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Anneli Hujala, Ph.D, Senior researcher
> *University of Eastern Finland, Department of Health and Social Management,*
> *P.O. Box 1627, FI-70211 Kuopio, Finland, anneli.hujala@uef.fi (corresponding author)*

Sanna Laulainen, Ph.D., Researcher
> *University of Eastern Finland, Department of Health and Social Management,*
> *P.O. Box 1627, FI-70211 Kuopio, Finland, sanna.laulainen@uef.fi*

Sari Rissanen, Ph.D., Professor
> *University of Eastern Finland, Department of Social Sciences,*
> *P.O. Box 1627, FI-70211 Kuopio, Finland, sari.rissanen@uef.fi*

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Anneli Hujala, Sanna Laulainen & Sari Rissanen

Abstract

Aim The aim of the paper was to provide 'material reflections' on identity construction in order to make the physical, material world visible in care management.
Background According to social constructionism our identity can never be thoroughly separate from the material world we live in. This paper highlights critically the unconscious and unnoticed effects of materiality on identity.
Methods The data was collected through non-active role-playing using written accounts of care workers and consists of 41 short stories about how the respondents felt about working in imaginary 'good' or 'bad' elderly care homes. The data was analysed with discourse analysis, using critical and social constructionist interpretations.
Results Poor physical conditions were connected with frustration and exhaustion. Good conditions were described as generating energy and joy of work. In order to cope with the shortcomings and other challenges of the material work environment, care workers produced diverse identity strategies such as indifference, compliance, positive readjustment and internal entrepreneurship. Also noteworthy was the underplaying of the significance of materiality. Open rebellion was suggested as an extreme solution.
Conclusions The constitution of identity through materiality seems mainly to take place at unconscious and unintentional levels. Materiality-related discourses such as homelikeness and ethos of good care are used to constrain and control the identity of care workers. In a broader sense, material conditions also tell about the appreciation – or the lack of it – of different stakeholders and society of care work and of elderly care.
Practical implications The material, physical world of the organization affects the work motivation and well-being of workers. It is crucial that managers as well as the workers themselves recognize and are aware of these connections. Investments in better environments might improve the image and the attraction of the care branch and relieve the recruitment problems.

Introduction

Materiality is embedded in organization and management research in a paradoxical way. Abstract ideas such as organization, organizational culture and change have been reified so that nowadays we treat them as things, forgetting that these concepts were originally constituted by ourselves (Kärreman & Alvesson 2001; Berger & Luckmann 1967). At the same time we seem to have forgotten that organization also exists as a concrete reality around us. As an example, management and work always take place in a given physical place and human beings are corporeal beings with physical bodies. In traditional organization and management research materiality is usually taken for granted, ignored or considered only as the context of the study. Recently, however, material issues have been raised as topics of research (the 'corporeal turn', see e.g. Bechky 2008; Dale 2005).

In this paper we consider the connection between identity and materiality from a social constructionist approach: We make spaces but the spaces also make us (Burrell & Dale 2003). We reject the Cartesian dualist ontology, the two-world problem of "in here" and "out there" (Gergen 1999; Mead 1977). Thus, our identity can never be thoroughly separate from the material world we live in.

The context of the study presented here is elderly care, and the focus is on the workplace related and socially shared identity of care workers. Materiality is scrutinized through the lenses of organizational aesthetics (Strati 1992; Taylor & Hansen 2005). Organizational aesthetics refers to our sensory experiences concerning material space and artefacts, as well as the sights, sounds and smells of mundane organizational

life. Through the perspectives of critical management studies (Alvesson, Bridgman & Willmott 2009) we highlight the unconscious and unnoticed effects of materiality on identity.

The aim of the paper is to provide 'material reflections' on identity construction in order to make the physical, material world visible in care management. The research question is

– How is the material, physical environment connected to the identity of care worker and what kind of identities do care environments construct?

