks. No one made any discoveries while standing at this whiteboard, other than the discovery of its uselessness.

Some interviewees admitted they had experienced situations where the 'wrong people' were standing in front of the whiteboard or where the matters at hand had simply been too complex to translate into the language and methods of Lean. When things go askew – as they tend to do at some point during organisational change – blaming the person rather than the methods is far from the idea(l) of pursuing collective expertise. Consultants' ability to sideline some ways of knowing and promote others puts them in a position of power. To invoke Haraway (1988), the situation is telling of the oppressive nature of consultants' knowledge, which presents itself as universal and allows the consultant to claim a particular employee is the wrong person for the job of developing their own work. Furthermore, the results of my analysis demonstrate the persistence of the hierarchical nature of knowledge, as the consultants considered the participation of some occupational groups (i.e. doctors) to be more important to the transformation process than others.

The consultants' examples of failure demonstrate that Lean methods do not automatically serve as tools for boundary work and that shared boundary objects are not always to be found. As Star and Griesemer (1989, p. 413) explain, objects become boundary objects only when they manage to create a shared space that brings people together so that their different commitments and perceptions are resolved into unified representations. Obviously, this did not happen with the forced whiteboard meetings on the maternity ward. Overall, my findings indicate that rather than creating shared ways of knowing, Lean rituals and language can exacerbate the underlying hierarchy in the valuation of knowledge and vision among welfare service workers. During the interviews, it became clear that this hierarchy existed and that it was in fact the managers of the welfare service organisations who faced the most pressing demand to embrace and own Lean thinking. According to the consultants, this was essential for a successful Lean transformation.

Living a Lean life, leading a Lean organisation

The consultants agreed that difficulties and failures in Lean implementation were first and foremost the failure of an organisation's internal managers to commit to the Lean philosophy. The interviewees were strikingly consistent in their emphasis on the importance not only of managers' willingness to support Lean transformation in their organisation but also their ability to steer that transformation. According to the consultants, this required managers' personal dedication to Lean thinking. As Lean has spread to public service organisations over the past few decades, it has simultaneously evolved from an operational tool into a complete management concept that increasingly incorporates softer aspects of employees' participation and their embarkation on what should become a shared Lean journey (Mankki, Aho, and Hirvonen, 2022; Holmemo, Rolfsen, and Ingvaldasen, 2018). But an outside expert cannot easily install a soft, participation-oriented form of Lean; instead, the organisation's managers need to get involved. According to one consultant, not every manager was up to the task:

> People are too proud here. They set themselves above others. It's not going to work out then. . . . Management need to come to the front line. And they need to remember to accept that when they go there, people are suspicious at first, like, 'What the heck are you doing here?' But when they realise you're there to support [them], they start to involve you. As a leader, you need to gain that trust. Lean is based on trust. You cannot force anyone to trust another. . . . One thing I pay attention to with these managers is whether the staff greet them. If they avert their gaze and step aside, it's not a good sign. If they go, 'Hi Seppo!', then I know the manager has it in them. . . . It's a result of trust, of doing things together. It's the culture.
>
> (Expert 3)

Expert 1 pondered the reason for participants' reluctance to commit to Lean and suggested it might be the 'fear of losing one's position, the head nurse's fear of becoming useless as a consequence of promoting the change'. The interviewee went on: 'We need visionaries who dare to think and do things in a new way. And then they need to get others excited about it too' (Expert 1).

These interview extracts suggest that Lean consultants expect managers in health and social care organisations to offer personal commitment, to be able to set aside their fears concerning their own position in the organisation, and to have the courage to trust their staff to follow their lead in the process. These things are all easier said than done in contemporary working life, where organisational change is a never-ending process and management fashions come and go according to their own life cycles (Piazza and Abrahamsson, 2020). Moreover, commitment and dedication to Lean were things the Lean consultants themselves were also expected to demonstrate. Looking back at a change project she had led, one interviewee insisted:

> Lean doesn't happen until you start living it, you read and solve the problems that arise, find information from books and other people. You surrender to it. But these managers didn't do this, and now, in the end, they understand that they should have, now they've somehow woken up.
>
> (Expert 9)

Overall, my analysis suggests that Lean transformations locate the greatest need for change in the welfare service managers rather than the workers, who are only expected 'to let go of their profession a little bit', as Expert 4 put it. Managers are instructed to follow the consultants' lead in fully embracing Lean in order for Lean to take root in their organisation. Interestingly, unlike the other interviewees, Expert 4 also expressed doubts about the universality and supremacy of Lean. It seemed she expected employees' knowledge and vision to be situated and partial rather than objectified and always supportive of Lean thinking:

> If an organisation declares it operates according to a certain method, it's like throwing the baby out with the bathwater. The organisation exists to produce well-being for people, not because it's Lean. . . . I use the metaphor that people have many pairs of spectacles with which to see, and Lean may be one of them, but if you keep only those spectacles on, it can create risks. This is how I see it, it's not an absolute truth. . . . I've been to the meetings of the Lean Association of Finland, and what bothers me is their one-dimensionality. When you question the Lean faith, and this is a wild comparison, they don't take it so well and respond that it can be applied to complex contexts, the problem lies in the person applying it.
>
> (Expert 4)

Thedvall (2019, p. 115) notes that Lean offers the seductive but deceptive prospect of an imminent future in which all problems will be solved. Unlike the other interviewees, Expert 4 acknowledged this risk during her interview. She went on to explain that she did not consider herself a 'true believer' in Lean, and she pointed out that exclusively promoting one mode of thought might even be dangerous. Knowing is fundamentally a question of the knowledge producer's understanding of the inevitable partiality of their own vision and their ability to take responsibility for the effects and consequences of their knowledge. As Haraway (1997, p. 199) suggests, knowing should be based on imagined connections and coalitions, which are difficult to achieve since they are always situated and partial, not universal and ahistorical. Just as management fashions come and go, knowledge of them is always a matter of situated rationality.

Conclusions

Ideally, a Lean organisation is like an amoeba: a constantly transforming living organism. As Lean thinking attempts to bring together different types of expertise and knowledge, it also imposes knowledge that undermines the modern idea of expertise as the property of the individual: one formulates Lean knowledge together with one's colleagues and the help of Lean consultants. As Waring and Bishop (2010) point out, Lean consultants' very existence is a sign of ongoing professional restratification. The nature of this restratification is elusive rather than straightforward. The findings presented in this chapter suggest that the boundary work involved in Lean implementation can reaffirm old hierarchies and create new ones among occupational groups. Moreover, as the next chapters in this book will demonstrate, the situated nature of Lean translation is a matter of the sociomaterial and affective entanglements between the agents involved, which need to be recognised as such by researchers. The process is irreducible to simple questions about whether an organisational change has succeeded or the means by which that change has been achieved.

In their study of public sector consultancy in Finland, Ylönen and Kuusela (2019) argue that increased reliance on consultants contributes to the monopolisation and privatisation of public knowledge and ensuing dependencies, erosion of tacit knowledge, weakening of accountability, and strengthening of instrumental rationality. Thus, the question also remains: who ultimately owns the knowledge formed during Lean transformation, and who takes responsibility for the consequences of the organisational change achieved (or attempted)? This chapter has highlighted that improving work performance together as a shared initiative is a process that does not automatically take equal account of the different ways of knowing involved. Nor is it a process that necessarily supports professional values, despite the attractiveness of the value-for-patient rhetoric. However, this rhetoric is effective insofar as

it makes open resistance against and criticism of organisational change seem unintellectual.

The call for continuous improvement that Lean thinking promotes, with its seemingly simple-to-apply methods and tools that are meant to make you feel excited and open to discovering new ways of knowing, is indisputably attractive. It radiates eternal hope for something better, but it also brings to light power relations concerning knowledge and expertise. Thus, as Thedvall (2019, p. 122) suggests, it is a visionary management model that is always about the future, creating hope for a better workplace and better-functioning work processes but never really taking responsibility for realising that better future. As Ylönen and Kuusela's study (2019) also confirms, accountability for one's actions and certain morality, characteristic of public service bureaucracies, is lacking in consultants' work. Participants in Lean training, as this chapter has shown, are encouraged to tackle bounded, solvable issues to which value stream mapping and waste removal tools such as 5S can be applied with reasonable effort. Meanwhile, complex questions concerning resource constraints and tensions between employee groups are dismissed and remain unresolved, while the value-for-patient slogan fragments what value actually means to health and social care professionals.

As the examples of boundary work and boundary objects in this chapter suggest, Lean does not resolve the complex questions that health and social care organisations face. Instead, Lean tools help to standardise complex knowledges, as we saw in the example of the comprehensive pain measurement scale developed on the basis of home care clients' self-reported pain. Such measurement tactics can only ever give a partial, incomplete, or even distorted understanding of service users' true situations. In light of more complex problems, such as the chronic underresourcing faced by many welfare services, it makes sense for organisations to focus on clients' most acute (medical) health problems, such as pain relief, rather than taking a more holistic, complex, psychosocial approach to assessing their quality of life. Nevertheless, the question of the partiality of Lean experts' vision is rarely directly raised during Lean training, the same as their lack of accountability.

To conclude, Lean makes attractive promises as a 'silver bullet' to improve the work of welfare service professionals, streamline processes, and create the feeling of a smooth flow of outputs. However, despite its apparent fluidity and openness to the constant renewal of knowledge, Lean thinking ultimately seizes and capitalises on professional knowledge in ways that serve managerial rationalities rather than empowering professionals. Contemplating the future of management consultancy in general with a critical eye, Wright (2019) ponders the degree to which management doctrines established during an era of economic growth and expansion can cope in a world of growing political instability and ecological crisis. One starting point for assessing the viability of management models might be the degree to which they embrace the partiality of vision and the situatedness of knowledge in their attempts to improve organisations.

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6 Lean-in-the-making

Opening and closing black boxes in Lean training

Timo Aho

As the previous chapter pointed out, studies investigating Lean implementation in welfare service work often seek to identify the reasons for its failure (e.g. Burgess and Radnor, 2013; Radnor and Osborne, 2013; Andersen, Røvik, and Ingebrigtsen, 2014). Much of this research agrees that there is a 'mismatch' (McCann, 2015, p. 1568) between the conceptual framework of Lean, which was developed primarily in the context of manufacturing, and the professionalism of welfare service work, which is related to the ethics of care, clinical guidelines, occupational boundaries, and organisational cultures. However, these explanations are somewhat limited because they tend to assume that Lean and its actors, targets, professional boundaries, aims, and the whole local environment remain unchanged during implementation. If we accept the idea that every implementation process is unique in that it constantly transforms both the translators and what is translated (Czarniawska and Sevón, 2005, p. 8), then such explanations need to be treated with caution. Lean's elements themselves change as a result of their implementation (Broer, Nieboer, and Bal, 2010; Papadopoulos, Radnor, and Merali, 2011).

This chapter expands the perspective on the Lean translation process from the collaborative boundary work of internal consultants (see Chapter 5) to the broader networks of collaboration that emerge during Lean implementation. To guide the enquiry, the chapter poses the following research question: how does the sociomaterial network of Lean develop over the course of its implementation? My aim is to trace the connections that formed between diverse actors and practices, which led to the creation of temporary outcomes (such as new working practices and procedures) during a Lean training programme in a Finnish social and health care organisation. In exploring the network of Lean-in-the-making, I am interested not only in understanding how Lean thinking is incorporated into welfare service work but also in uncovering the actors' conflicting interests and substantial embodied efforts before they became concealed by the materialised outcomes of the Lean implementation.

Empirically, my investigation focuses on the year-long Lean training course for the health and social care organisation's employees (see Chapter 2).

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Employees who applied for the course took an entrance assessment. During the training, they learned and trained in the basics of Lean thinking under the guidance of Lean consultants, with the aim of applying Lean tools and ideas in their own everyday working practices. The training consisted of 12 one- and two-day face-to-face sessions held in the organisation's facilities, plus a number of practical exercises – 'small improvements' – that trainees conducted independently between classroom sessions. Central place was given to a more comprehensive Lean development project that trainees were obliged to conduct during their training. Completion of this project was a condition of their passing the training course and gaining a qualification. The training course in question was a relatively new innovation, as the organisation had run it only once before. I will analyse connections with the training course's first year to the extent that it affected the implementation of Lean from the point of view of the second year's cohort of trainees. My analysis is based on ethnographic observations conducted by our research group, who had the opportunity to participate in the face-to-face training sessions, and on interviews with employees from the second year's cohort, which were conducted before and after the training course. I also utilised one strategic document produced by the organisation in question and an email interview conducted with the organisation's development manager.

To explore Lean-in-the-making, I draw from Latour (1987), who asserts that states of affairs become taken-for-granted, stabilised facts – 'black boxes' – when they are detached from the history of their origins, that is, the processes, negotiations, practices, relations, people, and artefacts upon which they were built. To open these boxes, or to make sense of how they become constructed, he advises us to go into the midst of events and trace the process before a state of affairs achieves the status of a black box – that is, to investigate potential black-boxes-in-the-making. When Lean is incorporated into the practices and relations of a broader development network within an organisation, it may gradually become a black-boxed way of doing things. Lean itself, however, can also be a toolbox to open the black boxes of work. During Lean training, trainees are provided with a wide range of Lean techniques to break down the targeted work process. The trainees' doings are thus structured by the constant two-way movement of the opening and construction of black boxes. On the one hand, through the utilisation of Lean idea tools, trainees are taught how to uncover hidden associations and potential bottlenecks related to treatment processes. On the other hand, their doing so causes two things to become stabilised simultaneously: the 'explorative' or 'scientific' stance towards work becomes the new normal, and the attained improvement in the work practice gradually becomes the settled way of conducting that practice (albeit temporarily, given that the stability of any practice can always be further disrupted, questioned, and improved).

This chapter therefore employs actor-network theory (ANT) and its concept of translation (Callon, 1986; Latour, 1987) to analyse black-boxes-in-the-making. The concept of translation differs from the idea of diffusion (see Latour, 1986, pp. 266–268), which describes a frictionless way of transmitting interests, goals, ideas, objects and information from actor to actor (Morris and Lancaster, 2006, p. 209). The process of translation, by contrast, addresses how ideas, interests, targets, and practices are constantly transformed, modified, reconciled, and displaced into other entities and states of affairs by the active work of human and non-human actors connected to a collaborative network (Latour, 1986, pp. 266–267; Latour, 1987). The use of Lean procedures, for instance, simultaneously transforms welfare service professionals into technical 'scientists of work' and converts the embodied reality of their work into a series of textualised inscriptions (Latour, 1999, pp. 28–29), such as drawings, process maps, and diagrams. To identify the critical phases of the implementation process that give rise not only to specific states of affairs, concerns, and negotiations but also to the temporal stabilisation of Lean procedures and new Leaned practices, I will utilise Callon's (1986) four 'moments' of translation: problematisation, interessement, enrolment, and mobilisation. I will unfold these concepts during the course of my analysis. However, the four stages that structure my empirical analysis do not straightforwardly follow the sequence of Callon's moments from problematisation to mobilisation; rather, different moments may overlap within the same stage. For instance, the first stage describes the achievement of a successful translation when trainees become enrolled in the network, but this is only a necessary intermediate stage in the journey towards their ultimate goal of stabilising Lean procedures and creating new Leaned working practices.

Although ANT is a useful theoretical-methodological lens to increase our understanding of how and why Lean implementation might fail or succeed in the context of welfare services (Papadopoulos, Radnor, and Merali, 2011), my intention is not to provide knowledge for 'managers to develop more effective strategies for orchestrating change in such contexts' (Papadopoulos, Radnor, and Merali, 2011, p. 186). While such an intention might be loaded with well-meant 'pragmatic' aims, it would ignore the fact that politics and the subtle workings of power are inherent to the translation process (Callon and Latour, 1981; Callon, 1986; Harni, 2022): translation always foregrounds, extracts, and displaces certain interests, viewpoints, tools, bodies, competencies, knowledges, and realities at the expense of others. Hence, I track the multiple transformations that emerged over the course of the Lean implementation with the aim of showing how living labour was subjected to extensive cognitive, relational, communicative, and emotional work in the name of producing value not only for the customer, the organisation, or even society but also in the interests of capital within the biocapitalist regime (Morini and Fumagalli, 2010). But before I enter that discussion, I must first provide a unified picture of the situation.

First stage of translation: making Lean training an obligatory passage point for employees

Setting the scene

The process of translation begins with problematisation. During problematisation, a focal actor (i.e. an individual, community, or organisation) devises a manuscript for the translation to define the nature of the problem, identify potential allies who are to be linked into the network, and propose roles for those allies within the network (Callon, 1986, pp. 203–206). While formulating a coalition, the focal actor attempts to get others to subscribe to her/his proposed plans by 'demonstrating that (s)he has the right solutions to others' problems' (Papadopoulos, Radnor, and Merali, 2011, p. 173). The aim is to stabilise the state of play in such a way that the focal actor's proposed action programme (defined problems and ideas, and proposed roles and solutions) begins to seem indispensable to the network of relationships (s)he is building. Joining together as a network and following the path imposed by the focal actor then become the means through which the actors can achieve what everybody wants (Callon, 1986, p. 204). However, the manuscript will not necessarily be realised in its initial form; it may change as the actors' interests and aims are tested during the later phases of the translation (Kaisto, 2010, p. 62).

In the organisation discussed in this chapter, the focal actor was a development manager who was responsible for engaging staff in development activities within the organisation. In an email interview, this development manager told us that she had achieved her powerful position in the organisation's 'Lean and development matters' thanks to the network of relationships and practices she had built with others over a long period: at the time when the organisation was establishing its process management model, she was one of the few members of the organisation who had a certificate in Lean. Both this interview with the development manager and a document shared with our research team revealed that the idea of organising a Lean training alliance was not a sudden inspiration but was rooted in the organisation's larger 'Development of Process Management' (DPM) strategy, established in 2017. The establishment of the DPM was linked to the Finnish government's 2016 health and social care services reform policy, which aimed to give customers freedom of choice. Hence, the DPM's main objective was to provide treatment 'without unnecessary delay' by improving the flow of service processes. The organisation listed various practices to achieve this objective, including Lean methods, staff development, quarterly 'process exhibitions', 17 supervisors' brainstorming workshops per year, and 26 staff workshop days per year, making development work visible and rewarding staff for performing it. These practices had a mediating function, as they prepared potential trainees for the upcoming Lean training translation and further consolidated ties between practices and relationships already established within the

organisation. The development manager noted that resistance to Lean 'was surprisingly low' at this point because 'freedom of choice was so concrete a reason for improving the processes'.

Along with freedom of choice, the DPM justified the development of process management in relation to a number of broad social and economic benefits. The relationship between development and benefits was typically mediated by artefacts such as money, time, and legislation (Callon, 1991, p. 140). Development activity was expected to increase customer satisfaction (speed of treatment), cut costs for people, municipalities, and society as a whole (money and efficiency), improve employees' well-being (saving and reallocating their time), sustain regional dynamics (money and the economy), and secure both local services for local residents and jobs for staff after the deployment of reforms to health and social care services and regional government (legislation, economy, and time).

The development manager utilised previous translations, which had transformed working practices and patients' experiences of treatment into a series of quantified indicators such as graphs, statistics, and diagrams (Merry, 2016). With these textualised mediators (Callon, 1991, p. 133), she further promoted her action programme: indicators that displayed improvements in customer satisfaction and clinical pathways' lead times were employed as proof that Lean-based DPM really worked. She presented these results and the organisation's Lean-based DPM model to both our research team and her own staff at various venues, meetings, and gatherings (departmental training sessions, workshops, process exhibitions). 'It was impossible to avoid those talks on processes and development', was how one employee described the situation before she applied for Lean training. In addition, the development manager sought support and ideas for the action programme from the wider Lean network when she presented the organisation's DPM model at Lean events and training sessions aimed at Finnish healthcare professionals. Indeed, she had the idea of organising the Lean training course at one of these events, where she met a consultant who had organised similar training courses with several healthcare organisations in Finland.

