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**Reshaped Employee Relations from Work Flexibility: A  
Study of Staffing Planning at a Swedish Pharmacy**

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## **Abstract**

The aim of this article is to provide an in-depth account of how the organising of work has been reshaped at a Swedish pharmacy in order to meet new demands of work flexibility set by a reconstructed and recently privatised industry. In its aftermaths, a paradox has surfaced, as different groups of employees at the site become increasingly dependent upon each other to perform their work tasks while the altered working conditions simultaneously make the workers less inclined to do so. Hence, the paradox nourishes a set of conflicts among employee groups that negatively affect employee relations, which is likely to comprise organisational implications for the pharmacy over time. Using the process of staffing planning as a point of departure, this paradox is unfolded as being shaped by the influence of the prioritising of work tasks as well as a reigning professional hierarchy at the site. By using an ethnographically inspired approach at a single Swedish pharmacy, this article presents locally bound insights in order to more thoroughly understand the effects from flexibility demands upon organisations.

## **Keywords**

Work flexibility, professional hierarchies, institutional logics, staffing planning, employee relations

## **Introduction**

Recently, The Swedish pharmacy market has gone through fundamental changes in terms of ownership. Although the business is regulated to some extent by governmental standards on medical care, the change in ownership has set new

demands for flexibility upon these organisations in order to cope with the characteristics of the deregulated market. As this article will exemplify using extensive field material from the study of one large pharmacy in Sweden, these new demands for work flexibility, partly triggered by the deregulation of the pharmacy market, give rise to a paradox that consequently foster unproductive employee relations at the site.

The use of various work flexibility arrangements in organisations is common, and has been growing over time (e.g. Hakim, 1990; Houseman, 2001; Houseman and Polivka, 2012; Kalleberg, 2001; Pfeffer and Baron, 1988; Smith, 1994). The debate surrounding flexibility on an individual level indicates that on the one hand, flexibility arrangements in high-status (salaried) jobs promote worker preferences in working hours and the releasing of rigid job structures (Henly and Lambert, 2005). On the other hand, however, many studies find that employer-driven flexibility predominates through e.g. scheduling practices (Henly, Schefer and Waxman, 2006; Walsh, 2007) and work hour control (Henly and Lambert, 2005; Lambert, 2008) that results in job insecurity and instability particularly in low-status jobs (Cappelli and Neumark, 2004; Kalleberg, 2003; Lambert, 2008;), and many temporary workers explicitly state that they would prefer regular hours (Houseman and Polivka, 2000). In the last few years, the share of workers in flexible employment forms has increased in Sweden (SCB, 2012), which implies that an increased number of people become more loosely tied to their workplaces as employers aim to achieve optimal staffing due to e.g. purposes of minimising labour costs (e.g. Lambert, 2008). The most adopted strategies of work flexibility are known as functional and numerical, where the former aims at deploying a core group of workers between different work tasks and the latter refers to adjustments of the workforce itself by adding temporary workers (or, having regular workers to work overtime) temporarily when additional labour is needed. These two flexibility forms and their interconnectedness is conceptualised using a ‘core-periphery’ model (e.g. Atkinson, 1984). Whereas regular workers are often described as being ‘protected’ from layoffs within the reasoning of the core-periphery model (and thus, from being functionally flexible), it is also contended that the main purpose of using such labour utilisation strategies is possibly to maximise productivity while simultaneously reduce labour costs (Way, 1992). Hence, it becomes intriguing to explore what happens to employee relations among regular workers on an organisational level at a pharmacy setting that adheres to a labour mix of a main core of regular workers that are assisted by temporary workers when needed.

What becomes unfolded during the field study reported on in the current article is a setting where the workforce has been halved in numbers in a short period of time due to demands on optimal staffing, which has lead to sparse manning at all work sections. The understaffing gives rise to an increased dependency relation between different groups of employees, as they are increasingly dependent on assistance from each other to fulfil their work tasks. Simultaneously, however, the new conditions for the organisation more or less coerceively make the employee groups less inclined to assist other sections. By exploring how this paradox is

inscribed in the staffing planning process through the way work task priorities are made at the site, it can be illuminated how staffing planning activities, enforced by demands on flexibility and optimal staffing, inevitably becomes an underpinning trigger behind these deteriorated employee relations. In particular, the fact that pharmacies are professional services that require certain levels of qualification among most of its staff puts further complexity to the case, as a distinct professional hierarchy in many ways is bound to reinforce this paradox. Ultimately, by exploring the exerted influence of multiple institutional logics onto the organisation, the conflicts at the site can be more thoroughly understood.