Materiality and Identity

In this paper, both materiality and its connections with identity are considered from the perspective of social constructionism. Our approach is based mostly on thoughts by Berger and Luckmann (1967), Gergen (1999), Gergen and Thatchenkery (2004), Burrell and Dale (2003) and Dale (2005). Historical background can be found from the classics such as Mead (1977) and Goffman (1973). People relate social meanings to materiality and interpret it through mutually constituted meanings. The physical spaces and concrete workplace objects, for instance, are social constructions as such, instead of just neutral walls or objective artifacts. In addition to this, materiality also constructs the human beings: people make spaces, but the spaces 'make' them, too (Burrell & Dale 2003). Just as we leave our footprint in the physical environment we live in, the environment also modifies us.

From the identity point of view, this means that our identity is also socially and materially constructed, and this construction goes on continuously. When we ask, "Who I am" or "What is it to be a care worker", the answer is not merely in our own hands. Gergen (1999, 43–44) states that "we are made of each other". Our identity is also our social reputation; it is dependent on how we are represented in others' talk and minds. In the same way, our identity is connected to materiality and to the meanings other people give to that materiality. Here we concentrate on the workplace-related and socially shared identity of care workers, which refers not only to individual identity, but also to the group identity of care workers (see also organizational identity, e.g. Hatch & Schultz 2004). The care organization is a context that determines the nature of the material environment.

In order to gain a rich and diversified picture of the physical world care of organizations, we look at materiality through the lenses of organizational aesthetics (Strati 1992; Strati & Guillet de Montoux 2002; Taylor & Hansen 2005; Hujala & Rissanen 2011). Organization members are physical beings, connected to their environment through all the senses: sight, hearing, smell, taste and touch. Thus, in this study materiality refers to physical spaces, concrete artifacts and workplace objects, bodies and embodiment including the body-centred nature of care work, and further, to the smells, tastes and soundscape of the work environment.

Previous studies about the connections of materiality and identity have been summarized by Beckhy (2008, see also Elsbach 2003, 2004). The most common approach has been to consider the material as a way of self-presentation. Organizations and employers also manipulate workers' identity through materiality (Harding 2002; Kunda 1992), even extending it to the level of everyday life (Hancock and Tyler 2004). Critical work on identities has been summarized by Thomas (2009). Critical studies have focused on such things as how identities are manufactured, regulated and controlled, the manufacturing of subjectivities, the regulation and control of identities, as well as on themes such as dis-identification and identity resistance. The critical perspective in the present study focuses on the taken-for-granted and unnoticed effects of materiality on identity.

Study design

This study forms part of the more extensive research project "Constructing Well-being in Elderly Care", funded by the Academy of Finland in 2009–2012 and co-ordinated by the Department of Health and Social Management at the University of Eastern Finland. The object of the study are Finnish care organizations providing accommodation and care services for elderly people (Rissanen, Hujala & Helisten 2010). Most of them are publicly owned in line with the Nordic Welfare Model, while a smaller part consists of small private enterprises and non-profit organizations. Large international private companies are not included in the study at this point. Care organizations are an interesting object for the study of materiality, because both their workers and customers (residents) are closely tied to the physical settings, mostly due to the poor

condition of the residents. According to previous studies (see e.g. Hujala & Rissanen 2011), the physical resources of many care organizations are insufficient, including architectural solutions and the functionality of work equipment.

The data concerning the identity issue was gathered by non-active role-playing (e.g. Eskola 1988) through written accounts of care workers during 2010–2011. Altogether, 185 frame stories with cover letters were sent to care workers in 22 elderly care organizations providing accommodation and care services for elderly people. 14 of the organizations were publicly owned and eight privately owned. The workers were given frame stories so that half of them wrote a narrative about working in a 'Good care home' and half in a 'Bad care home' (Appendix 1). Good and bad referred to the quality of physical environment of fictional care home. 41 short stories were returned, 21 of them good care home stories and 20 bad care home stories. All except one of the respondents were female. The average age was 45 years (range 19–61 years). The most common task was practical nurse. The respondents had worked in the care branch approximately 14 years (range 0–27 years).