With the results already achieved, the development manager tried to convince the staff that the organisation had already been on the right path for a while. However, she was aware of the staff's potential and the promise of Lean, and she believed they could provide even better value for customers if they did a better job of putting the DPM into practice. The Lean training course she introduced seemed to offer a promising new operational element through which broad institutional aims could be turned into more focused practical targets and actions: through the training, employees' potential could be extracted, cultivated, and then channelled to serve the organisation's strategic aims. Hence, it was the front-line workers who became the special targets of translation. Employees were expected first to join the training network; second, through the training practices, to become further convinced that Lean-based training was what they needed; third, to become trained in

such a way that they would be able to transform work practices through their own Lean projects; and fourth, thereby, to become the internal Lean developers of their units, with the competence to mobilise Lean-based explorations in order to transmit the pro-Lean mindset to their colleagues. Ultimately, the desired outcome of the training was for employees and the whole organisation to internalise the Lean idea that the 'exploration of work' should be integral to everyday working routines. The sought-after transformation involved the displacement of interests and subjectivities (Callon, 1986, p. 223), as trainees were supposed to adopt the hybrid role of the developer-employee.

Enrolling employees

When a translation process is about to get underway, the action programme needs to speak to the actors to whom it is assigned. The focal actor, who makes the first move, attempts to convince the other actors of the appropriateness of the initiative – that the initiative is in conformity with their interests (Kivelä, Kolehmainen, and Siisiäinen, 2007, p. 22). It is essential to get others to believe that everyone's interests can be achieved through the creation of a network alliance in which the linked actors will serve one another (Callon, 1986, pp. 204–206). This is done through the process of 'interessement', a term referring to a group of actions with which a focal actor (in this case, the development manager) seeks to arouse other actors' interest, with the goal of stabilising the roles of the actors as she defines them in her problematisation (Callon, 1986, pp. 207–208). Successful interessement leads to actual enrolment, in which actors accept the set of interrelated roles attributed to them and start to act upon them (Callon, 1986, p. 211).

Since I wish to follow the translation process from the employees' viewpoint, I will only briefly describe the other actors and their envisaged roles within the Lean training network. The basic composition of the second-cohort training network mainly took shape alongside the practices, relationships, and cooperation that had been established during previous development activities, including by the first Lean training cohort. The training was carried out in cooperation with an education provider, and it led to a specialist vocational certificate. Lean expertise and the planning and implementation of the training were purchased from an external provider (a Lean consulting company) that tailored the product to health and social care. The training network was supplemented by mentors who had done the training one year earlier (i.e. as part of the first cohort). Their job was to offer their experience and support to new trainees during the latter's Lean projects. The development manager also emphasised the facilitating role of unit supervisors, who were expected to ensure that it would be possible for trainees on their units to complete their projects. In a departure from the development manager's initial plan, we researchers also became part of the network (I return to this later).

But why would employees want to join the training network and act upon the roles allocated to them by the focal actor? The training was voluntary,

and many employees already had too much work to do even without the training. In the first round of interviews, many employees explained that development was not a new thing for them: they were used to thinking about problems in work practices, adapting to changes in the workplace, and brainstorming various small improvements while carrying out their basic tasks. Some added that they had always perceived themselves as 'pro-development', educated themselves, and thought about how to make work less effortful. Many also thought that the Lean training course would authorise their pursuits and increase their occupational capital. Nor was Lean thinking entirely unfamiliar: many had heard about Lean from different sources, such as their previous studies, the development manager's Lean presentations, TV shows, other hospitals, and the Lean projects completed by colleagues who had been part of the previous year's training cohort. What was new, however, was that from now on the trainees were obliged to study their work processes more systematically for their own Lean projects. While some hesitated at first, many developed a feeling of optimism and curiosity about Lean:

> Talks on process management were encountered constantly, especially when talking about work, or the organisation's matters in general. You couldn't avoid talks on processes and process management, they came from everywhere. I was allergic to that line of reasoning for a quite long time . . . and when they were organising the first round of Lean training, I didn't feel that it has anything to do with me and my work. . . . But then at the end of last year I had an 'aha' moment. Because patients' nutritional treatment is part of my work, and it is an extensive whole, and a nutritionist is only a tiny piece in it. And if we consider operations between different departments, we should be able to form common ground rules in collaboration with departments, to figure out how the nutritional treatment will be conducted. But for me as a single employee, it is really difficult to go and say, 'Hey, you need to do it this way'. I don't have the authority for that. And screening for the risk of malnutrition has been an eternal question, to figure out how it can be improved. So it just started to feel that this training could provide an extremely good support for me to advance the treatment. . . . And since I was on the ball in terms of the first training cohort's Lean projects, I envisaged that malnutrition would be a relevant topic to further improve via a Lean project.
>
> (Raija)

Raija's description illustrates how a heterogenous group of mediators (Latour, 2005, pp. 39–44) – including the previous year's trainees and their Lean projects, existing examples of small improvements, pro-Lean superiors, and pervasive discourses about development and process – paved the way for employees to join the emerging Lean network. However, these mediators only became effective after they were paired with the complexity of the 'eternal

questions' that structured people's work in the hospital. Although the pervasiveness of the development discourse irritated some people, the encouraging examples of development provided by the previous year's cohort helped to keep the potential of Lean in people's minds. The 'eternal questions' remained unresolved, and staff had a shared need to do something about them, but their route was cut off (Latour, 1987, p. 111) because they lacked appropriate resources, including time, tools, expertise, examples, support, and the authority to work on the questions. Importantly, they also lacked a uniting platform from which working practices, fellow professionals, and their competencies could be refined in a coordinated manner to resolve the eternal questions. Amidst these conditions, people were easily persuaded to want to find out more about Lean.

According to Callon (1986, pp. 206–208), in order to attract the interest of others, one must not only provide a promising new route for cooperation but also guarantee that the actors will not reach their goals if they follow the old routes. Thus, if employees wanted to make progress on these 'eternal questions' – of which they were already aware but for which they did not seem to have appropriate solutions or resources – then applying for Lean training might have appeared to them to be the only reasonable solution available. By weakening employees' link between 'eternal questions' and their current ways of working as solutions to those questions, the focal actor and her allies managed to make her proposed action programme (i.e. the Lean training course) indispensable within the network of relations they were building. For the employees, Lean training became an obligatory passage point (Callon, 1986, pp. 204–205) that they could not circumvent if they really did want to make things happen in their work. Sharing the problems of their work with the more powerful Lean alliance and converting those problems into a topic of research for Lean projects opened up a promising new detour (Latour, 1987, pp. 111–113) for the trainees.

Second stage of translation: testing the problematisation in the classroom

Eliminating unforeseen obstacles through emotional labour and psychology

Getting employees to apply for the training was a precondition for proceeding with the action programme. However, the persuasion of trainees had to be continuous even after the training began. Trainees might stop aligning themselves with the initial problematisation and the roles allocated to them at any time, either by dropping out of the course entirely or by changing the nature of the problematisation so that it no longer served its initial purpose. Furthermore, unforeseen obstacles and other competing actors might emerge who would try to affect the action programme by redefining the trainees' roles, aims, and interests in other ways (Callon, 1986). The solidity of an

envisaged action programme and the relationships between the actors may be tested at any time with a series of practical trials (Callon, 1986, p. 207; Latour, 2005). Maintaining the desired course of action requires constant work and the reconciliation of interests among the actors (Callon and Latour, 1981; Latour, 1987).

The training sessions were important settings for trials of strength (Latour, 1987, p. 74) between actors. As early as the first session, concern arose among the trainees about how they would find the time to conduct their Lean projects alongside their basic work and whether time spent in the classroom was included in their overall working hours. The competition for time between basic work and development tasks had already been considered in the manuscript: the development manager announced that 'classroom education is of course counted as working time; work that is good for the whole unit is working time'. A worker from the fire department (an independent part of the health and social care organisation) commented that in his unit, the training was not included in their working hours and they were here on their own time. The development manager responded cheerfully, 'Hey, look now what a good workplace this is!', adding that one working day (eight hours) had been allocated for each employee to conduct their Lean projects between classroom sessions. Since the training course had already run once before, the development manager and her allies (i.e. the consultant company) must have known from experience whether one day would be enough and whether trainees would have to use their own time for the projects. But this was not discussed any further at this point. This was a clever way of turning obstacles into opportunities: people were told they were lucky because they were permitted to use their working hours for development, but there was silence about the reality that the allocated time would not be enough (most of the trainees told us later that they had to do their projects in their own time). Consequently, trainees were unlikely to drop out of the training later, after they had made progress with their Lean projects. In addition, contrasting the healthcare organisation with the fire department fostered the impression that the former was pro-development because it allocated time and opportunities to development. By referring to the exploitative situation in the fire department, the development manager engaged in a semiotic process of translation (Nicolini, 2010, p. 1013) that represented development in the organisation as neither extra work nor exploitation but a privilege.

Since completion of the training was connected to the materialised outcome of Lean projects, classroom activities had to be orchestrated to serve that goal. To provide concrete examples for the new trainees to show that Lean training really worked, the alliance organised an event at the end of the first training day where the first cohort of trainees presented the Lean projects they had completed the previous year. The development manager opened the event: 'We came here to listen and learn from you who have made this journey'. The projects were introduced in PowerPoint presentations, each one better and bigger than the last: for example, projects on

telephone service development, rehabilitation patients' clinical pathways, patient discharge processes, and the booking system for supply staff. The presentations complied with typical Lean procedures: description of the problem, analysis, measures, observations, and identified improvements compared with the initial situation. The projects were regarded as spectacular, and some of our interviewees later told us they had become terrified they would be unable to do the same themselves. The development manager and mentors excitedly reviewed the presentations while calming the worries of the new cohort of trainees: 'How many of you are totally dazzled? . . . Don't be afraid, it's better to attempt something manageable rather than be overambitious'. While the development manager's initial purpose had been to utilise the previous year's completed projects as mediators to reinforce the new cohort's motivation, she herself became a human-emotional mediator in this situation. To eliminate the unforeseen threat that now occupied the minds of the new trainees, she positioned herself between the black-boxed Lean projects and the new Lean-translation-in-the-making as she asserted that the new trainees' projects did not need to be as extensive as those they had just seen in the presentations.

As the manuscript recognised, Lean itself is primarily about processes, and it cannot provide many tools for the analysis of customer experience. Nor can Lean help people 'sell' their idea to others, which is essential for process development. Therefore, the training programme included lectures on service design and communication skills. One service design class began with a female consultant providing a brief introduction about what customer experience meant in general terms. The trainees were then divided into small groups and asked (1) to discuss how customers (patients) encountered the physical environment (e.g. spaces, equipment), culture, and people during service processes, and (2) to identify how the customer experience evolved at the level of emotions and senses. When the small groups reported back to the whole class, many concerns came up:

> One group explains that the disability service's waiting room is dreary. They have tried to do something about it, but they are running out of money. There is a hole in the floor, and the place is dark. The group also say they have tried to get the issue included in the budget. The consultant can only reply, 'Well, you can still do some small improvements there'. . . . One trainee talks about the new building, where the new chairs are allocated to doctors while the nurses get the patched-up old chairs. The consultant replies that money is not always necessary, a lot can be done with small adjustments. . . . A nutritionist also explains that they need more money to enhance the facilities. . . . Interestingly, many things come up, but there are still things that do not cost very much, as the consultant notes. The consultant continues: genuine encounters with people are important, being there for real, the emotions are really important. Then the consultant sums up the discussion by saying that

> many similar things have arisen but they are pretty much about how we communicate.
>
> (Field notes)

While the trainees attempted to expand the network by including money as an actor that mediated the relationship between work development and good customer experience, the consultant attempted to recast that relationship as a question of individuals' emotional labour and employees' ability to improvise. In other words, the consultant excluded economic resources and associated policies from the development network (ironically, given that her lecture was costing money). The contradiction here was that when the Lean training talked about customer experience in the context of service design, emotional labour was explicitly included in the Lean development network, but when the focus shifted to the practices of tool-oriented Lean (further discussed in the next section), the consultant simply took emotional labour for granted rather than attempting to translate it into Lean's scientific language.

The translation of complex organisational obstacles into questions of individual psychology was taken even further by another female consultant. This consultant was teaching trainees how to 'sell' their ideas and 'grow' as developers. She asked them to share their thoughts regarding the greatest challenges and obstacles in their 'coming-of-age stories' as internal developers within the organisation. In response, trainees listed an array of difficulties, such as colleagues' reluctance to engage in workplace development, middle managers' resistance to change, professional hierarchies, top-down leadership, one's own head, one's background as a nurse, different management cultures between departments, shift work, and the absence of doctors from the training programme. The trainees' discussion went beyond the consultant's comfort zone, and she could only contribute by saying, 'Organisations are different, and change will take time'. Then she quickly steered the discussion back to psychological issues by announcing, 'Now we'll forget about what happens in the organisation and move on to think about what happens in our minds', switching to a slide bearing the words 'Developer's mind'. She stressed how important it was for a developer to have a 'clear mind' when communicating with people and responding to critics. 'What's the greatest obstacle?' the consultant asked. When nobody responded, she said, pointing towards one of the trainees: 'You've already mentioned it. . . . It's our own head!' Thus, in this class, individuals' psychic processes displaced complex organisational obstacles related to bureaucracy, hierarchies, power relations, practices, and cultures. While the development network was temporarily reduced to a question of psychic translations inside people's heads, the network started to expand again when the group returned to the 'core matters' of Lean.

Making associations between Lean and scientific practices

Latour (1987) argues that people who make scientific and technological innovations need other human and non-human actors' help to establish their

ideas as convincing and as matters of stabilised fact. While the Lean development of welfare service practices cannot be considered a science per se, there were ongoing attempts during the training sessions to make Lean development more convincing by mobilising its associations with scientific practice. One way to do this involved drawing a hierarchical (gendered) differentiation between true Lean expertise and other, secondary expertise related to development. The consultant chosen to deliver the core Lean teaching was a man with a PhD on the topic. Even before the training began, the development manager and the consultant company representative had attributed different value to different topics and areas of expertise in their descriptions of the programme: lectures on interpersonal skills, given by female consultants (and discussed earlier), were positioned as supplementary in relation to the male PhD's Lean tools-oriented lectures, which were considered the 'true matter' of the training. Similarly value-laden distinctions appeared in the male consultant's classes. 'Feminine' interpersonal skills were somewhat recognised, but they were not associated with the language of Lean and hence were not presented as measurable forms of competence and efficiency that would drive the organisation forward – unlike the 'scientific', problem-solving skills with which Lean was associated:

> The male consultant shows a diagram bearing the words 'TOP 10 working life skills in 2015 and 2020'. The diagram has been sourced from the World Economic Forum. Problem-solving is at the top of both surveys. One woman asks how it is possible that interpersonal skills dropped so far down the list between 2015 and 2020. She at least would hire 'great guys'. A man sitting behind her comments: 'But if the organisation measures itself in another way?' The consultant goes on: 'What if the organisation is only equipped with great guys, but nobody has competence? We need to learn to think like researchers'.
>
> (Field notes)

As this extract suggests, Lean development was also scientised through the use of scientific authority. The Lean consultant himself established his scientific take on Lean by presenting a slide showing his academic CV and achievements and by emphasising that Lean for him was about problem-solving with facts, data, and measurements. We researchers, too, became drawn into the scientific translation of Lean. Although we preferred to present ourselves as researchers on working life rather than researchers on Lean, we would sometimes be appropriated as taken-for-granted scientific authorities when trainees were conducting small group exercises in class. For example, during one group exercise, when trainees had been asked to think about 'what Lean is', one woman pointed to me and said, 'Hey, you researcher, you are the expert, can you check if we have written the right things on the paper?' While I personally refrained from giving answers, other researchers did sometimes share their thoughts with trainees during such exercises. The Lean consultant also sometimes turned to us for scientific confirmation of his claims about

Lean. During one lecture, for instance, he introduced three perspectives on Lean – 'processes', 'leadership', and 'organisational culture' – and then asked 'if the researchers have something to add'. 'That's a good way of structuring Lean, commonly used in the literature', our research group leader (a professor) replied. Of course, asking our opinions in the presence of the trainees was a little risky, given that we might have disagreed with the consultant. In classes, we avoided creating conflict between consultants and trainees, but during breaks and in our interviews, we did ask the trainees what they thought about the lecture topics. While it is difficult to assess the extent to which our presence in the classroom reinforced the association between Lean and science, we undoubtedly played a mediating role in translating scientific knowledge about the relationship between Lean and welfare service work, as we were intervening in that very relationship by virtue of our interests and research practices.

The second way to forge an association between Lean and scientific practice was to depict Lean as a systematic, evidence-based, and goal-oriented counterforce to unsystematic forms of development based on people's beliefs, misconceptions, and unstructured subjective opinions. While Lean's attractiveness is sometimes connected to its inherent 'common-sense' logic (e.g. Mankki, Aho, and Hirvonen, 2022), in this case the employees' unsystematic (common-sense) thinking was refined, coupled with, and translated into the analytical language of science. Lean was depicted as a science-based resource for trainees to use against dissenting colleagues whose dissent was not based on facts. This is illustrated in the following field note extract, where the consultant constructs Lean development as plausible by connecting it to tool-oriented problem-solving and by seeking affirmation from other black-boxed entities, including scientific authority (Latour, 1987). The consultant has just introduced the topics for the day: describing the current stage map, visualising the processes, and problem-solving. After writing on the whiteboard the Lean terms 'PDCA' (plan, do, check, act) and 'A3', he explains that 'if PDCA is a way of thinking about problems, A3 is a concrete tool for documenting that problem, a visual communication'. He goes on:

> 'What does "systematic" mean?' No answer. He answers his own question: 'Reproducible, that we have a structure that can be taught'. Then he shows the next slide, which bears the words: 'Do you think or do you know?' Part of problem-solving is crystallised in that sentence. From now on, you can challenge your colleague and say: 'You argue, but how do you know?' The unscientific way of thinking is based on experiences and beliefs, and it utilises a rapid part of brain. But we want to use the slow part, the analytic part. 'Assumption – the most common mistake in problem-solving', it says on the slide. Even if the analysis has been carefully conducted, we need to explore whether the root cause is correct. The consultant continues the slideshow by showing Daniel

> Kahneman's theory of fast and slow problem-solving. 'We want to put the slow, conscious, laborious and analytical part into operation'.
>
> (Field notes)

For a translation to succeed, it has to be anchored in displacements of the physical and social world: people need to be activated to transform both abstract ideas and material practices into more accessible and governable textualised forms (Palmroth, 2004, pp. 42–43). This leads to the third way of constructing Lean's scientific plausibility: converting welfare service processes into a different set of inscriptions (Latour, 1987, Latour, 1999, pp. 28–29). Inscription, according to Latour (1999, pp. 306–307), is a violent process of transformation or displacement in which a complex entity is materialised in a simplified form, such as an archive, document, map, piece of paper, or trace. The production of inscriptions requires a substantial amount of embodied craftwork (Meskus, 2018) associated with the utilisation of inscription devices (Latour and Woolgar, 1986, p. 51), which are employed 'in the interest of making things visible for material, rhetorical, institutional and political purposes' (Roth and McGinn, 1998, p. 54). As the design of the training programme itself acknowledged, lecturing alone is not enough to spread Lean ideas; rather, living labour needs to get to work. Learning Lean meant that the consultant would first introduce a Lean idea tool to employees in the classroom, after which they were asked to practise with that idea tool in groups. Emphasis was placed on their collecting and producing documented data from their work processes to provide factualised evidence about the current situation. In the following extract, the trainees have been asked to trace treatment processes using a Lean swim lane diagram and Post-it notes:

> Pieces of paper are shared among the groups, with the aim of simulating a process related to work. A trainee speaks up: 'The patient's overall time in the process is difficult to estimate, because for a patient with multimorbidity the treatment can take three weeks, while with another patient it may take only a day'. The consultant replies: 'It's important to collect data so that we can find peaks and deviations from the curve. It is important to observe the quantity of the variation and its trend. What can we do about the variation?' . . . In the group I am observing, a woman suggests that they simulate a hip operation patient's treatment on the unit. The others agree, and there begins a long discussion regarding what they need to take into account before the patient is even on the unit, and at what point the process on the unit actually starts. Visualising the process turns out to be really challenging. The woman is nervous and tries to draw new boxes, with arrows between them, to the best of her ability. She adds the correct actors in each boxes. The Post-it notes are abandoned on the table at this point. The drawing is done on paper with a marker pen. The consultant tries to motivate the

> groups: 'Process description is about boxes and arrows, you find the best way to describe the process by trial and error. Use your head to figure out how it can be visualised'.
>
> (Field notes)

As a result of this exercise, the trainees – together with the Lean tools provided and the consultant's guidance – made an inscription through which a dispersed 'process', beyond their perception of their everyday work, was transposed to the classroom for further government and translation. At the same time, the network actively made the 'treatment process' known and real – a fact. The Lean idea tools that mediated (Latour, 2005, pp. 37–40) these inscription practices appeared to be neutral insofar as they were used to visualise the current state of the treatment process as truthfully as possible. Consequently, potential challenges in the factualisation of the treatment process were considered to be connected to the employees' lack of training and insufficient skill rather than to the Lean idea tools themselves or their relationship with the situations to which they were being applied. However, displacing the actual treatment of patients into a series of boxes, arrows, and textualised categories (the process map described earlier) is a violent form of translation (Latour, 1999), because inscription practices tend to demarcate the sociomaterial reality of welfare service work in a disembodied technical form. Lean-based inscriptions foreground the disembodied managerial interests of welfare service work, at the expense of workers' professional ethics with regard to patients (Hirvonen, 2014; Hoppania *et al*., 2021). This is because it is difficult to include professional perceptions of situated corporeal, emotional, and ethical relationships between workers and patients in these inscriptions. The trainee's dissenting comment about the differences between patients' illnesses epitomises how a sensing, suffering human being is not a passive, unchanging object for targeting with standardised inscriptions but a set of particular, situated conditions that must be treated and translated into Lean's scientific language. The trainees considered patients' diseases as actors to be included in the Lean network, but the consultant tried to exclude them by switching the context to a type of work that was barely related to welfare service work and then by simply urging the trainees to behave like 'scientists' and produce data, thereby attempting to construct an image of evidence-based development.