Given what is outlined above, this article aims to contribute to prevailing research and debates in at least three ways. First, the article adds to literature on work flexibility by offering a deepened understanding of flexibility demands upon organisations. In the process, potential consequences for workers in terms of relations at the work site are illuminated. Second, the article adds to literature on institutional logics by presenting an example where multiple logics are connected to organisational observations and thus provide a more nuanced image of a micro level setting. Third, the article entails a set of managerial implications, as it points at potential long-term consequences for organisations that face imbalance in employee relations due to professional hierarchies and the prioritising of work tasks. In particular, this article begs the question to what extent sufficiently moderate employee relations are good enough for the organisation.

This article is organised as follows: First, previous research on work flexibility, professional hierarchies and institutional logics is accounted for as a means to contextualise the contribution of this article. Second, the method used is described along with a short account of the studied setting. Third, the empirical material is presented using the staffing planning process at the pharmacy as a point of departure. It is thus illustrated how looking at prioritising and distribution of work tasks at the site can conveniently deepen the understanding of how flexibility demands influence optimal staffing. Fourth, the empirical material is discussed by adding perspectives on professional hierarchies to the discussion on flexibility demands as a trigger of conflicts. Fifth, the discussion is expanded to include implications from the influence of multiple institutional logics. Finally, a concluding section is outlined where the main implications from this article are summarised together with some suggestions for further research.

## **Work Flexibility**

Following what has been articulated by a number of representatives from Swedish companies in the retail industry lately, the increased competition and declined profit margin on sales etc. has intensely legitimised actions of cost-cutting and flexible staffing in organisations (Blomquist and Bobeck, 2012). In general, the idea of the 'flexible firm' along with flexibility demands on organisations have increased over time (see e.g. Hakim, 1990; Hunter et al, 1993; Håkansson and Isidorsson, 2012;

Kalleberg 2001; Lambert, 2008), where the need for flexibility is established for a number of different reasons. According to Houseman (2001), most employers use flexible staffing arrangements to temporarily adjust their workforce due to workload fluctuations or absent regular workers. Also, Houseman (2001) finds that some employers use temporary staffing arrangements as a recruitment strategy, as a possibility to temporarily get access to required competence or as a means to significantly reduce wage and benefits costs. Such long-term cost reduction objectives are also noted by other researchers, from recognising that benefits from cutting labour costs were previously only for cyclical utilisation, when temporary workers were hired and fired in accordance with the fluctuations of economic growth (Theodore and Peck, 2002). However, researchers also find that the use of flexible staffing arrangements simply can be ad hoc rather than a carefully prepared action (Hakim, 1990; Wong, 2001).

Flexibility can be achieved in various ways. In practice, it can be through having temporary workers or having regular workers that work overtime. In terms of scheduling practices, Lambert (2008) finds that managers increasingly tailor and control labour costs through quick adjustments. That is, they are enabled to control (1) the total number of hours assigned to workers, (2) how the hours are distributed over the workweek in order to create fluctuations in the timing of hours and (3) how many workers that are assigned these hours in an attempt to adjust the workforce to the workload demand. In broad terms, the flexibility debate entails two strands of research that denote strategies for how flexibility can be achieved. First, functional flexibility is a strategy that is often seen in 'high-performance organisations' (e.g. Appelbaum et al, 2000; Osterman, 2000) where a core group of regular workers are empowered with multiple skills, information and decision making possibilities in order to be cross-functional and hence more easily redeployed between various work tasks in order to improve organisational performance (Kalleberg, 2001; Smith, 2001; Wood, 1989). Second, numerical flexibility denotes the strategy where employers use various forms of temporary employments to temporarily expand the workforce itself in order to meet demands in workload (Kalleberg, 2001; Wood, 1989). These employment forms include, for instance, temporary help agency workers, short-term hires, regular part-time workers, on-call workers and contract workers (Houseman, 2001), but can also entail regular workers working overtime (Kalleberg, 2003). One common conceptualisation of the interplay between functional and numerical flexibility is denoted the 'core-periphery model' (Atkinson, 1984; Osterman, 1988), and has been subject for critical debate (see e.g. Hakim, 1990; Hunter et al, 1993; Procter et al, 1994; Cappelli, 1995; Kalleberg, 2001). The model suggests that employers deepen their relations with regular core workers (i.e. aiming to maximise the effect of functional flexibility) by using temporary peripheral workers in order to protect the former (by avoiding layoffs for regular workers as a direct result of such labour utilisation strategy). However, it is also found that organisations can use 'optimal-mix' strategies for the sole use of reducing labour costs while maximising productivity, rather than for the purpose of regular worker protection (Way, 1992).