The data (41 written short stories) were analysed with discourse analysis using social constructionist and critical interpretations (Duberley and Johnson 2009). The three researchers involved in this sub-study conducted the analysis in a dialogical process. In addition, the data previously gathered in the research project from elderly care organizations using several methods (observation, photographs, interviews, feedback discussions), was available to the researchers as background information.

The ethical principles of the studies followed the Academy of Finland's guidelines on research ethics, which, in turn, are based upon the guidelines of the Finnish National Advisory Board of Research Ethics. The respondents maintained their anonymity, because names or affiliations were not asked in the background questions.

Evaluating the trustworthiness of a study based on the non-active role-playing method is challenging. Overall, the social constructionist perspective does not aim at reaching 'one truth'. The dichotomy of the study design (good and bad frame stories) can be called into question. From the constructionist point of view it is not possible to overlook the notion that this study, too, for its own part, constructs the reality of elderly care, a fact that is worth considering from ethical perspectives as well. The most notable shortcoming of the study concerned the target group because the large international private care companies were not involved in the study. Large care companies have a somewhat different business idea compared to both public or non-profit care organizations and small home-like companies and the data gathered from their workers could produce different findings. However, we believe that the present study produces useful knowledge about the research issue and forms a good starting point for further studies concerning the relevance of materiality and identity issues in the care context.

Findings and Interpretations

In their stories about 'good' and 'bad' care homes, care workers described the material environments mostly in relation to their concrete care work. Some stories included detailed descriptions of physical conditions and also reflected the emotions aroused by the material environment. Many stories, however, were off-topic, In a way, focusing on the care work only and forgetting the focus on the material dimension. In spite of the instructions given in the frame stories, only a few reflected explicitly on the identity issue or their own well-being. Instead, the well-being of the clients, the elderly people, was focused on. One of the stories was even written from the perspective of the elderly resident, not from the worker's point of view. As a whole, the stories can be interpreted as descriptions of the workers' relationship to materiality. In the following, we first summarize some central points in the descriptions of good and bad care homes and after that, we concentrate on the main findings about the relationship of identity and materiality.

Bad care homes
The stories about bad care homes included some very rich and detailed descriptions and revealed in an illustrating way the multi-sensory nature of physical care environments. The most common general deficiencies were the poor condition of devices, the inadequate size of rooms, especially toilets, the narrow and unattractive corridors, the smells of drain, mold and urine, poor ventilation systems, cold shower rooms and the restless soundscape. The shortcomings which were most closely related to the workers themselves

were the staff dressing rooms (cramped, stuffy and awkwardly situated in the basement of the building), lack of room for having lunch or coffee or other breaks, too small offices and lack of meeting rooms.

> *"In the morning, I drag myself to the bleak basement corridor of the Bad Care Home and find my small locker in the staff changing room which smells of drains." (B7)* [1]

These shortcomings were related to negative feelings such as frustration, irritation and annoyance and were connected with physical and mental exhaustion and work motivation problems.

> *"... The staff is tired ... those who have worked here for years no longer feel like smiling." (B34)*
> *"I find it almost impossible to feel happy about the fact that I'll have two days off." (B35)*

Good care homes
Good care homes were described as 'dreams'. One worker named the perfect care home *"Onnela"* [The Happy Home] that produces *"joy, light and flame of work" (G10).* A good physical environment was cosy, functional and peaceful. Very often good materiality was connected with the cosy athmosphere and homelikeness, including the opportunity of residents to take part in daily activities.

> *"I'm met by the smell of fresh coffee... the buns are freshly baked at our own kitchen." (G11)*

Good physical environments produced such feelings as energy, motivation and joy of work. At its extreme, the ideal workplace was described as follows:

> *"In actual fact I don't feel I'm "working", but spending time in a big family where everybody looks after each other and takes the others into account."(G33)*

Identity strategies

The main findings of this study describe the 'identity strategies' produced by care workers in their stories. By identity strategies (cf. psychological coping strategies) we mean the different ways in which workers try to solve the problems that the material environment causes to their identity, or, at best, in which they try to utilize the benefits and opportunities that materiality gives to identity formation.