However, Lean tool ideas are not inscription devices in the same way as, say, blood measure monitors, which produce facts for inscription in a self-contained manner. Although Lean idea tools steer how the problem should be factualised, they do not determine the content or outcome, which evolve in the relational process of human – non-human collaboration. In Lean, as the trainees were taught, idea tools are designed to be used manually, because this encourages people to come together for collective reasoning and helps them to perceive the step-by-step becomings of inscription. While it may appear that Lean's manual inscription practices transformed knowledge

production in a more transparent and democratic direction, only a minority of the organisation's employees had real opportunities to engage in the production of inscriptions, to have an impact, and to see the process from the very beginning. Inscriptions may reveal many hidden things or black-boxed associations to those who are able to participate in their production, but they simultaneously tend to create epistemic enclaves and simplifications (Harni, 2022) – which might serve the interests of the organisation's managers, for example, rather than its employees.

Third stage of translation: materialisation of Lean during project development work

Paving the way for the Lean project by preparing colleagues

While the face-to-face classes were still ongoing, trainees had to move on to the next stage of the Lean implementation process by starting work on their own Lean projects. As they took this step, their position in the Lean network was supposed to shift: whereas before they were constantly being persuaded to align themselves with the action programme, they were now supposed to become 'translator-mediators' who needed to establish forms of cooperation with heterogenous allies in order to progress with their Lean projects. In addition, now that the trainees themselves had tentatively accepted Lean as obligatory passage point (Callon, 1986, p. 206), they had to strive to make Lean as passage point for their colleagues too, as well as for other co-workers who were not participating in the training. Despite the existence of an established development network within the organisation, few, if any, members of staff on the units were familiar with Lean or had undergone training. Trainees had to step back somewhat from the network of relations that otherwise defined occupational roles and ways of working within their units and departments. The trainees' disruption of occupational boundaries and established working routines (see Chapter 5) in turn gave rise to various reactions among their colleagues: while some were curious and supportive, others expressed indifference, reluctance, and doubt about what might happen. The trainees worried that performing the Lean transformation fell solely on their shoulders, given that they were on their way to becoming their units' designated Lean people.

To overcome these concerns, trainees attempted to match their projects to their colleagues' working practices by sounding them out in order to identify a relevant 'problem' and gain collective approval to work on it. As many trainees already worked in multiprofessional networks with shared 'eternal questions', the relevant problems were formulated relatively easily. By coupling this preparation work with an 'evident need' in the field, trainees framed Lean and their projects as matters of necessity (complying with the initial problematisation). The trainees 'stole' time for the preparation work by putting Lean on the agendas of pre-existing venues such as departmental

training sessions and other regular group meetings. In addition, some trainees put a considerable amount of interpersonal work into engaging their co-workers:

> This training was a completely new thing for me. In the beginning, I set out to explain it to my colleagues, and we arranged plenty of team meetings and planned together what we should improve. And we found many things, but registration kept coming up all the time. Matters were not recorded well enough, it was diverse and illogical, and all kinds of unnecessary matters were written down. . . . But I was thinking that I would interview all the nurses from our group, because my vision was that they will be heard. And on that basis we start to implement changes together while I share what I have learned from the training, what it is about and what it means.
>
> (Saara)

But engaging others took time and was sometimes difficult to coordinate within the hospital's complex spatiotemporal structures (see Chapter 4). On the one hand, from the point of view of making the problem collective, it was good if the targeted problem was interconnected with the multiple working practices of different professionals; on the other hand, collaboration required the reconciliation of the expertise and working rhythms of various professionals who were already occupied with their basic responsibilities all over the hospital. Therefore, it was necessary to utilise all the 'empty moments' within the work to promote Lean, prepare others, and find potential allies among individuals who had already been identified as pro-Lean or with whom the trainees worked most closely:

> Yesterday, when it was more peaceful at work, I showed and explained to one nurse that what the term 'waste' means in Lean. I said, 'Would it be handy if we put all the stuff in the correct places, so that we don't have to pick them up from miles away? It saves us time. Have you thought that we are doing things foolishly here, do you have any ideas?' I praised her a bit, 'You always spot things. It would be very nice if you could help me a bit, because this is our common project, not mine, we all should think about these things'. . . . Then we chat, and she agreed. And I add, 'We are here together anyway, we have to work for many years together here'. And I felt that she was pleased with what I said to her.
>
> (Saara)

Although targets were relatively easy to identify, it was much more difficult for trainees to translate the whole of their complex projects into detailed Lean procedures (not least because of the simple fact that they were only

just starting their projects). Therefore, as Saara's description illustrates, Lean and its presumed benefits, about which the trainees had learned in the training sessions, were often communicated to staff via simple examples of 'small improvements' and associated Lean concepts such as 'waste', which would be fairly easy to incorporate into everyday work practices. Thus, the trainees became human intermediaries (Callon, 1991, p. 135) between Lean and the staff. The introduction of small improvements – sometimes as part of larger Lean projects, sometimes separately – provided a sense of instant wins compared with the introduction of a whole Lean project, whose benefits could be assessed only over a longer time period or even after the project had finished. As the aforementioned extract also illustrates, the persuasion of colleagues often took place through the displacement (Callon, 1986, p. 223) and reshuffling of interests (Latour, 1987, p. 118), as Lean as an individualised short-term interest was translated into the collective long-term interests of the whole unit. This collectiveness came with the promise that Lean would make life easier for everyone on the unit in the long run.

Convincing others with factualised inscriptions

Preparing one's closest colleagues for Lean and engaging them to identify a relevant target for 'us' were the first moves the trainees had to make to pave the way for their projects (and indeed, choosing an irrelevant target might bring their project to a halt). Of course, these first steps alone were not enough to get the project underway: the initial impetus caused by the actor who 'discovers' an idea is insufficient to push that idea forward, which needs the energy of several other actors (Latour, 1986, pp. 267–268). Once the target had been tentatively identified, the trainees set out to study the target in more depth by utilising the 'scientific' methods and ideas they had learned during the Lean training. Again, various kinds of support and collaboration were needed to carry out this exploration, but the exploration itself was also an attempt to convince others and mobilise collaboration insofar as it produced factualised inscriptions about the target. In what follows, I will describe this performative movement by focusing on the making of one nurse's Lean project. The nurse in question was Saima, and I have chosen to focus on her project because it neatly illustrates the displacements of things and the extensive work the trainees needed to do in order to create and stabilise the new Leaned instructions.

For her project, Saima and her colleague explored and updated the clinical pathway recommendations for [ailment of a body part] patients. The problem they identified – and which they further verified during the course of their exploration – was that the current treatment practices involved too much variation, both among the patients and among the employees who provided the treatment. Between the start and end of their exploration, Saima and her

colleague mobilised a number of heterogenous relationships and engaged in several activities, thereby creating links between practices and reconciling different people's interests:

> We envisaged that the project should be multiprofessional. And we investigated the treatment practices for [ailment of a body part] patients in two different departments. We benchmarked the CCG [Current Care Guidelines, Finland's national, evidence-based guidelines for clinical practice] for treatment, which was established in 2017. And then we also benchmarked one treatment path for [ailment of a body part] patients, which was conducted in [a city in Finland]. And then one doctor has written a dissertation on the rehabilitation of [ailment of a body part] patients. We listened to a presentation on that dissertation, in which the CCG was used as a model. Then we set out to observe how the treatment is organised here [in our hospital], is it conducted according to the CCG?
>
> (Saima)

Saima's Lean project applied ideas from contemporary audit culture (Shore and Wright, 2015), particularly benchmarking, to convert treatment practices into comparable forms in order to promote quality and efficiency. In order to assess which particular practices needed to be improved, she and her colleague had to choose a legitimate qualitative indicator against which current treatment practices could be compared. As Latour (1987, p. 81) argues, convincing others is often built upon the employment of other black boxes, and Saima utilised a group of pre-established black boxes to translate her hospital's treatment practices into commensurable categories for comparison. She drew on the CCG, the established, evidence-based national authority guiding treatment decisions and practices in Finnish healthcare; she used a presentation on 'good treatment' based on a dissertation that applied the CCG; and she applied another Finnish hospital's care pathway model for [ailment of a body part] patients. Since these black boxes were already materialised in digital form, they were mobile, and their mobility did not alter their characteristics (Latour, 1999, p. 307; Star and Griesemer, 1989). This facilitated Saima's task: for instance, the CCG could be sent almost anywhere, anyone could access it via a computer network, and its properties remained unchanged during its transmission (although, as I will later show, its application required multiprofessional labour). By linking their exploration to an authorised national institution and other legitimate 'best practices', Saima and her colleague attempted to establish that the new instructions-in-the-making were not the result of their individual whim but stood on firm, evidence-based ground and were even mandated by the CCG. Saima reported that one doctor had responded to her: 'This is unambiguous, if this [the CCG] is followed in [a hospital in a city], and the CCG says so, then we follow it as well'.

Similarly to the Lean exercises in the classroom, doing a project meant carrying out explorations that trainees conducted in a series of inscriptions (Latour, 1999, pp. 28–29, 65) about current and desired states of treatment. In Saima's case, the production of these inscriptions required a considerable amount of embodied and interpretative work. She and her colleague organised a comparative follow-up experiment in which they assessed the treatment of randomly selected patients in relation to indicators they had taken from the CCG. To discover the causes of the deficits revealed by the experiment, she and her colleague employed a fishbone diagram, a Lean-related problem-solving instrument that visually represents the root causes of a problem and proposes actions. Coupled with the benchmarks from the CCG, the fishbone diagram functioned as an important inscription apparatus (Latour and Woolgar, 1986, p. 51; Latour, 1987, pp. 67–69) through which Saima could classify her observations and mark them in different mediums (i.e. on paper, on forms, in PowerPoint). At the same time, the apparatus communicated and represented the results suggested by Saima and her colleague – when they presented their results to staff during group meetings, the inscription gave their results and suggestions the necessary 'factuality' (Roth and McGinn, 1998):

> After the first presentation in a departmental training session, in which we presented what should be considered in treatment, well, the message started to spread verbally. . . . And then in March we targeted another group and observed whether there were any improvements that had occurred on the basis of one [PowerPoint] presentation. And there were. And then, with the second follow-up, we included the countermeasures in our presentation. But the staff already suggested in advance can we do it like this, would it be beneficial? . . . I doubted whether we would be able to engage people, but luckily my doubts proved to be wrong. The information started to spread bit by bit, and people started to use the new instructions regarding how it was beneficial to improve the treatment.
>
> (Saima)

The power of an inscription is grounded in its ability to *show* what the investigator is trying to *say* (Latour, 1987, p. 47). The production of readable signs of a phenomenon increases the costs of any potential dispute thanks to the signs' perceptual self-evidence (de Boer, Te Molder, and Verbeek, 2021, p. 400). Eventually, however, the performative strength of an inscription and its corresponding action plan is contingent upon the actions taken by the receivers (Langstrand and Elg, 2012, p. 856; also Roth and McGinn, 1998). In Saima's case, the constructed inscription, which displayed the state of treatment before and after the proposed actions, convinced the staff to such an extent that – on the basis of just one presentation – they began to act in accordance with Saima's (and the inscription's) suggestion.

Materialisation of multiprofessional insights

Instructions-in-the-making were typically communicated to and with the staff via some medium within settled venues (e.g. presentations in departmental training sessions). In addition, the new instructions became anchored more directly in the technological hardware of everyday working practices. Saima explained the most important multiprofessional 'countermeasure' during the project, which had eventually become embodied in the material design of the unit's registration system, and further into the template:

> We have our own registration system here, and we use kind of a template. With every patient, we choose an appropriate template, which helps us to look at what we have to consider in the treatment, it's like your own checklist. So we updated the template multiprofessionally, to correspond with the CCG. And we utilised [list of different health care professionals]. . . . We wanted to take a very wide-ranging approach. And we get the professionals inside our organisation. . . . And it is very concrete, when you choose a correct template, it is always the same, no matter who chooses it and where, it is the same.

Inscribing the interests and insights of the multiprofessional team into the template design was an effective way to enlarge the scope of the Lean translation. The templates in the registration system, which was already widely in use at the hospital, provided a familiar black-boxed sociotechnical 'script' (Akrich, 1992) through which the newly crafted instructions could easily be brought within the reach of every professional involved in the treatment process. No matter how experienced or inexperienced one was, which task one was performing, or where in the hospital one worked, one would only have to select the correct template from the software, and the encoded script would set out what one needed to consider with the patient. The template mediated the functions across occupational boundaries and enabled the long-distance coordination of activities between different professionals connected in the treatment process (see also Chapter 5).

Saima did not explain in detail how she had managed to engage other professionals in updating the templates. However, it is reasonable to surmise that their 'Lean collaboration' did not start from scratch but was an extension of the multiprofessional network already established around the CCG-based treatment of patients. Moreover, this multiprofessionality would validate further practices-in-the-making. While the CCG provides a vast array of desirable treatment ideals, it leaves flexibility for its users, as it does not give exact instructions on which ideals to pick or how to apply them in local contexts. Despite the evidence-based authority of the CCG, it was not an easy task for Saima alone to explain to staff why the unit should suddenly ramp up its ambitions regarding CCG-based treatment when this had not previously been an issue. To strengthen the impression that the

recommendations she had selected and applied from the CCG had a broad professional basis anchored in the local context, Saima needed to borrow the forces (Latour, 1987, p. 109) of the multiprofessional team. To this end, she produced another inscription:

> And when we drew the network map, many people were astonished. Really? Are all these [professionals] needed in the treatment of [ailment of a body part] patients? Because the map was quite extensive. It kind of opened their eyes that, well, this isn't such an easy job.
>
> (Saima)

The network map provided readable traces of the complexity of the treatment, with which Saima could make the staff aware of relationships and practices they did not even know existed. Without the network map, it would have been difficult for Saima to articulate why and how all the identified professionals and activities were (or should be) connected to the phenomenon. A map that was available to all participants in the situation provided them with 'a medium and object to think with' (Roth and McGinn, 1998, p. 42), thereby allowing the staff to make sense of the verbal argumentation for the new instructions. Thus, if any staff wanted to oppose the new instructions- and practices-in-the-making, they would have to question many things: the (scientific) authority of the CCG, Lean methods, measurement practices, the expertise of the multiprofessional team, and the whole factualised inscription. However, while many people aligned themselves with the inscripted new instructions, there were still some who opposed them from a practical point of view:

> Well, we got feedback like, 'You must be kidding, you really think that we should set out to carry out those kinds of things!' Because we had certain tests that are recommended to conduct with patients. For instance, a [name of the test] test. So we had quite a heated debate about the test, as the staff argued that we do not have time for this.
>
> (Saima)

In order to show that the dissenters' arguments were based on beliefs rather than facts, Saima measured how long it took to conduct the tests, thereby justifying their implementation:

Saima: And when we had the second presentation, the one in which we presented our observations, I said that now I have measured this and timed how long it takes to conduct the test. It takes three to five minutes.

Interviewer: What was the reaction?

Saima: Well, it was like, oh, really? It can't be! We put the test on the table, and I said that there are only few questions here in the test. It is easy to carry out. The impression was that it was

> tricky, but the reality was something else. . . . And when this becomes routine, these tests are really easy to conduct during the night shift, because you don't have to be with the patient.

By translating the set of embodied actions and competencies required for the test into a quantified form, Saima not only described reality as it was but also created a temporal standard according to which every employee should perform. Although she slightly opened the black-boxed measuring practices related to the test by going through the questions with the staff, she also concealed them at the same time. She went through the test questions under unrealistic conditions, in the classroom and on slides, but doing the test in the heat of actual care work is different, and the practical conditions are always changing. Ultimately, she herself admitted that it might be unrealistic to expect the test to be conducted under all circumstances. Later, she also added that not every employee conducted the tests in practice.

Corvellec and Eriksson-Zetterquist (2017) argue that simply receiving an idea and adopting it as one's own is not sufficient to bring about change within an organisation. If new ideas are to become institutionalised, 'everybody' must start to act upon it, translating the idea into day-to-day repeated actions – a routinised way of doing things (Corvellec and Eriksson-Zetterquist, 2017, p. 367). While many trainees, including Saima, told us that the outcomes of their projects were being used (at least partially) in their units, it became evident that they had not (yet) fully materialised into stabilised ways of doing things. Their temporally achieved stability was prone to collapse. For instance, Saima explained that the staff could not follow the new instructions without constant guidance: they 'forgot' about them, they made mistakes, and they easily slipped back into old routines (see also Papadopoulos, Radnor, and Merali, 2011). It required constant reinforcement and guidance from the trainees to keep their allies on track after their projects had been completed on paper.

Fourth and final stage of translation: is the mobilisation achieved?