Further, flexibility research explores how particularly temporary workers are affected by flexibility demands in organisations. For example, Lambert (2008) explores how risk is transferred onto hourly workers through labor flexibility practices in low-skilled jobs. Similarly, a number of authors explore the increased use of agency workers (Dey, Houseman and Polivka, 2012; Håkansson and Isidorsson, 2012; Purcell, Purcell and Tailby, 2004; Smith and Neuwirth, 2009). When studying how numerical and functional flexibility are used in combination, Cappelli and Neumark (2004) find that in service organisations, numerical and functional flexibility are complementary (rather than substitutable) in respect to voluntary turnover. In contrast to manufacturing, a quick responsive flexibility is needed, as the 'product' in service organisations cannot be separable from the workers. Hence, workload fluctuations are significantly tied to workforce fluctuations (of temporary workers), as redundant workers cannot be productively occupied for very long. In relation to such use of temporary workers, consequences for these workers on an individual level are often accounted for, such as implications for e.g. family-life (Hsueh and Yoshikawa, 2007), insurances and that workers become more loosely tied to their workplace (Houseman and Polivka, 2000; Kalleberg, 2009) as well as ethical discussions on temporary work informed by moral economy (Bolton, Houlihan and Laaser, 2012). Further, relational consequences between temporary and regular workers are illuminated (Geary, 1992) where e.g. teamwork and collaboration diminishes (Kalleberg, 2003). Thus, workforce-mixing is acknowledged by several authors as negatively affecting the attitudes and behaviours of regular workers. For instance, in terms of being a trigger of withdrawal behaviour (Davis-Blake et al, 2003; Way et al, 2010), diminished trust (Pearce, 1993) and organisational costs from using skilled contingent workers (David, 2005).

Hence, while a great deal of research on flexibility focuses on the relation between regular and temporary workers, regular worker attitudes in response to that relation and on the consequences for the individual temporary worker, this article explicitly aims at exploring implications from flexibility arrangements on employee relations among regular workers at an organisational level.

## **Professional Hierarchies**

Various strands of research on professional hierarchies and professional identity can aid in understanding the particular setting that is reported on in this article. The professional hierarchy in medicine and the distinction in status for actors adhering to different positions in that hierarchy are well established in the health care literature (e.g. DeSantis, 1980; Dingwall, 1974; Friedson, 1970; Hafferty and Wolinsky, 1991). Although primarily pinpointing implications within hospital settings, for instance the difficulties attach to speak across professional boundaries from physician to nurses to therapists (Edmondson, 2003) and physicians' ability to resist managerial initiatives (e.g. Ackroyd, 2006; Ferlie and Pettigrew, 1996), such elements are arguably relevant also in a pharmaceutical setting due to its similar characteristics of e.g. health care

and composition of professional and non-professional workers. Hence, status indicates the amount of influence, prominence and respect an individual is assigned by others given some characteristic (Anderson et al, 2001) that can refer to e.g. organisational position, education or profession (Benoit-Smullyan, 1944). Consequently, characteristics perceived as highly respected in a certain setting allot superiority to individuals that possess such characteristics than those who do not, which implies that status designates relative position within a social hierarchy. Further, such status differences are often salient in work contexts where they are also associated with practical implications in the allocation of benefits. For example, high status workers can receive financial rewards such as pay level determined by level of education (Bacharach et al, 1993), prestige, the right to occupy honorary places, power of the actions of others and greater legitimacy of their opinions (Nembhard and Edmondson, 2006), which inevitably shapes the work context as well as interpersonal interactions (e.g. Alderfer, 1987). Hence, the perception that the belonging to a certain work group is accompanied with a certain level of status fosters feelings of superiority or inferiority that simultaneously aids in reinforcing and restoring the hierarchy (Tajfel and Turner, 1986; Webster and Foschi, 1988).

Additional insights to discussions on professionals' positioning in social hierarchies can be added by looking at professional identities. Professional identity is an individual's self-definition from belonging to a profession and thus enacting a professional role (Ibarra, 1999; Pratt, Rockmann and Kaufmann, 2006), which generates role identity. As has been pointed out by others, role identity contains both internal and external characteristics, where role denotes an outward interaction structure and identity refers to the inward act of self-definition (Barley, 1989). Such identity, in turn, defines how an individual perceives the 'self-in-role' and involves e.g. norms, values, goals and interaction styles that are assigned to that role (Ashforth, 2001). Hence, the way professionals perceive and construct their role identity is essential in how they undertake work situations (Pratt, Rockmann and Kaufmann, 2006; Weick, 1995). Apart from professionals' individual validation of their own role, external forces put further legitimacy to the professional identity. For example, the validation of a professional role enactment is partly rooted in a wider institutional context (Chreim, Williams and Hinings, 2007). As professional associations and government regulations define professionalism by formulating what professionals should or should not do, it significantly impacts professional identity construction at organisational and individual level. Hence, Chreim, Williams and Hinings (2007) imply that professional role identity construction cannot be viewed within microdynamic organisational boundaries only, as such construction is shaped by extraorganisational forces as well. They find that institutional forces influence identity construction directly through providing e.g. interpretive, legitimating and material resources that become adopted and adapted by actors within, as well as indirectly through organisation level changes from institutional dynamics.