Downplaying
The most distinctive feature in the descriptions of the relationship between materiality and identity was the downplaying of the significance of materiality. At least for us as researchers, this was a bit of a surprise, because our previous findings based on interviews and observations, partly in the very same organizations, had revealed considerable shortcomings related to both the spaces and work equipment (Hujala & Rissanen 2011). The following extracts show how the relevance of materiality is downplayed, and even denied:

> *"Great facilities only provide the framework, it's the care personnel that creates the SPIRIT."(G10)*
> *"No external things can create a sense of meaning, even though they are very important, if the work community does not function properly and the climate is oppressive." (G23)*

The workers highlight the centrality of functional work community. Material resources are only a stage on which the action takes place. From a critical viewpoint, such downplaying or ignoring can be interpreted as a need to emphasize the ethos of good care and the role of the care worker in producing it.

> *"... your own positive attitude supports you quite a lot, even if the circumstances are not that good." (B5)*

Indifference
Indifference means that workers match their work input to the poor conditions. The workers carry out their work at the minimal quality level. In practice this means reducing the standard of professionality and

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[1] Extracts from the stories are in italics. The letter before the story number refers to stories of bad (B) or good (G) care homes.

avoiding undesirable tasks. Indifference seemed, however, to produce bad conscience and a sense of guilt and, at worst, may end in cynicism.

> *"I am ashamed of my thought. Is this where I've come to, I'm trying to find the easy way out in my work, avoid unpleasant tasks and try to steer an easy course." (B6)*

As the following extracts show, the indifference seems to stem from other actors, such as the technical staff and managers and is thus based on the idea 'If nobody cares, why should I care'?

> *"Drip-drip, there is a water leak in the ceiling. According to the janitor it isn't dangerous, it's just the ceiling breathing. (B3)*
>
> *"... although the management has been told several times of things that should be corrected, nothing has happened." (B6)*

Compliance
Especially the 'bad' stories include many descriptions in which workers seem to compliantly to adjust themselves to the material disadvantages as if they were unchangeable and taken-for-granted restrictions of work. Compliance differs from indifference in the sense that workers do not react in a negative way, they just passively accept the situation. They feel that all the means of influencing the situation are beyond their reach.

> *"The facilities and the fact that they are inappropriate just strengthen the passive attitude. We work because of the pay. Not very many are motivated by the attraction of the job. The manager could take a more active attitude about things, be an enabler." (B18)*

The reason for identity strategy may be at fear of the consequences of reacting.

> *"If someone tries to point out the things which should be corrected, she will be silenced and may even end up being dismisse ." (B1)*
>
> *"...there's always someone who'll just meekly come to work."(B3)*

This strategy produces passive agency and is most clearly connected with exhaustion and work motivation problems.

Readjustment
The positive alternative to indifference and compliance is humble readjustment. In order to relieve material shortcomings, workers try to settle in through 'small agengy', by making tiny mundane reforms and decisions that help the balancing act between the material deficiencies and the conflicts of interests they create.

> *"I sometimes think I'm a pretty good juggler, being able to manage in this madhouse." (B38)*
>
> *"Insufficient ventilation does not work properly, so at times the smell is pretty heavy. The men from the technical department told us not to air the rooms through the windows as that would mess up the ventilation system, but you have to do it at times so that the residents and care workers wouldn't suffer." (B21)*

The last example shows how the worker solves the problems of balancing between conradictory challenges. On the one hand, she obeys the rules and norms and on the other hand, she is obliged to act against them and gives herself permission to do that.