Callon (1986) states that mobilisation, the final stage of translation, is the result of successful problematisation, interessement, and enrolment. In mobilisation, the network of relationships has been formed and stabilised, and the focal actor's proposed solution has gained wider acceptance, becoming temporally taken for granted (Papadopoulos, Radnor, and Merali, 2011, p. 173). So to what extent, if any, did the Lean procedures or new Leaned practices achieve the status of a black box that concealed the associations and practices upon which they were built? With regard to the materialisation of new Leaned instructions, Saima's case is a good example: her project's embodied outcome linked a number of processes, practices, people, digital infrastructures, areas of expertise, and other established networks and black boxes. However, it is too early to say whether these links will be sufficiently

enduring to form a stabilisation that is not dependent on any particular actors' efforts – such as Saima's constant reinforcement. Some links may last even without Saima, while others may be more prone to dissolve – for example, if she were to withdraw from the networked practice at this critical moment. Why? Because actors' capabilities in an emerging situation partly result from the network of previous relationships that they bring with them into the new situation (Latour, 2005). Furthermore, Saima's role, knowledge, and force in the network grew temporally over the course of her Lean journey (see Chapter 8), as she had to enter into encounters with new actors and activities (e.g. Lean idea tools, inscription practices) and link them to established ones (e.g. templates, the multiprofessional team) to form a new situated collaboration (see Chapter 5). Consequently, another temporary passage point (Callon, 1986) evolved around Saima herself, as she became the mediating link between the actors, activities, and relationships composed together. If she were to withdraw for some reason, an important 'binder' of the network would be withdrawn along with her. Who are her colleagues to ask if she is not there?

This raises questions about changes in responsibilities and power relations within organisations. While Lean training promotes collaboration, someone has to take responsibility for the Leaned processes – in Lean terms, to 'own the process'. For example, who are we to blame if something goes wrong? The focal actor or the consultants, both of whom may have finished their job and disappeared? The Lean tools? Colleagues? Or perhaps those in more powerful positions in the organisation – in this case, resistant middle managers and doctors, both of whom were clear minorities during the Lean training? From an ANT perspective, it is impossible to reduce responsibility to any single actor, but I venture to suggest that the responsibility in this case fell to the trainees, who had now become 'licensed' as their units' internal developers. It might be tempting to think that the Lean training network empowered these employees, whose expertise and gatekeeper roles with regard to development seemed to increase during the training. Their new role was far from easy, however. The new Lean training network definitely had links with broader networked practices and established relationships within the organisation, from which it borrowed strength to grow even bigger and more enduring (generating more trainees, more Lean projects, and more Leaned practices). But when it came to doing the projects and stabilising their outcomes, the training network still appeared to put considerable emphasis on individual workers' enthusiasm, initiative, creativity, and resilience. Lean training steers employees to embrace the full arsenal of their relational and cognitive capacities, as they need to juggle their roles as emotional labourers, psychologists, communication specialists, scientists, students, salespersons, and welfare service professionals in response to the call for resilient labourers within contemporary capitalism. Although Lean training may help to extend employees' professional capital, it also intensifies and further normalises welfare service workers' share of responsibility for the strategic aims, customer

value, and efficiency of the processes in a situation where some of the fundamental actors – money, human resources, the fluctuating nature of patients' diseases, and managers' full support – are shut out of the development network. This chapter's ANT-based network analysis has at least documented some traces for us to follow before the situation in health and social care becomes completely black-boxed.

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7 (Un)doing happy Lean

Affective configurations of humour and resistance in Lean training

Laura Mankki

> All new ideas and development projects should be seen as targets to attract resources, energy and enthusiasm. Development is super-enthusiastic, at least in my opinion.
>
> (Field notes, Lean consultant)

This extract foregrounds three elements that become attached to organisational development during Lean training. First, Lean training puts resources under the spotlight. Second, learning and adopting Lean means getting excited about something new, and it thus evokes emotions such as enthusiasm (cf. Jokinen, 2015). Third, although the aforementioned consultant does not describe it in detail, energy plays an important role in 'doing' Lean, and it arguably has similarities with affect. The term 'affect' refers to something that does not (yet) have a name but can be conceived as 'an active, moving relation, and a collectively formed and circulated capacity' (Karppi *et al.*, 2016, p. 3). Thus, affect or energy is not separate from other aspects of doing Lean but is configured together with resources and emotions. In this chapter, I investigate these dynamic configurations of Lean in their sociomaterial doings – specifically, in exercises and games practised during Lean training.

The process of learning Lean usually starts with trainees participating in consultant-led training sessions that include games and team exercises. This demands that Lean trainees adopt a bold mindset, throwing themselves into playing, learning, and doing new things. Lean thus exemplifies a mode of post-Fordist capitalist production whereby the elements of surprise, flux, and experimentation invigorate supposedly dead or inert production (Virno, 2004; see Chapter 2). In this chapter, I examine how implementing and learning Lean constitutes what Hardt and Negri (2009, p. 140) call 'intellectual, communicative, and affective means of cooperation' and emerges in 'productive encounters' among people. In the context of Lean training, this means that employees' enthusiasm, humour and playfulness as they emerge in encounters among (human) bodies are crucial to the translation of Lean into welfare services (see also e.g. Fineman, 2004; Peteri, 2019). Furthermore, although the 'productive encounters' are not directed from outside

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(Hardt and Negri, 2009, p. 140), play, misbehaviour, games, and humour are engineered during Lean training through a variety of provocations by 'funsultants' (Fleming, 2014, p. 879).

Today's organisational culture increasingly attempts to mobilise and monetise the emotions, and this risks colonising our appreciation of the emotions rather than enriching our understanding of their potential (Fineman, 2004, p. 72). For this reason, I want to consider whether the emotional and affective potentials that biocapitalism seeks to extract (see Morini and Fumagalli, 2010) might also encourage us to rethink worker resistance anew. I will show that while humour, playfulness, and the capacity to become enthusiastic, feel, and play can be used to control workers, they can also assemble resistance.

However, investigating resistance in connection with Lean implementation is a tricky task, for many reasons. Lean itself opposes organisational hierarchies and monotonous work, instead advocating work processes that encourage workers to challenge their everyday routines, make experiments, and think creatively. Lean has become an attractive management model that emphasises workers' voices and participation as part of the new management style. It motivates workers to be critical and think outside the box, including with regard to its own operationalisations and practices. Managers have even used Lean's Japanese-derived conceptions of empowerment and teamwork to block workers' collective resistance and unionisation by claiming that Lean already involves workers in the cooperative resolution of work-related problems (Mehri, 2006, p. 24). Moreover, in the context of public welfare services, Renita Thedvall (2019, p. 11) points out that Lean management is promoted as a tool to make work not only more efficient and of higher quality but ultimately also more joyous. I therefore argue that Lean is not just a mechanism of hope (Thedvall, 2017) but a 'happy object' in Sara Ahmed's (2010a) sense – that is, a social good that is considered to produce well-being and happiness for people. Inspired by this notion of happy objects, I investigate Lean as a happy object that circulates during training by promising well-being and 'happiness' (see also Hunter, 2022). This promise of well-being and happiness is experienced, learned, and 'animated' (Stewart, 2007, p. 11) through affective encounters among trainees as they play games, solve puzzles, and perform other exercises that are meant to evoke enthusiasm, good vibes, and energy. Furthermore, through these affective encounters, Lean becomes 'sticky' (Ahmed, 2010a): it gets under one's skin, and as such, it becomes difficult to resist.

During the training sessions I observed for our research project, humour emerged in ways that started to trouble me. I could see from our field notes that we had sensed and witnessed humour while conducting the ethnography; I also had my own recollections of humour as an embodied affectual encounter in the field. However, it was difficult to get a grip on this humour: it seemed to smooth the atmosphere and act in therapeutic ways (Bolton, 2004), but it also seemed to trouble the doing of Lean. This ambivalence of humour became my starting point, both while conducting the fieldwork and while analysing the data.

For decades, research on working life has studied humour as a vital source of worker misbehaviour and resistance, including in welfare service contexts (e.g. Burawoy, 1979; Collinson, 1988; Griffiths, 1998; Bolton, 2004). However, this chapter takes a somewhat different approach to humour and laughter, drawing from affect theory. My investigation of humour attempts to understand not only the forceful but also the molecular, the small movements and capacities of bodies that become mobilised, generated, and assembled (Emmerson, 2017; Sundén and Paasonen, 2019). The chapter also employs the notion of affective dimensions of resistance (Hynes, 2013). In doing so, it goes beyond dichotomous notions of resistance, seeking to capture a dimension of resistance that works in between the overt and covert, macropolitical and micropolitical, individual and collective. For instance, the affective approach to resistance focuses on the power transitions and mobilisations of bodily potential that operate below social actors' conscious perceptions and subjective emotions (Hynes, 2013).

Thus, this chapter discusses humour as entangled with resistance. It shows how humour is configured as an affective force that does not necessarily comply with the desired affective atmospheres of Lean management but instead galvanises, manipulates, and displays emotions, atmospheres, and bodies in ways that assemble resistance. Humour's potential to emerge in multiple and unexpected ways (Emmerson, 2017; Christensen, 2020; Sundén and Paasonen, 2019) may offer affectively attuned critiques of Lean's monetisation of emotions and affects (see Mankki, Aho, and Hirvonen, 2022). In what follows, I consider humour not so much as a (re)source of resistance but rather as an open process that enters configurations with affects and resistance. Humour emerges in cooperation, connecting and disconnecting bodies during Lean training exercises. Employing an affect-theoretical approach to humour and resistance and analysing ethnographic field notes from a year-long Lean course aimed at welfare service workers, I ask: how is Lean (un)done as a happy object in affective configurations of humour and resistance?

Investigating humour and resistance through affective loops

> This brings us to a second potential limitation with the concept of biocracy, that of worker resistance. There is a danger that the concept becomes too totalising and thus omits conflict and opposition from the analysis. Since life itself is such an expansive notion – especially if it is now the vehicle of power – we need to develop better understandings of how workers might oppose, contest and reverse these trends.
>
> (Fleming, 2014, p. 892)

In this section, I take on the challenge Fleming poses here, and I attempt to develop a theoretical framework with which to analyse workers' resistance to biocapitalism in the context of Lean implementation. I will first discuss what I mean by affects before outlining how affects, humour, and resistance come together in my theoretical framework.

Although it is difficult – and sometimes unnecessary – to distinguish between emotions, feelings, and affects, Eric Shouse (2005) provides a useful analytical separation among them. According to Shouse, a feeling is related to personal biographical experience: one has a distinct set of previous sensations on which one draws when naming one's feelings. An emotion is the social display of a feeling. Emotions express one's internal state, but they are often also modified to meet social expectations. By contrast, and referring to Brian Massumi, Shouse understands affects as the non-conscious, unformed, unstructured, and unnamed intensities that emerge at certain moments. Affects contain and express the potentiality of situated human and non-human bodies, or, as Shouse (2005, p. xx) puts it, 'affect is the body's way of preparing itself for action'. I also find it useful to conceive of affect in a way that emphasises the mundane, silent, and subtle workings of affects that emerge in encounters between bodies (Seigworth and Gregg, 2010, p. 2). As I will discuss later in the chapter, such encounters include silences.

How does Lean training call on biocapitalism, and how does it become lived and contested? I employ the affect-theoretical approach sketched earlier to answer these questions. More precisely, I look at what Kathleen Stewart (2007) calls 'ordinary affects' and how the ordinary affects we experience in everyday life are put to work and into play through Lean exercises. By 'ordinary affects', Stewart (2007) means the intensities that emerge in everyday life, which operate by 'picking up' densities and moving through bodies and other social 'worldings'. In addition, affects have multiple functions: they build intensities and make thoughts and feelings possible; they point to the 'tangle of potential connections' (Stewart, p. 11) and to the 'jump' of things coming together, albeit only temporarily. In addition, according to Stewart (2007, p. 11), the way one attends to affective events produces identities, bodily states, and public feelings that should be evaluated not as 'good' or 'bad', but as 'powerful and mixed'. Most crucially, in my view, with regard to the function of ordinary affects, and as biocapitalist forces themselves have come to understand, ordinary affects 'give things the quality of a something to inhabit and animate' (Stewart, 2007, p. 15).

Lean training activities evoke ordinary affects of which trainees already have embodied memories, either from their everyday encounters with co-workers and patients or from other spheres of life. Although it is difficult to capture the potentiality of affects in terms of resistance, I suggest that there will be more room for a nuanced analysis if we jettison binaries such as compliance/resistance or micro-resistance/macro-resistance. It becomes possible to observe the nuances of resistance if we look at affective atmospheres, tones, and encounters and what happens in them.

I have chosen to follow humour as a troubling empirical finding or 'hinge'. Humour's potentiality of resistance rests in its capacity to emerge in relational, atmospheric, and excessive modes (Emmerson, 2017, p. 2087). I therefore employ the idea of affect as something that evades discursive capture and refuses to conform to expectations (Fotaki, Kenny, and Vachhani,

2017, p. 4). Humour's excess of affects may generate not only therapeutic modes – for example, helping workers cope – but also new modes of corporeal and affective critique that emerge in surprising, unintended ways and cannot be reduced to the therapeutics of workplace humour (Emmerson, 2017, p. 2087; Fotaki, Kenny, and Vachhani, 2017).

During our fieldwork, humour emerged in-between bodies in different combinations in Lean training sessions, including during plenary discussions, small group work, coffee breaks, and while participants waited for the class to start. Laughter could emerge openly, or it could be more sudden, something we researchers sensed and took part in with our bodies, either by laughing along or by suppressing our laughter. However, laughter is not reducible to the intentionality of the humorous agents (Hughes, 2016; Emmerson, 2017, p. 2085); rather, it is actualised in encounters between people and things. Nor is humour reducible to laughter. Laughter can be a sign of humour but also of other types of doing, such as what I call 'murmurs', which is a mode of applied humour. For instance, while workplace training sessions usually took place in happy, enthusiastic, and playful atmospheres, murmurs of the banal reality of everyday work could create a more grimly humorous atmosphere. While these darker atmospheres were only temporary (see Sundén and Paasonen, 2019, p. 2), they were still disruptive and critical of Lean's playful, happy call.

According to Emmerson (2017, p. 2093), laughter is a proactive, creative force that interacts with context-bound materials and social and affective forces. In doing so, it produces power relations with the capacity to transform the feel of the atmosphere and the things bodies can do within the space (see also Braidotti, 2011). Although Emmerson (2017) does not theorise humour, I attribute a similar potential to humour as Emmerson attributes to laughter. Besides acting as troubling or disruptive, humour as a contagious phenomenon – like laughter (Emmerson, 2017) – can also create spaces for a collective affective lift, as feminist thinkers Jenny Sundén and Susanna Paasonen (2019) have theorised in the context of the #MeToo campaign. Laughter and humour can break space and time in a way that creates not only collective humour but also potentialities for new materialisations of resistance as affirmative politics, thereby contributing to the development of 'a shared critique of power' (Scott, 1990, p. 21) and providing a starting point for social change (Gouin, 2004, p. 39). Furthermore, as I explain in this chapter, humour seems to emerge in the conflictual moments to which Ahmed (2010a) refers as 'conversion points', rendering alien the affects that Lean evokes. By applying an affect-theoretical reading of resistance and humour, I thus show that Lean exercises serve as complex affective configurations that trainees tune or plug into while (un)doing happy Lean.

In a previous publication analysing a Lean introductory course (Mankki, Aho, and Hirvonen, 2022), we showed that Lean was made attractive by being made 'common-sensible', that is, by putting to work general human capabilities such as the ability to feel, play, and cooperate with others. Our

analysis demonstrated that workshop participants were not passive objects of pre-orchestrated Lean exercises but actively took part in producing the affective flows and intensities they experienced. In this chapter, I will show that the affect-theoretical approach reveals yet another aspect of Lean implementation: Lean circulates not only as common-sensible but also as a happy object.

While collecting our data, we applied various ethnographic methods, including affective ethnography (Gherardi, 2019), which takes as its starting point the idea that all the elements – language, material objects, people, texts and so on – are intertwined and should be read together. While other chapters in this book focus on the role of sociomaterialities in Lean implementation, this chapter analyses affects, humour, and resistance from the perspective of human bodies (cf. Mankki, Aho, and Hirvonen, 2022). I see Lean exercises as 'snapshots', momentary configurations in which a variety of affective energies moved through and between bodies, producing not only continuous flows but also conflicts. To this end, the chapter analyses the ethnographic data from the starting point of tracing humour.

The initial aim of our research was not to study humour. However, during fieldwork, we found a lot of humour emerging in-between the Lean course participants, including us researchers. We were already interested in the atmospheres, emotions, feelings, and affects of Lean, and we also paid attention to laughter, humour, and similar intensities as they emerged, documenting them in our field notes. My close reading and analysis of all our field notes identified multiple modes, intensities, and traces of different kinds of humour. Sometimes, such as during Lean games and intense discussions, but also during breaks, the humour intensified and became affective, a therapeutic, troubling, and resisting force that 'did' something on the course. Furthermore, as I analysed the data through the lens of affect and the idea of 'happy Lean', I started to notice certain turning points or conversion points (Ahmed, 2008, 2010a) in the data. In the next section, I show how tracing humour and its workings enabled me to find the loops and entanglements where humour and resistance came together in affective configurations.

Humour and resistance coming together

During the first meeting of the Lean training course, we researchers talked with one of the course organisers. He was particularly excited about one of the Lean consultants who was going to be teaching the course. He described the consultant as follows: 'This man [Harri] defended his doctorate on Lean. He is a good guy and has a good sense of humour'. It became clear that course organisers were familiar with the difficulties faced by previous attempts to implement Lean in the welfare service sector, and they also seemed to know what measures would be required for the implementation to succeed this time – including having a proper Lean expert with a good sense of humour. Humour was recognised not only as an important characteristic for a Lean

guru but also as a way to make Lean attractive to welfare service workers, who themselves tend to have a strong, dark sense of humour as they work on matters of life and death (Sanders, 2004, p. 274). The first time Harri met the course participants, he was immediately asked if Lean was fun, to which he replied: 'At least for me, as a person with a master's degree in science and technology, Lean is very fun, since Lean is about process management through data, facts and various indicators'. This humour, fun, and playfulness were evoked in various exercises throughout the course. However, at the same time, (scientific) Lean was itself exposed to humour and resistance, as I will show.

Attuning to happy Lean: emotional labour, repetition, and ugly feelings

On one training day, the trainees were put into teams and asked to practise lead times by using an easy puzzle meant for three-year-olds. Although we researchers did not take part in the game this time and only observed, we recognised it as very similar to exercises in which we had participated during a previous Lean workshop (Mankki, Aho, and Hirvonen, 2022). Because we had experience with the game from previous training sessions, we were able to attune our senses to the game's affective configuration. Previous fieldwork had already taught us how to 'pick up' the various intensities circulating through team members' bodies. What we observed with one of the groups was that at first people were very excited about this practical game with its apparently simple goal and rules: the puzzle had to be laid out on the table, the pieces had to be mixed up, and then the puzzle had to be remade within the set time of 15 seconds, as the consultant explained. This set-up meant that everyone in the group wanted to contribute to a shared goal, and they became emotionally attached to the joint effort.

During the first round of the game, the pieces were broken up, and several pairs of hands tried to complete the puzzle. After the first round, the consultant asked each group to report their results. The group we had observed had scored 35 seconds. They were very disappointed and seemed nervous about how the consultant might respond. However, as each group fed back its own results, the women in our group relaxed: their result was not bad at all compared with many of the others. Thus, although the results were made comparable and evoked all sorts of emotions, for our group, an anticipated bad result turned into a good result, making Lean and the measurement of their performance a happy experience. This was a well-orchestrated game: the composition of the participants, the puzzle, and the consultant started to mobilise and direct the players' feelings towards Lean as a happy object, something that promised well-being and was worth working for (Ahmed, 2010a).