## Institutional Logics

The concept of institutional logics was first introduced by Friedland and Alford (1991) as a means to illuminate the importance of placing actors in a social context, and has been extensively evolved and found its place in organisation theory over time. Friedland and Alford describe institutional logics as ‘ways of ordering reality’ (1991, p. 243), and over time, it has come to be described as a metatheory that has transformed neoinstitutional theory by also explaining micro foundations of institutions rather than macro structures only (Thornton, Ocasio and Lounsbury, 2012). Institutional logics are defined as being socially constructed on a societal level, where organisations (or individuals) provide meaning to their daily activities through shared beliefs, values and assumptions.

Goodrick and Reay (2011) use institutional logics to extend their understanding and create theory of coexisting multiple logics in professional settings, as these logics ‘shape individual and organizational practices because they represent sets of expectations for social relations and behavior’ (p. 375). In their article, they report on how pharmacists in the U.S. have experienced influence in their professional work from different constellations of logics over time. In essence, the authors highlight a seemingly widespread neglect of acknowledging the coexistence of multiple logics in professional settings, and illustrate how combinations of logics (rather than dominant logics only) affect professionals and their work. Hence, Goodrick and Reay (2011) develop a theoretical framework that includes four institutional logics – professional, corporate, state and market. The *professional logic* primarily emphasises pricing, quality of service etc. under professional control, where good practice is strongly related to the professional expertise. The *corporate logic* follows the idea of managerial control, where professionals are employees at the bottom of a corporate hierarchy. Importantly, managers in the organisation evaluate the performance of the professionals. The *state logic* attributes the control to the government, where good standards of medical care are determined on state level. Finally, the *market logic* is mainly driven by consumer preferences and competition on a free market, where control could be seen as assigned to no one due to the commonly accepted self-regulative characteristics of the market. This logic, however, is in the periphery given the scope of this article.

Further, Goodrick and Reay (2011) find that relationships between coexisting logics can be competitive (segmenting) or cooperative (facilitative and additive). A segmenting process suggests that the impact on professional work is divided up between different logics, which indicate that the relative gain of one logic inevitably demands the relative loss of another. When logics have a cooperative relationship, however, the total influence under which professionals work expands, and several logics can thus increase their influence simultaneously. Here, facilitative relationships indicate that the increase in influence of one logic directly aids another, whereas additive relationships indicate that there are simply additional demands to satisfy.



## **Method: How to Study Work Flexibility on the Spot**

The material collected for this study can be conveniently used to address particular inquiries on how flexibility demands pose conflicting expectations on employee relations, and on consequences that might be embedded for the actors within. The fieldwork was conducted within a timespan of approximately two months during the early spring of 2013. The daily activities at the site were closely observed in ten separate occasions during approximately three hours each time. In addition, nine interviews were conducted, and formal as well as informal documents were analysed in the process. As no clear-cut theory was brought for guidance into the field a priori, the compiling process and the analytical process were initially of a grounded nature (Glaser and Strauss, 1967; Martin and Turner, 1986) before connecting it to previous research on flexibility and professional hierarchies. Given the nature of the inquiries in this article, extensive and contextualised fieldwork through close empirical observations, in this case ethnographically inspired, were prominent in order to conveniently and thoroughly address them (Barley and Kunda, 2001). Hence, the overall aim was to achieve a detailed and justified account of the setting studied (Martin and Turner, 1986).

At the initial stage, a few introductory meetings were held as to describe the underpinning intentions behind the carrying out of the study. Second, a few shorter interviews were held with the Store Manager in an attempt to get a broader picture of the business before more actively entering the field. Third, direct observations and shadowing activities were conducted at the site. All kinds of actors, such as managers, pharmacists, pharmaceutical advisors and assistants, were observed and shadowed in their daily work in order to see the social context as it is, and get to grips with how things are organised and connected. The observations were conducted in a spontaneous manner, where the choice of people to address depended on who were scheduled that day, happened to pass by and had time to dedicate. Hence, it was not predetermined who should be asked or shadowed and for how long, although the days chosen for the observations were selected rather systematically in order to capture all days of the week and active working hours. Notes on the spot (Martin and Turner, 1986) were taken during all of the observations. Fourth, a number of semistructured follow-up interviews were conducted once the observations were finished. In essence, the interviews had a complementary role, and were structured thematically based on experiences and emerging inquiries from the observations. Separately, the interviews involved all managers as well as representatives from the different professions and roles, and each interview endured approximately 45 minutes. The interviews with the managers were all scheduled in advance, whereas the others were conducted more spontaneously, depending on who was available to represent a particular group of workers at the time the interview was held. The same themes (work tasks, the role of pharmacies, schedule, key measures and results) were used in all interviews, but the questions were carefully shaped separately depending on the particular informant's role as well as what direction the interviews happened to take. Fifth, a number of

formal (and informal) documents such as weekly letters to workers, policy documents, multiple notes from noticeboards etc. were considered during the process.