> *"Our break room is at a central point in the ward. There are also windows into the hallway, so when you're in there you feel like a fish in an aquarium. (…) I'm getting my first bite of bread when an unfamiliar head pops in at the door. (…) Somehow, I manage to drag a bit of a smile on my face so as not to reveal that I'm annoyed." (B21)*

This example of positive adjustment reveals one salient character of elderly care work, that it is emotional work (Hochschild 1983). Emotional work requires the worker to communicate a positive image of herself to others – regardless of the situation. In this case, the lunch break is interrupted, but the worker is not allowed to reveal her negative feelings, but has to hide them by an artificial smile, because of the principles of emotional work. These examples, which relate to experiences of bad conscience and guilt, reveal the essence

of the professionality of elderly care work, which traditionally includes humility, kindness and an avoiding of conflicts (Laulainen 2010).

'Internal entrepreneurship'
Compared to more or less passive identity strategies presented above, internal entrepreneurship here refers to the individual's active efforts to influence the situation, especially the decision-making concerning materiality. The following extracts are examples of how workers try to redress shortcomings. The nature of their contributions is positive even though they do not always produce the desired results. However, the internal entrepreneurs do not give up, they believe that making the effort is worth-while. Nor are they afraid of the consequences of their interventions.

> *"Even the improvements proposed by the nurses are taken into account and efforts are made to implement them, they increase the sense that we are dynamic actors." G11)*

Interestingly, 'we'-talk was almost totally absent as a way to influence material conditions. Similarly, managers were not considered as be enablers of better environments.

Rebellion
We called the most strong identity strategy 'rebellion'. It is, so to speak, a last resort for defending the professional identity against the defects of materiality. The following mini-narrative is an example of such imaginary rebellion, which in real life would be supressed. As an identity strategy it tells about a situation where materiality and identity clash so heavily that no other solutions can be found.

> *"The manager comes from her office, looking angry. 'Hey you!' she cries, annoyed. 'Was it you that complained about the dressing room to the occupational health authority? Did you also mention that the beds are not as they should? We're going to be inspected by both the occupational safety and the patient ombudsman. Do you realise how much that circus and all the alterations are going to cost??!'*
> *Something goes snap in my head. I glance around me. (…) I can see everything clearly, the drawbacks, deficiencies, the dissatisfaction that can be sensed in both staff and residents... This can't go on. This isn't why I studied all those years... NO.*
> *I turn to the manager and say: Now, at this very moment, I RESIGN.(…) I will never come back here again! I turn round and walk to the dressing room where the walls are decorated with mould, and change into "civvies". I'm disappointed in myself, I tried to go on, but I didn't have the energy. I'm truly exhausted! (B6)*

This mini-narrative shows how an active attempt to inluence the material shortcomings (compare internal entrepreneurship) leads to a punishment, that is, negative feedback from the manager. Interestingly, even though this rebellion communicates the idea of a brave solution, the end of the story shows it in a different light. According to the principles of moral professionalism and the ethos of good care, the worker is disappointed in herself because she has not been strong enough in her efforts. Thus, even the rebellion is turned into personal weakness. This might be an interesting point to reflect on from gender-related perspectives.

Exploitation
The positive effects of good material conditions on identity were described as feelings of energy, motivation and joy of work, as previously mentioned. Good environments also affected team spirit in a positive way.

> *"Good facilities and the physical working environment create a positive mood in the whole work community and improve team spirit."(G8)*

However, as a whole, the positive connection between materiality and identity was less often mentioned than the negative connections. For example, the notion that material objects could be a manifestation of professional pride was totally absent, not to mention intentional attempts to highlight one's own professionalism or position through materiality. This differs strongly from the tendency of professions such as managers, doctors or chefs, where materiality is used as a tool to perform identity and status (Bechky 2008). The exploitation of good physical conditions was externalized to the residents; through them, such things as a homelike atmosphere was loosely linked to professionalism, as shown by the following examples.