After a second round of the game, during which our group once again failed to achieve the target time, the women in the group seemed to become stressed. At the same time, they started laughing – perhaps as a means to

ease the stress – and made jokes about their performance. One woman wondered aloud how they might improve their results. She came up with a new strategy: they could first find the puzzle's corner pieces, and then split up so that some people in the group would look for right places for the green pieces and others for the yellow pieces. By coming up with the idea of using colours to divide up the 'work', they were already playing the game according to Lean techniques (see Thedvall, 2015), albeit without realising it. This step in the game pointed directly to the idea of Lean as common-sensible (Mankki, Aho, and Hirvonen, 2022): it mobilised and advanced the general, creative, and cooperative capabilities of human beings. Furthermore, while one woman wrote down their new strategy (as the consultant had advised), another woman made a funny comment: 'Hey, now we have this multiprofessional team here'. Thus, although the women were practising Lean by doing a simple puzzle, they started to reflect on and identify their doings according to their actual roles in working life. Others in the group confirmed this compatibility by tuning into the good atmosphere and laughing out loud at the comment. As one researcher put it in her field notes, 'the good atmosphere, the little excitement together with the challenge seems to motivate the group to continue with the game'.

During subsequent rounds of the game, other affective flows could be sensed emerging as the game's composition threatened to fall apart. The enthusiasm that had been present at the outset began to turn into something else as the women became frustrated with their results, which were not improving. For instance, during one round, one of the pieces fell onto the floor, resulting in time lost (waste) as they tried to retrieve it. They started to wonder if there were too many pairs of hands in the group. One woman started to call herself a butterfinger, while others tried to comfort her. Thus, not only were different affects mobilised by the game, but they also were managed by the emotional labour of the women participants, who tried to keep the flow of happy Lean going. However, it was difficult to maintain the right atmosphere and to focus only on one's own results. Although the small groups had not been told explicitly to compete with one another, they could all hear each other's reactions around the room, and this had an affective impact. The noise and happy squeals of the other groups made the atmosphere in my group all the more desperate. However, during the final round, one of the women in the group took on a soothing role, talking and giving instructions in a calm voice. Immediately, people in the group became less frantic, and this led to a much faster completion time. After achieving a good result, the person who had taken on the soothing role reflected: 'The ward nurse always says to me that I have a voice as soft as cotton wool'. Others in the group laughed at this spot-on metaphor. During this round, the atmosphere had progressed even further and the game's affective flows and intensities had accumulated, resulting in a hilarious atmosphere. This in turn led to an affective leak in the sense that even when the consultant asked everybody to stop, our group still wanted to continue the game.

After everyone had finally stopped playing, the consultant asked the trainees to reflect on what they had learned and ran through the main points of the exercise. He emphasised that although most people usually remembered the puzzle game itself, the most important things to remember were the new skills they had learned during the game. He presented these skills as oriented towards the result of happy Lean: first, one needed to have a clear analysis of the current situation before starting to apply Lean principles; second, experimentation during the process was allowed and encouraged. Then the consultant said that if the goal was achieved, this would result in a cry of 'yippee!', and people were allowed to get excited about Lean because that 'small psychological thing' (as he put it) was the most crucial thing of all.

Although, in principle, the puzzle game could have been played by anyone and required no specific professional knowledge, what happened during this training session was that the players started to identify and refer to roles from their actual working lives. Humour not only emerged as a lubricant between participants but also had the capacity to highlight less obvious interpersonal and asymmetrical power dynamics (Christensen, 2020, p. 502). For instance, one participant realised that the game required capacities and roles similar to those she employed in her actual work with others – that is, emotional labour. Furthermore, my analysis of the game shows that the participants became affectively attuned towards happy Lean not only through affective flows but also by virtue of repetition. Happy objects become affectively charged through repetition (Hunter, 2022; Ahmed, 2010a), which is also the main technique for learning and doing Lean. Through affective encounters such as these, Lean becomes sticky, an embodied way to manage oneself and others. The participants in the game learned not only to do Lean but also to govern their emotions – including ugly emotions – in order to achieve their target. As the consultant explained at the end of the game, the target was the 15-second time, and it was only when that target was achieved that the feeling of happiness would emerge. Although the game evoked a wide variety of emotions, and the process appeared to accept them all, only some of those emotions were rewarded. Finally, the game example shows that Lean relies on and increases the need for emotional labour, including the therapeutic humour without which the whole process would have fallen apart as people became frustrated and stressed (see also Kamp and Dybbroe, 2016).

Too-efficient and gendered doings of Lean

Another exercise, which followed similar affective flows to the puzzle game described earlier, contested the idea of Lean's efficiency. The trainees were asked to do Lean using Lego bricks to represent patients. The idea was to learn how to measure the flow efficiency of the care chain by counting how many patients they could discharge within a given time.

Before the game started, the participants were divided up according to roles familiar to them from their working lives: surgeon, doctor, nurse, etc.

As the game began, people actively used their bodies and walked around the table where the Lego bricks were placed. Their task was to simulate a patient care chain by moving a Lego block from one 'station' to another, in the right order – from the receptionist to a nurse, onwards to a doctor or another expert, and then to discharge, at which point the patient (or rather, the Lego brick) would have gone through the whole care chain. However, to make the game even more realistic, the consultant sometimes shouted 'urgent patient', which meant that participants needed to know how to adjust the process on the fly, adding more pressure to the game. After an intense game, the group reflected on their apparently good results with one colleague who had not wanted to play. The colleague came over to look at the results and said with a wink: 'Gruesome result! This must be a private hospital'. Another man, who had played the game, replied: 'Assembly line work, this is not very human-centred'.

Compared with the puzzle game, which relied on general abilities that most people would have, the Lego game was more complex and more relevant to the context of the trainees' professional work. As a result, not only did the trainees' professional skills and practical knowledge become a crucial part of doing Lean, but workplace humour – perhaps unexpectedly – 'jumped' (Stewart, 2007) as an affective force into the configuration of the game, changing the circulation and flow of happy Lean into something else. As the aforementioned example illustrates, although the trainees succeeded in this rather unrealistic game of care chains and patient treatment, it also opened the situation up to something the consultant had not anticipated – namely, a sense of humour that facilitated a conversion point, turning a good result into a bad one. Although the humour emerged as situational and spontaneous, the example reveals that humour also stipulates and contains knowledge (Christensen, 2020). The humorous comment shut down the exercise and stopped the circulation of happy Lean.

At this affective conversion point, the ideal of Lean as scientific – as based on measurements and facts – was challenged on the grounds that it did not bring happiness to the customers (or the workers?) and eliminated 'humanism' – the one thing that should be at the centre of care work (McCann *et al*., 2015). The game failed to circulate the idea of happy Lean insofar as the trainees 'recognised' that a Lego brick was totally different from a complex patient who actually needed emotional and professional care. If one focuses only on measuring time – that is, on eliminating all negotiation and friction – the work process may become (in one trainee's words) 'assembly line work' of the kind typical of the automotive industry. In other words, by throwing themselves into the Lean game and plugging into its affective configuration, the trainees were exposed to Lean's biocapitalist call; but on the other hand, that same gesture of throwing oneself into the game also made it possible for them to unplug. While becoming affected during the exercise, the trainees simultaneously also acquired embodied critical knowledge of Lean.

Another humorous feature throughout the course was the constant drawing of contrasts between the management of male-dominated and female-dominated sectors. The following episode shows how gender was put into play when the discussion revolved around different organisations' management cultures:

> The emergency worker is slightly provoked again and uses humorous wording. He wants to underline the difference between the emergency service sector and the health and social care sector, in the following way. He tells us he is from a 'caveman organisation' (on previous occasions, he has called emergency services a 'sledgehammer organisation') and says they have no customer orientation at all. The consultant comments that the lack of customer orientation is probably because there are so many laws and obligations that control emergency work, and those 'cavemen' don't know how to deal with customer orientation (some people chuckle at this point). The emergency worker goes on to say that he comes from a men's world where things are done using the sledgehammer technique. He then explains why he and his colleagues are taking part in the course: he is interested in seeing how to do things in a civilised way here.
>
> (Field notes)

Such laughter at 'masculine' management styles came to emphasise Lean's supposed compatibility with 'feminine' leadership styles (see Aho and Mankki, 2023). At times during the training course, the laughter and humour that emerged from this (in)compatibility made it difficult to highlight any criticisms of health and social care sector management. Nevertheless, the jokes laid the groundwork for the dark, heavy humour that emerged during the course. The 'caveman' joke was a gendered form of workplace humour that took on an ambivalent meaning. Although male management was openly laughed at – including by the consultant, who repeated the funny word 'caveman' – it simultaneously offered the men something from which they did not have to separate themselves entirely. It thereby provided an affective lift (Sundén and Paasonen, 2019) for the men to plug into in situations where Lean started to irritate them because it was too soft or 'feminine'. Although the emphasis on 'sledgehammer management' highlighted an awareness of problems in a male-dominated sector, it simultaneously put the female health and social care workers in their usual position as kind, compliant and cooperative (Bolton, 2004). However, the women invoked different images of themselves and the sector, which I will discuss next.

Undoing happy Lean: interrupting, refusing, and rerouting humour

During the Lean course, one of the organisers told us researchers that they had chosen not to put the hard-core Lean training at the start of the course

because it might scare the trainees away. Instead, they wanted trainees to begin their Lean journey by grasping the interactional and other 'soft' skills that would be vital in enabling them to act as Lean agents within their organisation. Ulla, one of the consultants, explained the themes she was going to introduce on the first day of the course:

> Ulla explains that we need to know how to sell and marketise things as well as to have an effect and get people to commit. Today the main theme will be people. We will work in teams, and so it is about humans.
>
> (Field notes)

During Ulla's training day, the space and bodies were used in creative, playful ways. For instance, in one exercise, she asked trainees to use their own bodies to illustrate the stage they had reached with their project work by standing along an imaginary line on the floor. In another exercise, which introduced a theory about personality types, the trainees took turns to 'move' Ulla's body according to an imaginary dichotomy in order to illustrate the type of person they thought she was. The idea of this exercise was to invite trainees to self-reflect as well as learn how to identify colleagues' personality types. To enhance the high-spirited classroom atmosphere, Ulla had brought along a squeaky rubber duck that she squeezed to indicate when time was up. Ulla liked to put herself into play and expose herself to 'mistakes'. She explained that her approach to teaching differed from the more hierarchical, old-fashioned teaching methods, as the next field note extract illustrates:

> Then Ulla asks the trainees to place her on one of the axes (human- or issue-centred). People are commenting, 'We can't because we don't know what you're like at home'. Ulla answers: 'I have usually been placed as human-centred, and for me it means that I sometimes talk nonsense. I could just give you a lecture, and that would be quicker. However, I'm not going to ask about your relationship preferences, for instance'. The gang laughs.
>
> (Field notes)

In this setting, humour and playfulness emerged as a joint effort of the mobilised bodies and Ulla's careful orchestration of the training as she balanced between lightness and seriousness. The first training day seemed to be a success in that it made people unafraid of Lean, instead getting them excited and eager to continue the course. Lean started to act as a happy object as it was experienced as affective and sensational (Ahmed, 2010a, p. 33). A relaxed, enthusiastic atmosphere emerged, making Lean stick (Ahmed, 2010a). For instance, people said they had started to think about Lean not only at work but also elsewhere – at home and, in some cases, even in their sleep. However, this soft management atmosphere also took other turns. As people become more relaxed and the groups become more intense, the humour spreads in more diverse directions.

The main principle behind the Lean training course was to learn how to identify ways to provide value to the client (patient). This principle was constantly practised during the course by means of various exercises. For instance, at one point, the trainees were asked to discuss in small groups the elements that constituted (good) client experience in their work. Päivi, one of the consultants, declared with surprise and delight that 'these material, cultural and emotional elements cost almost nothing'. Lean as a happy object suddenly became intertwined with the idea of Lean as a financially wise and attractive solution for the chronically under-resourced health and social care sectors. However, when the trainees started to unpack the small group work, the flow of happy Lean was interrupted:

> The third group explains that the disability service waiting area is dreary. One of them says: 'You get the feeling that you are not appreciated, and no one considers potential new employees and their reactions'. Another group member adds that they have 'tried to do something, but the money is running out, there is a hole in the floor, it is dark, and the entrance door is locked'. Someone shouts from the other side of the auditorium: 'It wasn't our clients' (referring to people with substance abuse and other problems, against whom the door might have been locked). People laugh. The group members continue, saying they have tried to get this issue into the budget. Päivi doesn't know how to answer other than to say: 'Well, you can do something small there'. One person backs up the first speaker and wonders aloud how to recruit and attract workers, referring to the waiting area in question as a 'corridor of death'. . . . Then the hospice nurse joins the discussion and comments that they have problems with the space: 'On one side of the ward there are people in palliative care, and on the other side there is another ward where one can hear Jätkänhumppa [traditional Finnish dance music] being played, and the relatives are somewhere in-between the two wards'. She adds sarcastically that it is difficult 'to get feedback from a client' in the afterlife.
>
> (Field notes)

The flow of Lean as a happy object was interrupted when two realities were juxtaposed: the implementation of Lean as a zero-cost solution and the situations the trainees described. Although the humour that emerged here may have acted in a therapeutic way (cf. Bolton, 2004) and even softened the critique, it nonetheless enabled participants to speak about the lack of resources (material, staff) they faced in their everyday work environments. Humour also acted as an affective force that forged connections between different trainees and their experiences in different wards. Indeed, the trainees made jokes that drew from their everyday work and dark workplace humour, thereby excluding the consultant, who had no professional knowledge of the sector and was thus treated as an outsider. Moreover, the dark humour and professional experiences entangled in the aforementioned example turned

Lean as a happy object into a target of laughter. As the example reveals, not only was the Lean principle of client feedback contested, but the Lean emphasis on providing value to the client was also problematised: in the case of palliative care in particular, the person receiving treatment is not always the only client, but the family too, and thus the need for care may continue after the treatment has ended. These are just a few examples to illustrate the contestation of Lean's simplified ideas about the focus on the (rational) client. Although this and other simplifications could be used to activate, mobilise, and provoke trainees' knowledge, emotions, capacities, and humour (Deal and Key, 1998; Fleming, 2014, p. 879), sometimes the gap between Lean's simple ideas and the reality was too wide, and the evocation of lightness and humour could backfire.

Furthermore, the emergence of affective resistance in (somewhat) polite humour did not only prevent the stigmatisation of trainees as 'resistant to change' – a phrase consultants often use to downplay critique (McCann *et al*., 2015, p. 1562) – in front of their colleagues and supervisors; it also enabled consultants to save face in front of the audience. Thus, resistance could indeed help to keep the atmosphere light and therapeutic, maintaining the flow of happy Lean in affective encounters. Nevertheless, as the aforementioned example has shown, the intertwining of such humour with the trainees' everyday reality challenged the notion that Lean cost nothing, instead highlighting the uncomfortable fact that care (and Lean) costs money. Thus, the humour interrupted the flow of happy Lean, perhaps leaving participants with ambivalent feelings. Finally, while the example shows that humour works as an affective force, it also demonstrates how conversion points emerge when bad feelings are converted into good ones or vice versa. It is these conversion points that enable us to understand how a process of alienation from happy objects, affective communities, or atmospheres can take place (Ahmed, 2010a, p. 37). My next example investigates this further.

Although the therapeutic dimension of humour remained as the course progressed, the humorous, playful atmosphere gave way to seriousness on some occasions, especially when trainees' attempts to implement or advance Lean had led to unfortunate experiences. Sundén and Paasonen (2019, p. 4) investigate how the turn to seriousness can sometimes play out as a last resort for feminist humour. In my next example, the everyday reality of working life interrupted the flow of happy Lean and created a dark, grotesque, and absurd atmosphere, albeit only temporarily (see Sundén and Paasonen, 2019, p. 2). An intense discussion between a consultant and the trainees about how to implement their new Lean ideas in the workplace revealed how humour could take different forms in different contexts, making it a risky business:

> Minna [a trainee] says that [the organiser] gave them an assignment where they had to think about indicators, and that she had sent emails not only to the doctor and her supervisor, but also to the computer wizard with whom they had been working on the indicators. However,

> the supervisor and the doctor did not respond to her, even though she sent several emails. Minna goes on: 'I could not continue to develop the fucking indicators'. She is clearly devastated. Päivi [the consultant] replies: 'Sometimes you just have to take it on the chin. Or you can just put out a message saying that I will proceed with it if there is no answer'. Some people's laughter can be heard from other parts of the auditorium, which gets Päivi excited after a moment of despair, and she continues: 'You can go there dressed up as a clown and get attention [from the supervisor and doctor]. If we have clarity and certainty on issues, we will not consider this as inappropriate, but as a challenge. It may not be easy to swallow all this, but I hope you will let these words of mine sink in'. Minna does not reply or laugh.
>
> (Field notes)

Although the consultant tried to encourage Minna, who had worked hard to put across her ideas and had followed the course coordinator's instructors, the consultant failed to maintain the atmosphere of joy and playfulness, mainly because Minna was not amused. Minna here might be identified as a 'feminist killjoy', in Ahmed's (2010b) sense – someone who refuses to laugh and make others happy. The sudden, obvious change in the atmosphere revealed the mobilisation of bad feelings that are usually hidden, displaced, or negated behind public signs of joy (Ahmed, 2010a, p. 39). Minna killed the joy insofar as she refused to share an orientation towards certain things as good: for her, the objects that had promised happiness did not appear to be quite so promising. Her reaction, and the actions of others who joined her silence, not only killed the light atmosphere but also enabled Minna to sustain her own self-worth. Furthermore, the flow of happy Lean was challenged when Minna refused to participate in the play(fulness). The humour and playfulness that had supported the doing of happy Lean now turned into alien affects such as silence. Those alien affects in turn pointed to fractures and failures in the Lean training course's attempt to tap into and extract the living and (non-)communicative (anti)sociality of human beings.

After this episode, the trainees were put into small groups to discuss and reflect on how to give feedback in the workplace:

> Minna asks her group if all that was a bit too much, but the others think it's good that she said all that out loud. Our group is quiet. I ask Minna if she is going to do the assignment, and she says she probably won't do it, that she has already done everything she can, and she continues: 'It would feel a bit . . . like, how far should a person stretch?'
>
> (Field notes)

Although the plenary discussion had not led to open solidarity with Minna, some kind of affective solidarity had emerged as others had joined her silence. Now, during the small group discussion, Minna's colleagues showed

their support for her more openly. Overall, in the small groups and during breaks, the trainees could criticise the Lean course more openly, albeit often mediated by harsh and infectious humour. For instance, after the episode described earlier, which was followed by another exercise in which trainees learned how to 'sell' their projects, a few of us researchers joined Minna and a couple of other trainees for a coffee break, and we continued to discuss the difficulties of implementing Lean from below:

> I sympathise with Minna over the example she gave of how her supervisors had not participated in taking her project forwards. After this we joke about the sales pitch exercise. Minna demonstrates her elevator pitch with a hand gesture, slowly raising her middle finger. We laugh. I throw in as a follow-up, 'Well, it's easy for others to repeat, then'. More laughter.
>
> (Field notes)

A certain teasing humour started to stick and infect us researchers, particularly when the course was coming to an end. Thus, in line with affective ethnography (Gherardi, 2019), we researchers took part in modifying and sensing, being affected by the humour that emerged during the course.

To sum up, the humour that emerged during the course – whether in plenary discussions, small groups, or spaces outside the classroom – produced different affective tones and forms of resistance. Although the atmosphere remained enthusiastic and supportive until the end of the training course, Lean was also contested and challenged. Moreover, the conversion points marked by silence, seriousness, unhappiness, or dark humour did not constitute endpoints, but instead were fractures that revealed the emergence of affect aliens and alien affects (Ahmed, 2008) that could not be domesticated by Lean's invocation of biocapitalism.

Concluding remarks: alien affects as bodies' potentiality for resistance

> A still is a state of calm, a lull in the action. But it is also a machine hidden in the woods that distils spirits into potency through a process of slow condensation.
>
> (Stewart, 2007, p. 18)

My experiment in 'being with and becoming-with others' (Gherardi, 2019, pp. 741–742) during the Lean journey led me to think about workers' resistance from the point of view of affect. Furthermore, by tracing the loops of humour, my analysis revealed that as Lean is exposed to humour, playfulness, and banal, ordinary affects, it not only circulates as a happy object but also becomes undone, making Lean an uncertain and somewhat precarious collective endeavour. Doing happy Lean required an enormous

quantity of pampering, boosting, resources, energy, enthusiasm, and work from multiple actors.