After compiling the material, it was subject to careful and open analysis. Openness allows for the empirical material to speak for itself, where effort is made to present a nuanced picture of what is studied. Initially, major concepts that recurred and seemed significant were identified, and the material was carefully categorised and coded. Approximately 400 incidents were inserted and organised into concept cards (Martin and Turner, 1986), where 32 concepts were initially identified. These concepts were then combined to find larger overarching concepts, which amounted to an interesting story of staffing planning, prioritising of work tasks, professional hierarchies, emerging conflicts and their connection to flexibility demands. Based on emerging process descriptions of scheduling practices, goods handling and work task distribution, the paradox accounted for in this study could be outlined in a sequentially organised plot (Czarniawska, 2004). Once the core of this article was established, theories of work flexibility, professional hierarchies and identity were carefully and accumulately woven into the analysis along with theory on multiple institutional logics in order to understand what was observed.

The choice of method within this study has been outlined to allow for an in-depth understanding of the social world through the eyes of the people studied. Also, it provides the opportunity to obtain a considerable share of descriptive detail as well as a contextual understanding in the particular setting. Certainly, there are a number of implications from using observations and interviews as a main approach. Observation allows for the researcher to see the social context as it is, and it constitutes less revised descriptions of social action. However, observation is a critical step, as it requires constant access to the organisation and people's willingness to participate, which can be compromised at any time.

As the analytical process revealed convenient ways to assemble the empirical material, it will be presented in a state where it is already interpreted and thus arranged in correspondence with the line of thought within this article. Consequently, the voice of the author is salient in the presentation of the findings in order to provide guidance as well as elucidate its underpinning contribution. When making sense of empirical material, there are risks related to over-interpretation. Stories are often fragmental or incomplete (Boje, 2001; Czarniawska, 2004), and it is likely that the strive to tell a coherent story might be more or less fair depending on the precautions taken during research (Czarniawska, 2004). Further, stories endanger to lose their original meaning when they become a product of interpretation, which makes the case that there are various implications to consider in the process. Hence, as interpretation and reinterpretation are done by informants and researchers *ad infinitum* (the informant offers a revised account of the social action, and the researcher seeks coherence in the stories), no objective explanation or portrayal can (or should) be obtained (Ward, 2000). It is therefore recognised that what took place at this particular pharmacy cannot be separated from its local setting, although its meaning and potential significance are open to anyone who have such inclinations.

### **The Setting**

The Swedish pharmacy market has fairly recently been subject to radical and fundamental change. In 1971, all pharmacies were nationalised (Lindberg and Adolfsson, 2007), and remained state owned until the monopoly was deregulated in 2009. In essence, the transition to a deregulated market opened up for competition in distributing prescription and non-prescription pharmaceutical products, where national regulations determine only a limited share of the pharmaceutical business. During the deregulation of the monopoly, most of the pharmacies were sold to private actors. In the process, most stores stayed more or less intact, as managers and workers were allowed to stay at their worksites. Also, a main share of the Store Managers in these newly formed private chains were offered to become owners in the business by investing in stock options.

The particular site of study is a pharmacy centrally situated in Gothenburg, Sweden. The store belongs to a chain of pharmacies, which are operated by one of the larger private actors in the industry. The store is their largest pharmacy in Scandinavia, and it is available to customers between 8 AM and 10 PM every day. The chain is owned by a Swedish risk capital company with both Swedish and foreign investors. The risk capital company bought two clusters of pharmacies from the government when the Swedish pharmacies were released from governmental ownership, and the store stayed intact in terms of managers, workers etc. in the transition. The Store Manager, who is an advanced pharmacist, has overall responsibility for the pharmacy, including financial and management responsibility. Also, he holds stock options in the business, which entitles him to a certain degree of ownership. He has appointed two middle managers, one Pharmacist Manager and one Sales Manager, who are responsible for one half of the workforce each, in terms of e.g. scheduling, holding discussions on progress and assembling the workers for larger meetings. The middle managers allocate approximately 10-15 % of their working hours for administrative tasks.