"It is nice to look around when the facilities are attractive, functional and home-like. I have no sense of hurry, so that I am able to create for my customers an unhurried, safe, comfortable mood and good and individual care. ...It makes me feel good. And it's nice to come to work...." (G2)
"If the facilities are good, making [the customers] feel good comes naturally."(G8)

To summarize, we categorized the identity strategies of care workers depending on whether the nature of coping with problems was positive or negative, and in relation to whether the strategy required the active or passive agency of the worker. This interpretative categorization is illustrated in Figure 1.
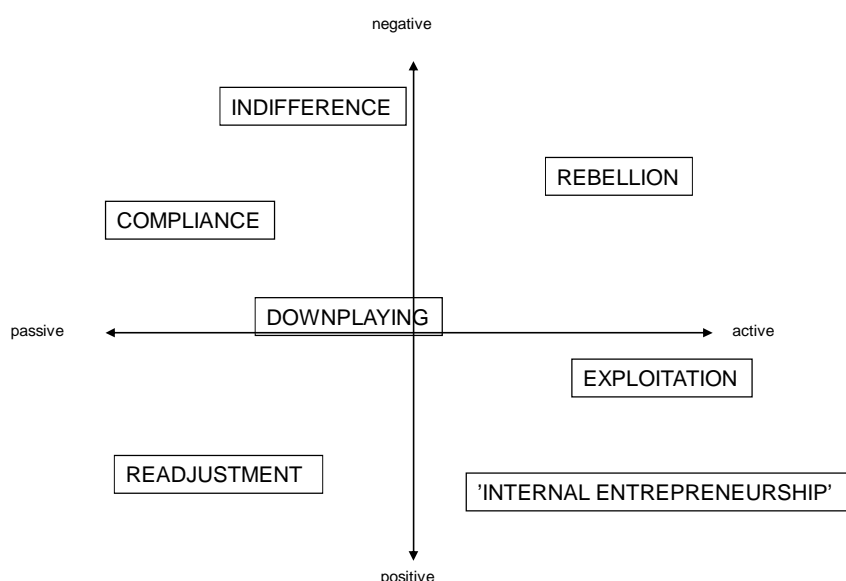
Figure 1. Materiality-related identity strategies of care workers at elderly care

Critical reflections

The results of this study show that materiality is a salient but 'silent' source of identity formation in the care context. The effects of the physical environment on the members of organizations are embedded in the basic architectural solutions of buildings, as well as in everyday artefacts, and, finally, concretised in mundane work practices. In the previous section we described the materiality-related identity strategies of care workers. In the following, we try to reflect critically on the underlying processes embedded in materiality in care organizations. Particularly, two main issues of materiality related to a care worker's identity were identified: 1) materiality as an instrument of power; and 2) materiality as a mediator of values and appreciation.

Power is embedded in the materiality of care organizations in the following ways. First, the dominant discourse of 'homelikeness' is made concrete by the architectural solutions. This means that the staff's private space, such as coffee or dining rooms and places to spend one's breaks in are minimized and even totally lacking. The workers are expected to act as 'family members' and to be constantly available to the residents. In many cases, the workers seem to have internalised this discourse and to take it as an expression of good care and professionalism. As Harding (2002) states, "the workers' bodies embody the desired aesthetic of the company". From a critical perspective, minimizing the privacy of workers can be interpreted

as a use of power in order to manufacture appropriate individuals (Alvesson & Willmott 2002; Thomas 2009).

> *"No proper space for having lunch is arranged, I eat my sandwiches in a corner of the closet and stare before me until half an hour has passed."(B7)*
> *"The care home works on the principle of the collectivity, but even so, the staff have a private coffee room where they can go during their breaks." (G24)*

Secondly, and perhaps more intentionally, power is used by minimizing the 'organizational' space. In care organizations, staff offices are very small, and in many cases there are no meeting rooms. The lack of organizational space can be interpreted as a restriction of identity: the place of the care worker is in the space of concrete work, not in the space of thinking. One of the workers had interestingly named the fictional meeting room "Thought" (see extract G36 below). By preventing the mental dimension of the worker, alternative identity positions are excluded. Through forms of spatial control (Dale 2005), practical routine care work is prioritized, in contradiction to the current tendency to motivate workers to embrace the role of strategic actors and active organizational citizenship (Laulainen 2010).