Before I make my final remarks, let us return for a moment to the Toyota factory. The affects and feelings that emerged during this Lean training course – which was aimed at Finnish public welfare sector workers – sometimes reminded me of the Japanese Lean management culture discussed by Mehri (2006). According to Mehri, in order to understand Japanese Lean culture, one needs to understand the important distinction between two elements, namely *tatemae* and *honne*, on which Japanese business and working culture are based. *Tatemae* refers to what one is supposed to feel and do; *honne* refers to what one actually feels and does. Although our research setting was entirely different from Mehri's, the distinction between *tatemae* and *honne* may help to explain the peculiar feelings and atmospheres we felt, participated in, and observed during the Lean training course. Indeed, it was precisely the tension between *tatemae* and *honne* that evoked the humour and made the affective conversion points available for study. The Lean ideals – zero cost, sheer creativity – were the *tatemae*; the workplace realities – the lack of resources, which made the trainees feel so frustrated – were the *honne*; and both became affectively present during the course. Furthermore, the conversion points we detected arguably pointed to losses in Lean translation: as Mehri (2006, p. 27) remarks with regard to the Western enthusiasm for the Toyota production system, such enthusiasm may be based on a failure to discern the *honne* within the *tatemae*.

One thing that is easily lost in translation when Lean is implemented in welfare service work is alien affects – the uneasy, complex, and ugly feelings that emerge in killjoys, silences, murmurs, or excessive humour. I wonder more generally whether such alien affects can even be translated at all since they manifest themselves not as productive encounters but as affective lifts, affective solidarity, or affective leaks. However, these affects were crucial in that they pointed to the limitations of a management trend that sought to organise welfare service work more 'efficiently'. Furthermore, the alien affects that emerged at conversion points during the games and exercises discussed in this chapter reveal that Lean cannot be taken for granted as a happy object. By participating in games and creating playful, hopeful, and enthusiastic atmospheres, trainees were able to plug or tune into affective doings of Lean in ways that simultaneously also evoked critical views of Lean implementation.

By following humour as a troubling 'hinge', I was able to understand how the manipulation, pushing, and turning of affects in new directions contested the implementation of Lean. The trainees did not necessarily become alienated from their work by playing these games (see Mankki, Aho, and Hirvonen, 2022); rather, ordinary affects (such as excitement and frustration) were turned into alien affects that stopped the circulation of happy Lean. This suggests that the workers became alienated not from their work or their encounters with others (which in fact brought joy, as Chapter 8 will show)

but from today's working culture, which implicitly 'nudges' every worker in every (class) position to constantly learn new management skills in order to make their work more efficient. Thus, alien affects point to the flows and intensities of biocapitalism and post-Fordist production, which circulate through the bodies of not only workers but also consultants and managers.

Trainees were constantly asked during the course to challenge their ways of feeling and thinking and to think about and reflect critically on Lean. Open critique is something that Lean strives for and actively invites, exemplifying how Lean takes elements that were previously considered unproductive or disturbing (Fleming, 2014) and puts them to work for the development of the organisation. The emphasis on giving workers a voice can sometimes miss this crucial point: when workers speak up, this poses new risks for workers in biocapitalist organisational culture. The affective resistance that workers experience together in the training situation may continue to travel as embodied affective remains, and it may reassemble in encounters outside the training – resulting, for example, in the refusal to complete Lean assignments, as we saw in one of the aforementioned examples. Therefore, maybe the alien affects I have discussed in this chapter should not automatically be regarded as negative; they may be more ambivalent – between happy and sad, or good and bad – and mark something that is emerging. Something like Stewart's (2007, p. 18) 'still', a potency, or, as Shouse (2005, p. xx) puts it, 'the body's way of preparing itself for action'. Ultimately, perhaps what I discovered was that affective dimensions of resistance, including humour, are not an endpoint, not a 'voice' or a result, but a precursor of action: a potentiality for resistance.

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8 Affective encounters in welfare service work

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Affects have long been explored as a crucial element in the field of labour and management studies. The concept of affective labour sheds light on how workers engage their affective capacities while working alone or together, with or without patients or customers (Dowling, 2022), in virtual settings, and with(in) managerial and technical devices. The concept of affective work also emphasises that work is always embodied, mental, emotional, corporeal, verbal, and non-verbal, and it is often performed to intentionally produce moods, sensations, and feelings, such as enthusiasm, inspiration, motivation, excitement, or a sense of being cared for. As Dowling (2022) reminds us, affective labour produces relationships and subjectivities, ways of being in and seeing the world. Finally, affect can be used to govern – to manage moods and modes of conduct (Dowling, 2022). Working subjects in a variety of positions are governed in ways that include affective elements, and the term 'govern' in this context encompasses a spectrum from the ordinary management of everyday performances (such as creating a value stream for hospital plasters) to the governance of whole populations (such as imposing pandemic restrictions).

As a gendered practice, affective work or emotional labour has an ambivalent history. The concept of emotional labour was created to describe work performed mostly by women, such as air hostessing (Hochschild, 1983; see also Veijola and Jokinen, 2008). Like Western philosophy and political thought more generally, studies of work and management tend to presume that affectivity should be avoided in political decision-making and in the government of institutions or working environments. This assumption rests on and maintains an ontology of binary oppositions:

rational	affective
public/political	private
production	reproduction
labour	free time, everyday life
mind	body
reflective	habitual

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men	women
masculine	feminine
human	non-human

The saddest aspect of this binary ontology is its inherent hierarchy: the left-hand column has suppressed and continues to suppress the right-hand column, in diverse but internally connected ways. To give a banal example: according to this ontology, women are more emotional than men; rational thinking is something other than and separate from affect; men think rationally, while women should be excluded from spheres that require rational thinking (politics, production, public life). While everyone knows that life is more complicated than such binaries and hierarchies suggest, they continue to govern us, probably because they are convenient for those who most readily fall into the left-hand column, that is, white, heterosexual, economically, and politically powerful men. Meanwhile, the concept of affect retains its ambivalence in work and management: women are damned if they talk about affects and equally damned if they don't.

More nuanced, radical, and rigorous ontologies are available. In Chapter 2, we introduced theories of affect that do not rest on hierarchical binaries such as reason/affect or mind/body but instead presume that these factors all work together and call for one another. Nor do these affect theories accept the Western idea of individuals as 'islands' who make their own decisions and exist separately from one another. Instead, these theories understand affects as forces that are enacted when bodies have encounters. Affects are lines or flows from bodies to bodies; they travel in between bodies, and they move bodies and minds in manifold complex ways. Those ways are contingent but not random. There is a path, but there are various crossroads and sidetracks too. As for agency, these affect theories regard it as relational – or even more radically, they suggest there is no agency at all. There are only encounters, potentials, and becomings. Plus, of course, there are individuals who feel and become affected and who can often describe what they have experienced, what they feel, and what they know. However, these individuals are not subjects in the sense that they produce the world around them. Rather, they are products of that world: situated 'individuals', various deadlocks, and strategic formations in the open field of affect (Deleuze, 1988; Braidotti, 2006; Viren, 2018; Robinson and Kutner, 2019, p. 112; Kolehmainen, Lahti and Lahad, 2022).

In this chapter, I theorise affect as enacted in encounters in order to explore what happens during everyday performances in public welfare work. I draw especially on Deleuze's (1988) reading of Spinoza's *Ethics*, introduced in Chapter 2. In what follows, I will briefly rehearse the main points and review how previous research has used Spinozist-Deleuzian readings to study affective configurations in organisations and management. I will then focus on the affects and affective encounters that can be identified on the front lines of public welfare work. What do workers do on the front line, and by what means?

Encountering other bodies and ideas

In Deleuze's reading, Spinoza's main idea is simple but precise: life is about affecting and being affected by other bodies. When a body encounters another body (or an idea another idea), sometimes they combine to form a more powerful whole, and sometimes they disintegrate. In the first case, the encounter increases the potential to think and act; in the second, the encounter decreases the potential to think and act. This potential to think and act is called 'conatus', that is, the desire to live and survive. The combinations that enact the potential of conatus are joyful encounters, whereas decompositions make us sad. People cannot just decide to enter joyful encounters, but if they are wise and their conduct is ethical, they will facilitate spaces and times that increase the possibility of joyful encounters – for themselves and others. We can organise our encounters so as to 'join with whatever agrees with' our nature, combining our 'relations with relations that are compatible with' our own and thereby increasing our power (Deleuze, 1988, p. 23).

An important aspect of joyful compositions is that joy is affirmative; joy encourages more joy. People enthuse together, and they might develop all sorts of flow experiences together – unless they become overenthusiastic and burn out. Spinozist ethics thus entails an acceptance of organising and facilitating interconnections between the self and a multitude of other forces, which in turn requires an ability to deal with complexity without becoming overburdened (Braidotti, 2006, p. 138). If one becomes overburdened at 'a time in which personality, subjectivity and self are put to work' (Trott, 2017, p. 119) – such as the time of biocapitalism – the affirmative whirl can easily switch from joy to sadness. Such encounters then make us smaller and sadder.

As well as making ontological claims about the centrality of bodies and the parallel importance of affects and ideas, Spinoza offers methodological insights into how to study the doings of affects, conatus, and the multitude of forces, even when these are not easy to see or narrate. Affections (joy, sadness, etc.) are enacted in other bodies and in encounters, and they enhance conatus, but we only know and recognise these passages as becoming greater or lesser. What we know is thus a feeling of continuous encounters, a feeling of being affected. The continuity of changing encounters also means that, in fact, there are no individuals or individual agencies, only various formations and decompositions of already complicated compositions. However, the flow of decomposition is interrupted when bodies talk – for example, in a research interview. In most cases, talking bodies – that is, 'individuals' – are well able to describe what they know about (for example) their work, how they feel about it, what makes them joyful and what makes them sad.

Finally, a Spinozist-Deleuzian understanding of life and living (including work) as a flow of encounters between various bodies enables us to exceed, or at least interrupt, the ontological map of hierarchised binaries between body and mind, rationality and affect, reflective and habitual, labour and everyday life, masculine and feminine. The forces that are enacted in encounters and

movements of bodies are always combinations of both rational and irrational, emotional and calculative; they are compositions of ideas and habitual layers of human existence; they bind together the modalities that we obliviously identify as feminine or masculine; they criss-cross the border between human and non-human.

Joy and sadness in management

Spinoza has inspired several studies on management and governmentality. In particular, his philosophy of affects and joy has been widely used. According to Spoelstra:

> Spinoza is the Christ of critical management studies because of the hope he offers to a field that is dominated by fear and critique. Critical management scholars know how dangerous organizations can be: they oppress people according to abstract principles such as Return on Investment, Customer Satisfaction and Total Quality, and they consider human beings to be a resource to be utilized for their sad ends. Spinoza also knows all this, but insists on the possibility of good organizations, and his whole philosophy is a way of asking the question, 'What is a good organization, and how do we establish it?'
>
> (Spoelstra, 2014)

While Spolertsa's portrayal of critical management studies is probably a provocation, it demonstrates how smoothly Spinoza's affirmative thinking can be turned into a positive: the assumption is that joy will always be pleasant if we can just learn to use our potential. From another direction, Ben Trott (2017) discusses Spinoza's sad affects in the context of emotional labour in capitalism. Trott builds a theoretical toolbox to explore and overcome alienation in circumstances where the measure of value and the object of struggle is not work's temporal duration but its intensity. He suggests that with a Spinozist understanding of affects at work, we can explore organising material encounters between bodies and their joining together through the construction of 'common notions' and reason, as well as a more 'real' understanding of the social world and our location within it. Trott (2017, p. 125) mentions feminist consciousness-raising groups as models for the development of new material bonds of 'class consciousness' – sites for creating common notions.

Jakonen *et al.* (2017) explore co-working spaces as affectual encounters – or as they call them, following Deleuze and Guattari (1980), assemblages – that push knowledge workers into flow and motion, thereby enabling the formation of new kinds of heterogenous and ever-changing work communities. The intentional goal behind such spaces is to boost the forces of production by putting people into spaces of serendipitous encounter. Jakonen *et al.* (2017) consider material motions that come from outside, such as sound, light, and the warmth of the sun; these motions have effects on us and cause

sensations, feelings, and ultimately emotions and passions once they have been individually and socially interpreted. Referring to Spinoza's *Ethics*, they write:

> We sense these motions as affects that basically cause two kinds of motions in us: we either go towards those things that cause pleasant affects in us, or we try to avoid and move away from those things that cause bad affects.
>
> (Jakonen *et al*., 2017, p. 237)

Exploring three workplace case studies, Jakonen *et al*. (2017) find that all of the workplaces in question attempt to create motion to enable encounters, and the crucial aspect of working is to balance between participation and non-participation, that is, encountering and not-encountering – not encountering too much and too intensely.

With regard to research on governmentality, Kantola, Seeck, and Mannevuo (2019) suggest that Spinozist-Deleuzian affect theory teaches us that regimes of governmentality are not exclusively rational tactics; instead, they are both rational and affective milieus. This approach makes it possible to analyse impersonal affective and economic forces rather than individualised emotions. These 'in-between' forces increase or decrease our capacity to act. Further, Kantola, Seeck, and Mannevuo (2019, p. 766) enhance this approach with ideas taken from Foucault and Massumi: the Foucauldian dynamic between danger and security in the governance of liberal regimes and Massumi's idea of 'priming', that is, how subjects are 'modulated to act appropriately through conditioning triggers, such as threats of layoff and promises of communal feeling'. Using this framework, they study how top Finnish executives in the global metal and paper industry described the transition from national to global markets during the 2000s, and especially how layers of governmentality were crafted as affective milieus:

> The liberalizing markets created sad feelings because they generated insecurity and ruptured old affective alliances. Yet at the same time, the executives ventured into operations trying to increase joyful feelings. In our case, the management systems aimed to instil positive feelings for the future, worker motivation and communal activities. The executives' accounts showed how the new management techniques entailed promises to create joyful affects and encounters and communal feelings in their organisations and, in the Spinozan-Deleuzian vein, to increase employees' motivation and commitment.
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> (Kantola, Seeck and Mannevuo, 2019, p. 766)

Jakonen *et al*. (2017) and Kantola, Seeck, and Mannevuo (2019) are among the very few researchers to put together a Spinozist-Deleuzian approach with empirical data such as the testimonies of people who have experienced

encounters (in these cases, knowledge workers and top executives). This was a direction I too wanted to take: I asked front-line workers what it meant to be in the vital and continuous flux of encounters while performing care work. I did this from an angle opened by the concepts of sad and joyful encounters and compositions that enact what Spinoza calls conatus and the power to act (or agency, as it is generally called in social studies). Indeed, this was what Marx – and Foucault – recommended that researchers and economists do: go to the industrial front line (such as the factory shop floor).

> [See] how the person who works uses the means available to him. . . . We will have to study work as economic conduct practiced, implemented, rationalized, and calculated by the persons who work. What does working mean for a person who works? What system of choice and rationality does the activity of work conform to?
>
> (Foucault, 2008, p. 223)

This focus on workers' front-line actions, collectively created affective and cognitive forces, and what Marx (1973) calls 'the general intellect' underlines the specificity of labour power in capitalism. Without the labour force, there would be no production, no value creation, no workplaces, and no wealth. In biocapitalism, affective encounters surface and move to the centre of value production, and Lean is a vehicle – perhaps a major vehicle – to translate that tendency into workplaces. What does this mean in an environment that is already full of encounters – that is, welfare work, with its focus on care, nursing, well-being, and anticipation?

Conatus on the front line

In what follows, I first use interview data to describe practices that are common and therefore often taken for granted, silent, unseen, and non-indicative, but which nevertheless combine or decompose bodies while people are working. Next, I concentrate on episodes that were especially connected to Lean and were narrated by front-line workers. This allows me to follow Lean's diverse roles in affective encounters and its action as one of the parties (or bodies, in Spinozist-Deleuzian terminology) in encounters. The underlying questions throughout are: when, if at all, does Lean create compositions (joy), decompositions (sadness), or forms in-between? Is Lean invested with the power to increase encounters that make actors joyful and pave the way to further wise and ethical work performances? Or does Lean work in the opposite direction, and if so, under what circumstances?

The data I use in this chapter consists of 28 interviews with 14 front-line workers in public welfare care. The interviewees included nurses, nutritionists, paramedics, and many more. (See Chapter 2 to learn about the data and methods in more detail.) We conducted the first interview round during the initial phase of a Lean training course provided for a voluntary selection of

employees in all locations and ranks in a public welfare organisation in Finland. The second interview round was planned to take place after the end of the training course, but COVID-19 intervened, and the participants' coursework assignments were left partly unfinished. On the other hand, COVID-19 increased common knowledge about welfare organisations' vulnerability, and about the fact that these organisations had already been quite 'Leaned' even before the training course. Moreover, the pandemic revealed that people, work, logistics, and many other processes, materials, technologies, and viruses were intertwined, travelling, and encountering.

All 14 interviewees described multiple episodes where the dynamics of composing and decomposing situations could be identified. They talked about situations where one body encountered another body, or one idea another idea, sometimes combining with it to form a more powerful whole, sometimes decomposing it and destroying the cohesion of its parts. We did not ask upfront about feelings, emotions, or affects, let alone conatus, but the interviewees named various emotions, describing (or trying to describe) often non-specific emotions and spirals of affects. They did this, for example, when answering questions about the mundanities of their work ('please describe an ordinary working day'), or when they were asked to elaborate on the pros and cons of their job. Let us give the first turn to Varpu, a head nurse:

> [We have] a pretty good working atmosphere, some small things may lurk under the surface, but I think we have a good working team, and it is really nice to work with them. It is really good that we can talk pretty openly, communicate with the group. Also about the difficult stuff.

To quote Varpu's own words, she was 'interested in everything'; in Spinozist-Deleuzian terminology, she was open to becoming affected. She described how she consciously tried to organise a space for encounters:

> My door is always open, when I do not have any private things or other stuff that cannot be discussed with the door open. I always have the door open, and I at least aim to behave and act in such a manner that I can be easily approached and that I know where we go and what my subordinates do and what happens in the modalities and other stuff, too.

Varpu was concretely accessible to affective and other encounters: her door was open, and she tried to *know* what was happening. She also tried to be open in a more metaphorical sense:

> I kind of at least try to keep my mind open and receive what they [her subordinates] tell me, since after all they know their work best, and I am the apprentice here, so it is quite a delightful situation, although it is a demanding situation.

She went on to say that the COVID pandemic had resulted in a conscious maximisation of affective (or sensual) encounters: 'All one's senses were open all the time', and 'we discussed really a lot with the staff about these [Covid-induced] situations and anticipation and the best ways to anticipate'. She said she had observed that the care staff (i.e. nurses) had created a good spiral among themselves, but 'our doctors, our connection does not play very well, and the consultant has not spoken out at all'. Many other interviewees also elaborated on this situation: it was difficult to connect across professional borders (see Chapter 5). When we asked Varpu to say more about why it was difficult to connect to doctors in particular, she mentioned hierarchies and the silences they fostered:

> In care work, after all, there exists a certain hierarchy, which has persisted. It feels ever more that the medical doctor is the big man and a supreme god there. And especially surgeons, of all the doctors, and nurses still do what doctors tell them.

Professional hierarchies, the non-encounters that result from them, and the inability to speak out in difficult situations all diminish the collective forces to act. We can also detect a possible decrease in conatus when doctors do speak, since they do not speak as equals but instead use their hierarchical status to issue commands.

Anniina, another nurse, also reported some ordinary work-related encounters:

> We have there the ward office, so we eat there since we need to keep our eyes and ears open constantly, because of the patients' well-being. We cannot be in that separate coffee room, but we go to the office so that we can all be together.