### **Findings: Work Flexibility in Practice**

In the subsections below, it is outlined how the desire to create work flexibility is embodied in the scheduling practice at the site. Hence, the material is already interpreted and assembled as to conveniently demonstrate the points made in this article.

#### **Preconditions for a Pharmacy to Operate**

In order for a pharmacy to function, there are a number of external and internal requirements that must be fulfilled. In a wider institutionalised context, the business is significantly shaped from governmental regulation, which is reflected in a permit that the Medical Products Agency issues based on a given set of criteria (Läkemedelsverket, 2012). For instance, the pharmacy must function as an agent to the state by offering the service to collect prescriptions, be staffed with an appropriate

number of pharmacists at all times, be able to provide costumers with all kinds of medical products within 24 hours and follow governmental directives on e.g. pricing. Also, the government has formalised competency requirements that constrain the composition of the pharmacy workforce. *Pharmacist* is a generic term for workers that have a licence to issue prescriptions. This group contains both advanced pharmacists and dispensers. An advanced pharmacist has a five-year academic education whereas a dispenser has a four-year academic education. Both groups are entitled to perform all tasks at a pharmacy, but the advanced pharmacists are more skilled in pharmacology and research. *Pharmaceutical advisor* (hereafter, advisor) is a term that refers to workers that are not authorised to issue prescriptions, but to give medical counselling about non-prescription products to customers. Currently, an academic education of one and a half years is required for this task. However, the regulations for advisors have changed over time in terms of work tasks they are authorised to perform as well as length of education. For example, some of the 'old' advisors are allowed to deliver prescriptions, although a pharmacist must issue (sign) the prescription before passing it over to the customer. *Pharmaceutical assistant* (hereafter, assistant) is a term that denotes all the unqualified workers, who mainly work with goods or at the paydesk. Assistants are not allowed to give medical advice to customers under any circumstances.

Internally, optimal staffing objectives are assigned to the pharmacy by the head office due to amplified flexibility demands. For example, the Store Manager indicates that the profitability requirements have increased fivefoldedly in close connection to the transition into private ownership, which has triggered the introduction of numerous key measures that must be respected in the daily work. Further, the pharmacy faces a set of work tasks that must be made out of necessecity. These tasks are considered to be time-consuming, resource-intense and indeed unrelated to profitability, and mainly concern tasks related to the managing of goods.

### **Staffing Planning Process Guided by Flexibility Demands**

Given the preconditions above, the organisation adheres to a certain flexibility strategy that is realised in the staffing planning process. Flexibility is achieved at the pharmacy mainly by controlled reduction of labour costs through practices that coincide with Lambert's (2008) findings. Since the deregulation, the number of workers has been reduced from approximately 90 to a current total of 47, and the decrease has not been due to layoffs, but has been a result from retirements not being replaced by new employments etc. At the site, 37 workers work full-time, five work part-time and five on-call (unskilled) workers (Houseman, 2001) are hired by the hour when temporary labour is needed. Notably, out of the regular workers, 26 are pharmacists, 14 are advisors and two are assistants. The total number of hours assigned to workers as well as the size of the workforce is set by using computer software that presents a first distribution suggestion based on a measure of productivity determined by the head office. Through dividing expected sales by the amount of contracted working hours, the Store Manager gets hold of an expected productivity for each hour. Also, the system relies on historical data from the

preceding ten weeks and calculates the mean of workers needed for every hour based on workload fluctuations. For example, the Store Manager sets how many prescriptions a pharmacist can handle hourly, and the system thus calculates how many pharmacists that are required in staffing. However, although all managers agree that such approximation is realistic, they also experience difficulties in covering the workload at all times.

*Some hours, I would perhaps need an additional three pharmacists because of the heavy pressure from waiting customers, but I can't bring in three people to work these hours only. (...) Yes, we do have a sufficient amount of pharmacists. [Pause] we accomplish the set goals.*  
(Pharmacist Manager)

The productivity measure adhered to at the site demands that the size of the workforce is perfectly balanced to any given workload which inevitably makes the productivity measure (rather than the workload per se) a determinant of what a 'sufficient' amount of workers comprises. Further, the productivity measure is also constrained by set competence requirements upon workforce composition. That is, the Store Manager describes that pharmacists are required but costly, and that it is crucial to find an effective mix. For example, he says, he cannot have pharmacists handling the goods, as such labour costs would be unbearable. However, he also adds that the set goals are not difficult to achieve given the way he runs the pharmacy. A group of regular workers (holding different competencies) constitute a core cross-functional workforce, where most workers are knowledgeable and entitled to work with various tasks. When needed, he brings in stand-ins and on-call workers to temporarily bring balance to the workforce and if he expects sales to go down, he immediately cuts off all hours from temporary workers in order to keep the productivity constant. The Store Manager explains that the competition is ruthless. If they e.g. lost 5 % of total sales, it would become difficult to adjust the labour costs were they not using temporary workers.