> *"We have our quick morning pow-wow in the office, where there isn't space for all workers even to sit down." (B5)*
> *"Beside the break room there is an airy room called "Thought", with a comfortable sofa arrangement. That's where we have our ward meetings." (G36)*

Further, materiality also mediates the values of the organization (Ybema et al 2009). Spaces, artefacts and other material arrangements not only represent or express the values, they also create, maintain and change them. Good care includes the promotion of well-being. However, this is not concretised in the material dimension. Poor and unsatisfactory physical settings of care organizations (Hujala & Rissanen 2011) not only frustrate workers, they also reveal the low appreciation of different stakeholders and society towards elderly people and care work. The workers identify themselves with the poor material work environment and their self-esteem is decreased. Naturally, the opposite could also be possible.

The lack of appreciation embedded in materiality puts a label or even a stigma (Gergen 1999) on care workers and confirms their identity as 'dirty workers' (Tedre 2004). This stigma may spread from the work identity to the area of personal life, too. The identity issues concern not only individual workers, but also the image and attraction of the whole care branch. Professionals want to work in organizations where their skills are appreciated in all ways. One of the workers summed up the appreciation issue as follows:

> *"It's nice to come back to work, as crazy as that sounds… Good facilities motivate and encourage you to work. They give the sense that we are really cared about, both as workers and as persons. We are important. (G12)*

Conclusions

To conclude, the material, physical world of the organization both constructs and constrains the identity of care workers. Most of the constitution of identity through materiality seems to take place at an unconscious and unintentional level, though intentional regulation and control from the employer's side can also be interpreted from the findings. At best, the material environment strengthens professional identity. At worst, it leads to the use of negative identity strategies, which may produce deprofessionalisation. The material and social constructions of identity are intertwined (Bechky 2008). "We are not only what we are, but what we appear to be to others" (Hancock and Tyler 2004, 621; original citation Garsten & Grey 1997, 219). Material defeciencies may be concretized in the work motivation and well-being of employees. At the organizational level, it is crucial that the managers, as well as the workers themselves, recognize and are aware of these connections. In a broader sense, the appreciation – or the lack of it – embedded in materiality may be one of the key factors in attempting to enhance the attractiveness of the care branch and guaranteeing the availability of labour in the future. Further reflections about the material construction of identity both in the care branch and in other professional contexts are more than welcome.

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Appendix 1.

STORY ABOUT ''The Good Care Home''

The facilities of the *Good Care Home* are pleasant. The work spaces and the equipment are appropriate. The staff offices are sufficiently spacious. For meetings there is a separate, quiet room. The staff meals and other breaks are well arranged. The care home not only looks good, but it also smells, tastes and sounds attractive.

Immerse yourself in the following situation. Imagine that you are inside the *Good Care Home* and in the middle of its daily work as an employee. Write a story (1 to 2 pages) on this paper about what it is like to work in the nice facilities of the Good Care Home. How do the facilities described above and the other physical work environment affect your work self? And how are they linked to your own wellbeing as an employee?

MY STORY AS AN EMPLOYEE OF ''The Good Care Home''...

STORY ABOUT ''The Bad Care Home''

The facilities of the **Bad Care Home** are unpleasant. The work spaces and the equipment are not appropriate. The staff offices are too small. For meetings there is no separate, quiet room. The staff meals and other breaks are badly arranged. The care home not only looks bad, but it also smells, tastes and sounds unattractive.

Immerse yourself in the following situation. Imagine that you are inside the *Bad Care Home* and in the middle of its daily work as an employee. Write a story (1 to 2 pages) on this paper about what it is like to work in the poor facilities of the Bad Care Home. How do the facilities described above and the other physical work environment affect your work self? And how are they linked to your own wellbeing as an employee?

MY STORY AS AN EMPLOYEE OF ''The Bad Care Home''...

My position at work: _____   My sex: _____

My age: _____ years   My work experience in the care branch: _____ years