While the seven nurses Anniina talked about kept their ears and eyes open for encounters with patients, they also created an affective milieu by discussing travel and dogs (the latter were a favourite topic on the ward, as several of the nurses owned puppies):

> That kind of jovial, relaxed discussion we had there. And here and there, between coffee drinking, we went and checked, since one of the patients had alarms going off on her device, so during coffee we went and dealt with them.

Although an outsider – or an eager Lean developer – might complain that sitting, drinking coffee, and chatting about travel and dogs is wasteful and should be stopped or avoided, we can see here that it is vital, and we can also see the logic behind its vital nature. If the working collective do not

socialise among themselves, it will be difficult or impossible for them to create opportunities for joyful, embodied (sitting together) encounters, which in turn enable conatus to whirl, which in turn mobilises good thinking and acting at work. Indeed, Anniina had noted this in practice: she said that during the morning breaks, 'although we are next to the patients in the morning, we barely discuss patient affairs then', and 'work business is discussed more in the afternoon', in a separate office.

Arrangements to enable embodied and joyful encounters are rarely visible in company strategies, policy documents, or recommendations (Jokinen, 2023). Many interviewees reported arrangements on the front line that blocked the affirmative flow of affects. Iita, a clinical expert, described meetings where 'most people seem to be in a hurry to go somewhere else, and it is hard to have a say', which in turn decomposed the encounters into sad affections – such as 'getting cut off' when she tried to present a new pathway model for patients' lifestyle advice. Iita had pulled herself together professionally and remained silent, and she later discussed the situation with her supervisor. But it had preyed on her mind, and she identified the 'feeling of being hurt in the situation too', which she linked to the tendency towards permanent improvement (an important feature of Lean) and the constant haste that goes with it: 'Part of the staff is maybe tired of this permanent improvement'. The logic of decomposing encounters in daily care work can also run as follows: enthusiastic, talented, and professional workers plan and do a lot to improve work processes, whether through Lean or by other means, but no time or other immaterial resources get budgeted for the improvement work, which gives rise to hassle and a sense of haste, and consequently often also to the feeling that one has been unheard, disregarded, or even silenced. This circle whirls into sad passions and bad work performance. Nothing unleashes conatus, and affirmation melts away.

In addition to haste, interviewees mentioned several other hindrances to good working encounters: a jobsworth culture, a culture of fear, cynicism, negativity, and vague rumours. The latter were usually connected to the ongoing national reform of health and social care, which was expected to exacerbate welfare organisations' current situations. Elsa, an emergency worker, described in detail how the culture of fear adjusted conatus and killed potential forces:

> Unfortunately we have here in our working community some culture of fear, that we don't necessarily dare to talk aloud and among ourselves about these experiences you have had, or [you've] found unequal treatment but you don't dare to speak aloud, because you are afraid, for example, that you will be transferred [from the city centre to the villages] or that you'll get punished if you go and talk about these matters, for example, about the way the shifts are distributed, it is like shit coming from there if you open your mouth in the wrong place.

Technology as another body

Several interviewees reflected on technology as part of their job. In its various comings together and keepings apart, technology played a major role in the dynamics of affective encounters. Pauli described the geographic information system adopted in the emergency services:

> We had analogue systems, which enabled two independent channels at best. Now we have a discussion space with tens of different talk groups. Various public authorities can discuss and agree about which talk group to go to. Like the police, emergency, social work and so on. The range is digitally chopped up, and this enables an almost infinite number of spaces there. Then we got this geographic information system when the GPS was freed from the US jammer, and we receive location information in our units, so we can see where they are. And then we have the supporting systems, like if we have a wildfire, so I can see where it is and how the units can get there, with what delay times, and I can transmit my thinking, say, to the unit leader, that your area of responsibility is there, I am able to sort of draw it on the screen, and without seeing me the unit leader sees that the border of their area of responsibility is here. And it [the geographic information system] turned the whole system upside down, and then came the drone fad, so that we get an aerial picture of the places and can transform that too.

It is often assumed that technology helps or hinders human interactions, and that it acts as a vehicle for composing or decomposing affective encounters. However, the Spinozist-Deleuzian approach proposes another view of technology: technology is another body, or perhaps a group of bodies, that comes together with humans and encounters human bodies. Gadgets and programmes may not have feelings or an ability to engender conatus, but they do encounter people in various ways, and these encounters engender a multitude of forces, affects, and modes of action. Such encounters may diminish, increase, or dramatically transform conatus. Pauli went on:

> And earlier, we used to talk about the rock of leadership on the front line, that was the fire marshal up there at the highest point, and he tried to see from there, and then he shouted, or tried to supervise via walkie-talkie. So, in a way, the management of the situation has changed to a digital mode, so that we do it electronically. The fire hose still looks very much the same, but this revolution in knowledge, and revolution in knowledge transferal, is a big deal.

Pauli used the words 'white knight' to refer to a labour arrangement whereby the leader used to be on the front line (another war-related image), 'riding a white horse and saving people', and felt happy about it. But then technology

arrived and rendered the leader's territorially embodied presence unnecessary. Ensio, another emergency service worker, similarly described the ethos of emergency nursing as 'the swish of the hero's cape', used the words 'adrenaline rush' to refer to the embodied feeling of emergency work, and said 'we did hard stuff' to refer to the verbalisation of collective affect after an emergency episode. All of this was lost, he said, when the leader supervised from the office (or even from the kitchen table), as had become commonplace thanks to new technologies. When we asked Ensio whether these things – the cape, the adrenaline, the heroic feelings – could be achieved from the office, he laughed and replied:

> No, it does not work from there, or you would have to be incredibly talented, to be joyful about other people's success, because it kind of entails that you get your own hands dirty, meaning that you are there on-site to lead, if you want to take credit for the work done.

Technology radically changes the way affects move and enact agencies. Leading an operation from the office via technology is probably more efficient than leading it in a hero's cape on-site, but it is difficult to achieve 'big' agency or the rush of conatus. Ensio reflected upon whether that sort of agency was selfish, making a link to ice hockey: 'If you manage to score a good goal, then you can get something similar, with the energy bursting out as a shout that damn, this was well done'. The interviewer suggested: 'Embodied feelings?' Ensio agreed with this suggestion, adding that there might be 'high fives' in the office later. As Ensio himself suspected, all of this went to the heart of masculinities and the embodied, gendered values of care work. Conatus may have no sex or gender, but gender nonetheless 'vibrates in the field', as Haraway (1991, p. 195) puts it: high fives in the office might be one of the virtues of hybrid masculinity (see Chapter 3). The concept of hybrid masculinity (Bridges and Pascoe, 2014) foregrounds how inequalities and gendered hegemony are (re)produced and obscured through the selective incorporation of 'soft' or inclusive elements typically associated with women or other subordinated groups. 'High fives in the office later' brings together the super-strong masculinity of ice hockey and the soft, feminised idea of debriefing and supporting one another after the battle.

Affective encounters with Lean

Scholars in the field of ecology have suggested that Spinozist-Deleuzian bodies also include non-human aspects of life: animals, rivers, and stones. We can then ask what new situated 'individuals' – or 'common notions' – are composed in encounters with animals, rivers, stones, or mountains (Hurley, 1988, pp. i–iii). Lean too is an ambivalent, multilayered, polyphonic body that can be invited to encounter humans and non-humans – and occasionally does so uninvited if the decision to join the 'Lean journey' or 'become a Lean

organisation' has been made outside the working community itself. In either case, Lean arrives with multiple promises. On the one hand, it is marketed as a rational or common-sense tool for reorganising work processes so as to save time and resources. On the other hand, Lean encourages workers to use their life potentials – their sociality, minds, and senses – and preferably to do so as members of a team that is more than the sum of its parts. Thus, Lean is to be encountered, but it also reorganises affective encounters when it arrives on the scene. Lean reorganises the routes of the often routinised compositions and decompositions, joys, and sorrows of work performances.

Malabou's reading of Spinoza reminds us:

> Joy increases the power to act, increases the intensity of the conatus, widens its scope. . . . Sorrow, on the other hand, dampens, diminishes and restricts this power. . . . This endeavor [conatus] is adjustable; it can be tuned like an instrument; joy and sorrow play it like a strange moving keyboard, making it resonate or muffing its tone.
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> (Malabou, 2012, pp. 21–22)

If Lean is supposed to enable people to work better and think in new ways, joyful encounters should be advanced and sorrowful encounters avoided in order to sustain a powerful collective and organisational conatus. Indeed, this is what Lean promoters claim. They promise that workers will be able to (in fact, must) continuously develop their own work in whatever way they think is best; they encourage workers to break down bad routines and learn new ones; they push workers to work together and learn everything so as to be able to rotate tasks; they encourage workers to get excited together and learn together. In the previous section, we saw Ensio's eloquent description of the individual, adrenaline-fuelled, heroic knight, but ultimately, Lean wants workers to be even more than this. As Ensio rightly surmised, this requires a lot of talent and learning.

This plunges us straight into the biocapitalist logic of value promotion: surplus value is extracted from the whirl and spin of affects, bodies, and conatus. Lean constantly operates at the edge of good, joyful encounters and exploits people by demanding affect in action. Pauli, who came from the authoritarian working environment of emergency medicine, gave a good description of Lean ideals as he came to see them during the Lean training course's famous Lego exercise:

> Well, the time allocated for discussion soon came to end. . . . But then we discussed more, and then the resource, the potential revealed itself, when some of the women figured out that wait a minute, why does this person visit the reception desk twice? Is this something we are allowed to change? Well, it would never have occurred to me, because it is in the instructions, in the directive, that this is done this way and that is it. It is

> typical in the sledgehammer organisation to be this kind of moron who does exactly what he has been ordered to. But there was something, someone free, and it enabled people to think and encouraged them [to ask]: why does this person go to the reception desk twice? . . . It is an interesting element here, how people dare to break the rules. Since with us [in emergency medicine] it is not allowed. It is extremely punishable. That you disobey the orders of a supervisor. It is jail, a dressing-down, a warning and other things. But here a small disobedience is encouraged. It is tolerated to criticise things and reflect upon them. It is very novel to me.

Pauli identifies the 'small disobedience' as something that emerged from encounters during the exercise, which simulated a real-life situation on the emergency unit. This creation of value from a small disobedience – the outcome of an encounter with Lean – can be interpreted as a biocapitalist design. In Leaned work, which encourages and presupposes creativity, anticipation, co-working, and social and emotional qualities, a little disobedience is better than simply doing as one is told.

Many interviewees referred to Lean's promise to diminish the hierarchy among professional groups, which is clear and often rigid in welfare service organisations. According to Lean ideas, improvement ideally happens from the bottom up. In the welfare service hierarchy, this usually means that medical staff should somehow be induced to rely on each other and engage in not-so-hierarchical or maybe even not-at-all-hierarchical teamwork. Interviewees often described medical doctors as the professional group least likely to become enthusiastic about Lean. This was obvious since medical doctors are members of a long-established, prestigious, well-paid profession with plenty of autonomy and authority.

There was also general concern among interviewees about how to get their colleagues interested in and excited about (and with) Lean ideas. Varpu said she expected the Lean training course to give her the 'tools to engage people to make development', learn new things, 'develop herself', and 'be able to pay the joyful message forward' (although her choice of vocabulary in Finnish made it a little unclear whether she was being ironic). Iita developed the same theme:

> A part [of the staff] are maybe a bit tired of this permanent improvement. We have had really a lot of workshops and processes to get improved, and these client paths have been implemented, these training sessions should be attended.

One Lean formula states that everyone has two jobs: their actual job, as stipulated in their work contract, and the job of continuously developing that actual job. Iita and many others were worried not about this double

job – which most interviewees found exciting, at least in theory – but about the third job of getting their co-workers excited too. Maija explained that although she thought Lean might work, she still had misgivings:

> I think that it [Lean] has a lot of small things, which I have now tried, since I am a team leader, to [explain to the team members] that the team leader is not a director or boss or supervisor, but a member of a team, that I like to do things together, to solve things together, and the team leader is the one who wraps things up and gives the gist and so on. But we are all responsible, and I think that we maybe should make it clearer that everyone is responsible for the work when we are working, and more, there are no tasks that are 'not my job'. There are many small things that are difficult to explain . . . to make this more functional.

Maija wondered: 'How could we give a boost and a positive attitude to these people and to this work in the atmosphere of public negativity?' She went on to analyse the reasons for that 'negativity', by which she meant the public debate about the supposedly low quality of home care services:

> Well. It is a sort of rat race, certainly, since there is a labour force deficit here, and then the actual staff get tired, and then tiredness turns into anger and such. Very well, they try, and they endure, but I understand there should be more folk. I have been pondering that if one could make one's own attitude more positive, that might make the job easier and make it look different to outsiders too. It seems that the common notion, including nationally, is that there is always a rush and haste in home care and that there is no time for clients. Would it maybe be possible to turn it around somehow, in another direction?

Maija was in the midst of the affective logic of care work, and perhaps of work in general: to make work better and wiser, affective encounters should be made affirmative – positive, as Maija said – in order to foster conatus rather than a situation where the joy of work is sapped away by the managerial culture of improvement and efficiency. This brings us back to Spinoza's original questions about ethics. Spinoza maintains that people who strive to organise their encounters in ways that enable joy – thereby also enabling good thinking and living – are good, free, rational, and strong, whereas people who complain, make accusations, and do not try to arrange possibilities for joyful encounters are bad, servile, weak, or foolish (Deleuze, 1988). Lean thinking promises joyful encounters; but unlike in Spinoza's rationale and contrary to many of Lean's own promises in theory, encounters with Lean in practice often translate into individual sorrow and pressure because they do not enable affirmative forces to flow. Saara described her Lean encounters and the lessons she had learned:

> I have spoken [about Lean] with some, and many have said that I wouldn't dare to start, I do not have resources for this sort of stuff. They do understand what it is and what it is intended for, but they say that I would not manage, and I would not be able to get folks, with 'how awful if [we had] all that fuss and began to make phone calls and networking' [laughing]. I have heard this kind of comment from the girls, that they are not up for this, because they think it is too difficult for them, it is not their thing, that they prefer normal, when you don't need to change the practices on the ward. . . . I have tried to create this [understanding] that it is not so difficult, it may feel like it but it is not awful, but I have heard comments that is this is terribly difficult.

Encountering waste

One of the complicated compositions one might encounter while working in any organisation in the age of biocapitalism is the 'meticulous tendency of capital to deepen the mechanisms of surplus value through an expansion of the fields to which it applies its domination' (Fumagalli and Morini, 2020, p. 6). In this book, we suggest that Lean is a vehicle to expand the mechanism of surplus value into welfare work. Lean promises efficient, wise, and common-sense devices to develop work. It seeps into work performances that are already highly affective, adding to the 'emotional tug of war' (Dowling, 2016) of welfare work. Lean encapsulates a variety of promises and demands, which are often ambivalent and even contradictory: it promises standardisation but demands the continuous contesting of routines; it promises to pull down hierarchies but seems to be incapable of identifying hierarchies and levelling power differences; it throws people together and says, 'Act! Use your potential!', but it wants them to do so by diminishing waste. Indeed, eliminating waste is one of the key elements of Lean, if not the key element.

Waste is a manifold process. According the Lean six sigma procedure (Womack and Jones, 2003; see also Chapter 1), there are eight sorts of waste to be eliminated: 'defects' (products or services that are out of specification and require resources to correct), 'overproduction' (producing too much before the product is sold), 'waiting' (for a previous step in the process to be completed), 'non-utilised talent', 'transportation' (shifting items or information that are not required for the process from one location to another), 'inventory' (stock or information that is sitting idle), 'motion' (people, information or equipment making unnecessary motions due to workplace layout, ergonomic issues or the search for misplaced items) and 'extra processing' (any activity that is not necessary to produce a functioning product or service). That all sounds very clear. But it becomes hazy if we consider waste as part of a body called Lean that we encounter in daily life and if we assume that some of those encounters enact joy while others usher in sadness. Gatens and Lloyd (1999, pp. 103–106) note that it is impossible to know in advance which encounters will generate joy since one cannot simply plan for joyful encounters and good

alliances. This knowledge needs to be gained through experience, by trial and error, with only the passions of joy and sadness to indicate what might aid us or what might harm us. Gatens and Lloyd (1999) emphasise that joyful encounters need to be repeated: it is in this way that they leave traces in the body that later become the basis for the formation of common notions. However, in Lean, repetition is often identified as waste. Moreover, as Thanem and Wallenberg (2015, p. 242) note, alliances assume variation rather than sameness, and a body can only enhance its own capacities by connecting to other bodies with different capacities. This too contradicts the Lean ideal of diminishing waste by standardising processes. Trott (2017, p. 125) argues that the political and ethical project of organising encounters begins by organising encounters between the different spaces and places where emotional and affective forms of labour are performed. There are 'front offices', where professionals meet clients and other audiences, and 'back offices', where the marketisation of affect is sustained and often remunerated. Furthermore, the project or effort 'to increase our capacity to act' needs to develop shared understandings of how individuals impose limits on the emotional intensity of their working day or on capital's capacity to draw from the (distorted) commons of 'authentic' emotion and emotional relationships among colleagues, co-workers, superiors, and subordinates (Trott, 2017, p. 125).

As we have learned from the front-line workers' testimonies mentioned earlier, if one wishes to develop shared understandings and common ideas, a lot of initial and ongoing 'seemingly absent-minded floating attention' (Braidotti, 2006, p. 146) is necessary, including chat about dogs and holidays. I will end this chapter by looking at two detailed narrations of an encounter with waste. Anelma, an experienced nurse in her early 60s, said:

> The waste has not been defined at all yet. But when I paid attention to the relationship between the time the patient came in and the time the treatment began, that time does not involve a surplus according to my current understanding, since she is waiting for her treatment to begin. The range is between 11 and 49 minutes. So if I could reduce this time, the patient's waiting time, so that I would get it – or we could, since I am not doing this alone – down to half an hour maximum. I have no tools for that yet, nor any suggestions, but it is a sort of target.

The waste was non-specific as yet, but Anelma had tried to encounter it with the lessons she had 'understood' about Lean: the time patients spent waiting for treatment was waste, and there had been a discussion somewhere about reducing that waiting time to half an hour, without waste. Thus, Anelma was trying to see or identify the waste, then to decrease it, then to get rid of it, but so far she had no means or suggestions regarding how to do it. Looked at in this way, the encounter with waste seems almost violent: if you do not destroy waste, it will return and wreck the efficient value stream. Waste is lurking everywhere, all the time, ready to confront and foster encounters.

Paula, a service supervisor, provided an elaboration of her Lean implementation exercise. The long extracts from her interview presented in the following are displayed in the form of a poem. This makes them easier to read, emphasises the embodiedness and affectivity of the encounter, and renders Paula's voice as exactly as possible in written form. I italicise the points where I see waste lurking for an encounter.

And somehow it was very difficult,
of course the thing that I originally wrote it,
wrote it open that how it will happen,
and it felt that oh hell, this is totally senseless, this stuff.
And the most opening thing was *mapping* it,
what various stuff there is and how much.
Somehow writing it opened it, I was just writing,
how and in what stage, who does what,
and the, in a certain way I searched there about them,
I don't remember what they were,
but *what was this waste and waiting and something, what everything there were these, these*,
So it opened up also to myself that this is an endless swamp.

The interviewer then asked Paula how she had made her presentation in concrete terms, and Paula tried to explain the other ingredients of Lean and waste in detail:

I sent detailed materials to these [who had participated in the presentation assessment]: *two mentors, supervisor, process coordinator, clinical expert*,
I had *invited them* to this presentation,
just according to the *directions* about who should be at the first presentation.
From this *enormous amount of material* I had,
I picked the *most crucial ones*,
just for myself,
and if my memory serves me right,
there was *a map of stakeholders* and *profiles of clients*,
that is what kind of clients we have,
since after all we provide services,
we have various *fields of activity*,
and there are *different needs for supply staff* in different units,
and units are *geographically in very different sites*,
there are *various know-how requirements*.
Then there are in a way *profiles of units*,
[so one needs to sort out] how easy it is *to recruit workers from outside*.
Moreover, there are different *styles of supervisors, practices of anticipating*.