*'I plan a schedule that is initially short in people, in order to add temporary workers only if needed. That is how I play with the resources.'* (Store Manager)

### **Prioritising Practices in Scheduling**

The store is divided into three sections based on work tasks (and thus associated competency requirements) that are related to each section respectively, and the division has given rise to two separate schedules (the Self Care and the Stockroom share schedule) where the two middle managers initially prepare the schedule separately. *The Dispensary* signifies the area in the store where prescriptions can be collected, and is embodied in the space behind the prescription paydesk. Apart from issuing prescriptions to customers, administrative tasks that are associated with these prescriptions (e.g. managing special orders and do prescription check-ups) are performed in-between customers. Only pharmacists are originally scheduled here. Also, advisors that are authorised to handle prescriptions are occasionally scheduled when additional resources are needed. *The Self Care* comprises the main part of the store and is often renowned as 'the floor', where customers are allowed to freely

move around and collect a wide range of non-prescription products. The Self Care includes the tasks of advising customers on the floor and managing the paydesk. Both qualified and unqualified workers can manage the paydesk, although no unqualified workers are predetermined as being part of the core line-up in the Self Care. *The Stockroom* mainly involves the handling of goods and is mainly associated with a sorting area behind the counter where products are unpacked. Also, the Stockroom temporarily expands to the two other sections when products are to be moved from the unpacking area to the shelves. The tasks include filling up products in the mornings, front products on the shelves and sort goods once they are delivered. Administrative tasks related to goods (such as defect goods inquiries, goods durability etc.) are also treated in this section. The Stockroom is manned by two regular assistants and a few advisors that are scheduled either in the Self Care or in the Stockroom depending on the staffing needed.

When allocating the hours and workers to the three sections during the scheduling, a careful process takes place in order to distribute the regular workers optimally. The scheduler adds minor comments in the margin, calculates the total number of workers for each section (total hours for the Stockroom) every hour and carefully moves people around in order to make the schedule match up. The problems that occur are most often related to understaffing and are solved differently depending on what section is short-handed. For example, if the Dispensary is one worker short, an authorised advisor is moved to the Dispensary. As a consequence of the transition, the Self Care section is understaffed instead – a problem that is solved by finding a Stockroom worker that can be moved to the Self Care. Before that decision can be made, however, the scheduler counts the total amount of hours that are scheduled for managing goods. According to the Sales Manager, Stockroom hours are the most appropriate to cut if necessary, and the Stockroom workers are viewed as an extra resource. If a transition of Stockroom workers to the Self Care paydesk results in *too* few hours in goods, she must consider to call in an on-call worker. However, she adds that she first and foremost aims at moving someone temporarily to another section during the most hectic hours, as a means to avoid having to call in additional resources.

*The ideal is to have 6-7 people in the Dispensary, 6 people in the Self Care and 20 hours in the Stockroom, but that can never be done. Wednesday is a disaster already. I have to bring in one of the cheap ones [hourly workers]. (Scheduler)*

During this process, the decisions that are made indirectly rank the sections according to organisational priorities. First, work is prioritised according to the extent of which they are tied to any significant key measures set by the head office. As it seems, priorities are mainly shaped by a task's measurability, where clearly defined (and thus achievable) measures take precedence. Measures used are e.g. amount of customers in the Self Care section; Queuing time below five minutes in the Dispensary section; Number of items sold in the Dispensary; Number of items sold on average per customer in the Self Care Section; Total of sales in relation to budget and a Daily Report of key figures from the budget (green or red cells that indicate if

budget is reached or not), but their relative importance differ. For example, extensive focus is articulated on queuing times in the Dispensary, and represents a demand for fast and standardised handling of prescription customers in the Dispensary counter. From the managers' instructions, the workers must keep queuing times down. The head office demands that 65 % of the customers must be served within five minutes and 100 % within ten minutes (compared to queues that could rise to 45 minutes before the deregulation). Hence, the work of reducing queuing times at the Dispensary is very exact and is significantly improved for each additional worker. By contrast, the work in the Self Care is more difficult to evaluate, as their key measures are not very straightforward. The goals in the Self Care are mainly related to total sales and average purchase per customer. However, the main share of the customers is resistant to influential counselling, as this particular pharmacy is very large where most customers seldom make contact with an advisor (approximately, only 200 out of 2000 customers are interacted with each day). That is, when measuring total sales or sold items per customer, the benefits of additional workers cannot be explicitly shown in any table or graph, which does not allow more staffing than can be justified in financial terms. Interestingly, the Self Care is obviously the main contributor to profit at the pharmacy (as substantial profits are prevented in the Dispensary through regulation), but the exact measurability of queuing times along with the articulated focus in good issuing speed in the Dispensary outruns the Self Care as a main priority. The Stockroom, however, is not associated with any particular key measures. One Stockroom worker explains how they are dependent upon key measures used in other sections indirectly, as the Stockroom will be affected if the other sections fail. That is, if the goals are not reached in the Dispensary or in the Self Care, fewer goods will be delivered and eventually workers will be laid off.