I made an easy chart, where there were divisions,
special healthcare, basic healthcare, social services,
where *special know-how* is needed.
And in this way I described the client profiles
and noted that *all the units hereabouts are cooperating in one way or another.*

But it did not end there. There were more instances of possible waste to encounter:

And I had made a list,
that this is how it was earlier, and this is now,
in other words, a list of what things have over three, four years,
what things have been *changed and developed*,
and it was a kind of *table*,
for example that before, *individuals* just did morning and evening shifts from Monday to Friday,
and now they do weekends,
and then there was a *night nurse*, who always works in several units [at night],
and how do the *supply staff* arrive, and how does the annual holiday planning work,
how is the *introduction to work* organised?
And I made a long, long list of
what sort of things we have changed over the years,
and then again, what kind of *wishes* there are
and what sort of things we have *experimented with*,
what *expectations* units have set,
and some things have been experimented with and then *returned to the old way* since it was not working,
and there are things that are *impossible to even experiment with*,
there have been *no resources* and *not a suitable system*.

Paula told us about practices of care work, which seem commonplace: appointing and taking care of patients; coordinating nurse's and other stuff's working shifts, but which turn out to be limitless in the sense of possible bodies arriving at encounters, and terribly time consuming. Production of new knowledge and possible affects is without end, 'too often chaotic or rhapsodic and provokes noise rather than meaning' (Moulier Boutang, 2011, p. 73). At the beginning of this chapter, Varpu described her attitude in work as being open: 'I always have the door open, and I at least aim to behave and act in such a manner that I can be easily approached'. It seems that, though promising common sense and streamlined work, Lean opens workers *too much*. The results are feelings of incomplete knowledge and an endless swamp.

In the beginning of the chapter, I referred to the ontology of binary oppositions, which render affects other (and lower) than rationalities, women other (and lower) than men, reproduction other (and lower) than production, everyday life other (and lower) than labour time, and mind other (and lower) than bodies. Biocapitalism, according to the logic of capitalism in general, looks relentlessly after new layers of potential value production also from these 'others' and 'lowers'. Leaning is a practice of disrupting the scene and, in theory, a tool for less binary and less hierarchical working performances, also in welfare work. However, depletion is a very common lived experience, or at least an anticipated condition, if we listen to the performers themselves.

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9 Conclusion

Lean as a radical attempt to reorganise welfare service work

Eeva Jokinen, Helena Hirvonen, Laura Mankki, Timo Aho, and Iiris Lehto

This book has examined the current social condition referred to as biocapitalism, which is a modulation of life and the economy whereby various qualities and potentialities of life itself are at the centre of (surplus value) production. Here, we focus on Lean, a set of ideas on how to organise work and labour, specifically as it applies to Finnish public welfare service work. Though Lean and other New Public Management (NPM) ideas of how to improve work and organisation are often considered rational and calculative, a closer look reveals that there are also multiple affective layers at work here that function together with rationalities and sometimes against them. One of the theoretical bases of the book is that, practically speaking, no human action or work 'happens' without acting and encountering parties being affected by other parties. It is worth noting that Lean, as a set of ideas to develop an organisation, intends to identify affects and put these effects into work. Thus, we face many multifaceted phenomena in this context.

It is not only the welfare service organisation or management culture that is facing a change in the Lean translation; Lean is also a radical attempt to modify the welfare workers' subjectivities. We have taken seriously the doctrine of Lean that demands that workers change their mindset to Lean and think (and feel) anew about their work and even their lives after being introduced to this way of thinking. We argue that Lean modifies and perhaps even replaces the entrepreneurial self of NPM with a new subjectivity that emerges in affective encounters with Lean. This new self embodies, becomes affected, and affects, and even contests biocapitalism and its call to put the whole life to work. In contrast to the modern hero who arrives at the scene, makes a quick analysis of the ongoing condition, leads others from the front, and saves those in need, in the Lean production model, autonomous, self-regulating heroes may even become obstacles; instead, Lean relies on the productive encounters of interdependent people and the outcomes of these *joint* configurations.

As suggested in this book, Lean promoters, to some extent and quite correctly, presume that Nordic welfare organisations are hierarchical Fordist factories that perfectly fit the ideals of Lean. Namely, health and social care organisations are premised on certain legislations, norms, directives,

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professional hierarchies, path dependencies, working cultures, datasets, and tacit knowledge, including silent rules that make the organisations inert but also stable. An organisation that provides care needs to be stable in several ways: relevant treatments need to be available, procedures for division of work must be established, and so on. Lean's mission to change the whole organisation into a *Lean organisation* is a huge challenge in a case like this. In this book, we have, among other things, investigated the way in which individual frontline workers are thrown into focus as Lean agents domesticate their ideas into daily work performances. In fact, Lean implementation does not take place in a 'Fordist' way, as a top-down change, but through workers who act at all levels of the organisation. The process of implementing Lean becomes diffuse, and Lean subjects constitute a constantly reshaping, living organism. In the same vein, Lean application in this context aims to bypass old hierarchies, power structures, and even the institutionalised welfare education system while inviting its consultants to the stage.

All models of capitalism are based on women's and other subjugated groups' labour, with various forms and levels of appropriation and force, and biocapitalism is no exception. Accordingly, we have analysed gender in detail throughout this book. Biocapitalism, in general, and in the form of Lean, is a condition which exposes gendered working bodies as living material to surplus extraction. Work and gender are not fixed, since neither biocapitalism nor Lean rely on fixed labour or fixed working arrangements – nor on fixed gender arrangements, such as clear and stable identities, or on identities at all. On the contrary, what makes biocapitalism, and for that matter Lean, a radical or even revolutionary system is its attempt to interrupt and poach the moving, emerging life itself, in all its various potentialities, capacities, and desires, which can be called the *conatus*, as discussed in Chapter 8 in particular. Biocapitalism may enact ruptures in the unhappy ontologies and hierarchies of gender, but it also opens up even more complicated and delicate sites for gendered forms of force and oppression. For example, it is easy for the groups that are lower in the hierarchy to be expected to be more attuned to lowering and crossing borders between professions. We noticed that 'nurses', a profession coded as feminine, were assumed to absorb Lean and move their co-workers to become excited about it, whereas 'doctors', male-coded professionals, had a chance to step back and remain silent – indeed, at a distance, as we hardly saw any doctors during our research.

Regarding the research subjects, we both intentionally and accidentally encountered a multitude of individuals, institutions, ideas, and other nonhuman aspects that cultivated our knowledge of Lean, work, and gender. The intentional corpus of encounters consisted of ethnographic fieldwork conducted at Lean workshops and training events, interviews with Lean consultants, interviews with frontline welfare service professionals who participated in training events, and visits to Lean organisations' workplaces. During our fieldwork, we were quite surprised to find that Lean was discussed and implemented not only in scientific and managerialist terms but also in reference to

the common sense notions, affects, and sociomaterialities of everyday life as they materialised, for example, in puzzles and clothes pins and with reference to the Finnish Martha Association, which is an organisation known for common sense home economics. Instead, we were not surprised that gender was, to some extent, disregarded by trainees and consultants in the field. In the cases of both common sense and gender, we needed to understand that to see anything important, we had to seriously consider the details, embodiment, and the mundane. While becoming aware that gender emerges as multiple and 'vibrating' entanglements, we were able to evoke and discuss the gendered workings of Lean in the field through the interviews and in the research as a whole.

Gendered workings of Lean

While gender lurks everywhere on the scene, we were able to identify several sets of intertwined dynamics regarding how gender works with Lean. To begin with, Lean must be translated into welfare service work in a way that appropriates, modifies, and recontextualises various gendered expressions, associations, styles, resources, and practices, and this generates a *hybrid masculinisation* of Lean. This concept highlights how gendered hegemony and inequalities are (re)produced and obscured through the selective inclusion of 'soft' or inclusive elements that are typically associated with the 'feminine', women, or other marginalised groups. This double movement of hybrid masculinisation creates the impression that Lean is inclusive, woman-friendly, rational, and scientific, while simultaneously obscuring how it also continues to valourise and privilege practices saturated with 'masculine' values and associations, as discussed in Chapter 3. Another mechanism of gender works together with social class and the (mis)recognition of women's work. In Finland, women practically built social and health services and allied with the welfare state to do so. However, in the Nordic model, private male-dominated sectors, like the export industry, also ally with the welfare state, and the work done there is more recognised and better paid. In this way, the 'women-friendly' welfare state paradoxically oppresses women; in fact, such practices were referred to as a form of public patriarchy or a patriarchal-capitalist state (Siim, 1987) in the early years of feminist critique of the Scandinavian welfare state. It is impossible to judge, based on our study, whether patriarchal formations are more broken or rather confirmed by Lean, but their vibrations certainly exist either way.

Latour (1987) contended that the ability to maintain a stable state of affairs over time depends on the extent to which alliances, expertise, resources, and enduring ties to someone (e.g. a representative of an organisation) are able to be composed behind a proposed action programme. The more these relationships are interlinked, stratified, and dispersed, the more certain the state of affairs appears to be an unchallenged fact, as a kind of 'black box' that gradually conceals the associations upon which it is built. As discussed in

Chapter 6, the process of Lean translation in Finnish welfare service work is an attempt to achieve precisely this effect by combining selected facts about the contemporary 'care crisis' (Dowling, 2021) with specific contextual circumstances, consultant expertise, managerial techniques (Lean measuring practices), customers' anticipated needs, and established forms of professional cooperation to create a networked way of understanding work processes and overcoming the crisis at the local level. While some links and collaborative practices surrounding Lean development have become customary, it will take time for frontline workers to fully embrace (if ever) the proposed solutions as an unchallenged starting point for their work. This is because many of the gender-coded working habits that Lean aims to test, question, and reflect upon are closely tied to the former network of habits that sustain everyday workflows in welfare service work. The competing demands of acting according to the 'feel for the game' and acting against the power of habit (Veijola and Jokinen, 2008) create a contradictory constraint for women in Lean welfare service work. In this way, Lean exhibits the characteristics of infinite adaptability and flexibility, which are typical realities for women in contemporary capitalism (Morini, 2007, p. 47).

However, the emerging Lean network of welfare service work does not intend to sever the ties between gendered habits and the former network, which facilitates the repetition of those habits, as Lean in this context in part survives through them. For the Lean network to be successful and enduring, workers must have enough flexibility to follow professional codes of habitual knowledge when providing care. If the Lean network intervenes too heavily, such as when patients' unforeseen needs are translated into a standard set of inscriptions on a whiteboard (see Chapter 6), Lean risks losing its legitimacy in the eyes of the social and healthcare workforce. This is because responding to the changing needs of patients is still a priority in the professional ethics of care, despite the growing interest in Lean development. However, a fundamental challenge for workers operating within the Lean network is that there are no pre-determined rules or limits for how, when, or to what extent Lean should be thought about, imagined, and implemented. Once enrolled in the network of relationships, Lean is conceptualised as a constant consideration of how welfare service workers can be thinking all the time and everywhere. As such, the workings of Lean within welfare service work are similar to the way intellectual, communicative, and affective means of cooperation are created in contemporary capitalism's productive encounters, according to Hardt and Negri (2009, p. 140). These means of cooperation are generally established within the encounter itself and cannot be imposed from outside.

Leaning temporalities of care

Lean developers reiterate the vocabulary of factories when using phrases like streamlined processes, cause-and-effect diagrams, and measuring the results, suggesting that time is linear; therefore, a principal tool to improve work

and remove waste is to make things move faster and decrease the time used to complete a certain task. However, as found in Chapter 4, there are other equally important conceptions of time in welfare service work other than linear time if the aim is, as Lean suggests, to seek value for the customer. Lean can be interpreted as a time-controlling tool. Small improvements and Lean projects seem to teach that work should not be subordinate to organisational time but that workers should be able to control time. This is a tremendous demand. Lean trainees try to steer between the rhythm of implementing Lean and that of the actual job – care work. Even though the philosophy of Lean encourages workers to improve their own jobs every day, it is not self-evident that every Lean trainee is allocated enough working time to perform such improvements. If they are not supported by their co-workers or by their supervisors, trying to coordinate these two different rhythms may lead to arrhythmia.

The rhythms and temporalities of Lean and care work differ to some extent. In Lean, adding value to a client is a top priority, and time should not be spent on irrelevant tasks that do not add value but are instead a form of waste. In care, waiting is sometimes the only way to act. What may seem like a waste of time might be the most valuable part of the process: a client or patient may benefit from a nurse's presence, even though it might look like the nurse is not really doing anything other than sitting next to the patient or sharing a conversation.

Some Lean trainees, however, gain control of their work by using Lean tools. Workers who have knowledge of Lean tools may convince co-workers or supervisors to perform certain tasks in a new, more sensible manner or to change the temporal structure of the ward for the better. In other words, Lean trainees are in a subject position to build up the temporal architecture of the organisation. The architecture is fragile in both good and bad ways. A hospice nurse can change the rhythm of the ward, for example, by considering the needs of the patient rather than those of the structures. Breakfast can be delivered at times that benefit the patient, not when it has always been done. A small non-human actor, like a virus, can crush the (temporal) architecture, after which it may need to be rebuilt. The new design may again include several options to either gain control or lose it.

Visual management tools are also used to add value for a client and save time. For example, Lean whiteboards are exploited to save time from reading a report and delegate it instead to performing more relevant tasks. Saving time has, of course, its benefits, but it is worth noting that maintaining and interpreting the Lean whiteboard also requires certain skills. It takes time to learn these skills since they are not naturally ingrained, not even for women.

The rise of the (Lean) consultocracy in Finnish welfare services

Implementing Lean brings together public and private operators: Lean agents, as they are called, may come from inside an organisation, but almost

always, a number of central actors are hired from consulting markets. In reviewing the growing use of consultants in the Finnish public sector, Ylönen and Kuusela (2019) describe how short-term, outsourced expert knowledge production by consultants is increasingly replacing the long-term work of civil servants and even politicians. In assessing this transformation, they suggest that a growing reliance on consultancy from outside public sector organisations ultimately results in an increased power of consultants over politics, public governance, and public sector practices. According to Ylönen and Kuusela (2019), the emerging consultocracy has four potentially harmful effects for the public sector: the monopolisation and privatisation of knowledge that lead to growing dependency on consultants, the erosion of tacit knowledge, the weakening of accountability, and the strengthening of instrumental rationality. Based on these findings, they suggest that

> in addition to the economic calculations and transaction costs analyses, research should pay much more critical attention to the qualitative challenges and problems that regularly emerge when expertise and knowledge production are contracted out to a private sector service provider.
>
> (p. 254)

Having reviewed Lean transformation in Finnish welfare service organisations from the perspective of knowledge formation that takes place during this process, we recognise the potentially harmful effects of the consultocracy described earlier. As discussed in Chapter 5, improving work performance together as a shared initiative is a process that does not automatically take equal account of the different ways of knowing involved in welfare service organisations. Nor is it a process that necessarily supports professional values, despite the attractiveness of the value-for-patient rhetoric that many Lean consultants use as a boundary object to bring together different ways of knowing about health and social care work. Moreover, accountability for one's actions, as well as a certain morality that is characteristic of welfare service professionalism in general, is lacking in Lean consultancy. Instead, Lean is seductive in how it emphasises frontline workers' personal abilities and potential to improve their work collectively while simultaneously emphasising the need to strengthen standardisation and evidence-based decision-making and the role of Lean in providing such evidence. As we argued in Chapter 3, translating Lean into the language of health and social care essentially means combining its 'women-friendly' or 'softer' elements with the masculine robustness of standardisation. Consequently, traces of gender worm their way into Lean practices of work and life, demonstrating that Lean is not just post-Fordism, as Marazzi and Mecchia (2011) suggest, but biocapitalism par excellence.

Rethinking affectivity and the potentiality of encounters in biocapitalism

Chapter 7 discussed how the affective potentials of human encounters, such as humour, playfulness, and enthusiasm, serve the biocapitalist purposes of making Lean a productive, *happy object* (Ahmed, 2010). However, the potentiality of resistance in such affects is eventually revealed, while the ideal of Lean as a happy object becomes contested too. In Lean training, humour and resistance mingle together in ways that evoke feminist kill joys, but joint and more ambivalent configurations of affective lifts and leaks also emerge. These configurations bring together modes of humour *and* contesting acts that reveal the limits of Lean ideals. Even though the male trainees could perhaps more openly unplug themselves from the circulation of happy Lean during training, by participating in games and by creating playful and humorous atmospheres, the female workers may be in a better position to gain and produce critical embodied knowledge of Lean. This challenges the image of (female) welfare workers as always consenting to new management models (see Bolton, 2004).

Though workers usually welcome ideas and tools that promise to help improve their work and their ability to do more with less, in practice, they often get tired of continuous improvement. As discussed in Chapter 8, the interviewed welfare workers were dubious, for example, towards Lean ideas such as 'there are no tasks that are not my job', and they were resistant to the idea that they would want to do only a small set of specific tasks and to do them well. They 'prefer normal', which conflicts with the very locus of Lean as a process of *kaizen* or continuous improvement. There are three more identifiable dynamics that explain the possible mismatch between Lean and welfare work, and they all work through embodied and affective gender formations.

First, Lean purposefully opens workers' affective channels by encouraging people to engage in novel encounters instead of routines. However, according to the logic of affective encounters (explained in Chapters 2 and 8) as a necessity to work (and life), we do not exactly know which encounters will expand our capacity to act (joy) and which encounters will diminish us and our capacities (sadness). It takes time to explore joyous encounters, and they need to be repeated for them to leave traces in the bodies that can then be combined in a way that expands capacities to act (Gatens and Lloyd, 1999). Lean easily mistakes routines and repetition as waste, but it would be wiser to understand routines as a possible encountering partner with the potential for a joyful circle. Moreover, and secondly, care work was already affective prior to Lean's encouragement to use one's affective capacities. Care work is impossible if one does not use at least some of the human qualities of being empathic and being able to anticipate the needs of the needy. This is also one of the motivations to work in such jobs and the basis for the professional ethics of care. Leaning these encounters is thus a delicate, very difficult, and ambivalent task.

Third, Lean presumes Fordism, formal arrangements of work, and a rigid division of tasks (see Chapter 2), which Lean ideally transforms more dynamic. However, Nordic and Finnish public services had already been Leaned, although it was not called Leaning. Already from the 1970s onwards, an atmosphere began to emerge in which public services were considered too expensive, not at all productive, and 'greasy' (a metaphor for waste at that time) and required various NPM tools to remove the grease (Yliaska, 2017). Thus, Lean represents another tool to squeeze the labour force there; as it happens, service work is coded as female, and in practice, squeezing is mainly targeted towards women's labour. On this point, Federici (2004) wrote that 'the body has been for women in capitalist society what the factory has been for male waged workers: the primary ground of their exploitation and resistance, as the female body has been appropriated by the state and men and forced to function as a means of reproduction and accumulation of labor' (p. 16). As we noted earlier, the role of the state, at least in the Nordic model, is somewhat more complicated than simply appropriating female bodies to function in alliance with men, but Federici's brisk argument shows that Lean and other public management ideas are not innocent concerning questions of gender, and the current, generally used solution to all gender-related questions – to implement gender equality programmes – might be missing the point.

Moreover, Federici's argument reminds us that there is always resistance, and it is in this case mainly in female bodies – not necessarily in the bodies but rather in-between the bodies – that such action is generated from the continuous affective encounters of care work. This resistance is there first, and if wanted, it can be channelled towards new co-operative practices, subversive actions, and lines of flight.

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