Second, work tasks are prioritised according to the extent of which the achievement in defined key measures is controlled by head office. In particular, results control systems are in place where managers will be met with opposition if set key measures were to be systematically neglected, which create incentives for prioritising in accordance with head office intentions. For instance, a tool called 'mystery shopper' is used by the head office that coercively directs extensive focus onto customer treatment in the Dispenser and the Self Care. Unannounced, a mystery shopper visits the store a couple of times every year and gives points based on the visit. The criteria are e.g. to verbally welcome all customers within 30 seconds of them entering the store, acknowledge them, invest time in them, smile, offer additional products and give final messages such as e.g. 'get better' or 'have a nice weekend'. If the performance is good enough, the workers (and particularly the managers) are given a monetary bonus. Once a month, the Store Manager has a thorough follow-up meeting with his Region Manager, and telephone meetings are held continuously every two weeks where weekly results are discussed. If there are negative trends or 'red figures', the Region Manager might visit for inspection, and the Store Manager is asked to explain why the results are not satisfactory. If a manager fails to accomplish set goals, he or she might be removed from office.

Third, government regulations bring urgency to tasks that would not have been prioritised otherwise. For example, attention is coercively drawn to administrative tasks in the Dispensary and the Stockroom as well as e.g. procedures in narcotics and prescriptions treatment. Further, the competency requirements on pharmacies set by government authorities indirectly assign priority onto tasks that carry restrictions regarding who is allowed to perform them. That is, work tasks in the Dispensary can be performed by a limited number of workers only, which makes it crucial to prioritise such tasks. Hence, the main priorities made by the organisation through the staffing planning process all point at an intersectional ranking, where top priority is given to tasks in the Dispensary, followed by the Self Care and lastly the Stockroom.

### **Discussion: Work Flexibility as a Driver of Conflicts**

The formal structures that are shaped from managerial response to flexibility have certain effects upon employee relations at the site. In this section, it is illustrated how work flexibility functions as a driver of conflicts, and how a professional hierarchy amplifies their magnitude.

A direct consequence from reducing labour costs at the site is undisputably that the workload must be distributed between fewer workers than before (Lambert, 2008). Such a strategy involves a great reliance on functional flexibility (Kalleberg, 2001; Smith, 2001; Wood, 1989) to be effective, where regular workers must successfully move between sections when needed as some of the work tasks assigned a particular section might be difficult to accomplish by the workers within that section alone. Although the site modestly uses numerical flexibility (Kalleberg, 2001; Wood, 1989) as a complementary procedure and quickly adjusts the workforce in order to match workload fluctuations (Houseman, 2001; Cappelli and Neumark, 2004), the situation is not unproblematic for the regular workers due to relational issues (Kalleberg, 2003) when the used flexibility strategy is not as effective as it 'ought to be'.

All three sections at the pharmacy articulate the need for assistance from workers otherwise positioned elsewhere, which is a direct consequence of the functional flexibility strategy (Kalleberg, 2001). For example, in the Dispensary, Self Care workers occasionally assist in issuing prescriptions during the most demanding hours of the day. In the Self Care, Stockroom workers rather systematically manage the Self Care paydesk. Apart from them being stationed there regularly during weekends, the Stockroom workers are prepared to temporarily manage the Self Care paydesk whenever such need is identified. Also, it is overtly indicated from Self Care workers that they require assistance from pharmacists in order to give medical advice to customers, and there is a bell system installed at the Self Care paydesk that sends an audio signal to the Dispensary if assistance is needed. In the Stockroom, the workers desire assistance from Self Care workers with the goods carts and the transfer of non-prescription products onto the shelves at the floor. Similarly, it is said that the



pharmacists should aid with prescription products in the Dispensary whenever they have got the time. In response to the need for reemployment, managers plan for worker transitions according to perceived workload in various sections beforehand. Also, it takes shape spontaneously in the daily work when such need is acknowledged.

Simultaneously, however, it is clear that workers are reluctant to help each other in their daily activities, and such reluctance is particularly evident between groups mainly represented by regular workers. That is, by contrast to most prevalent research on relational consequences from flexibility arrangements where regular and temporary workers are segregated for various reasons (e.g. Geary, 1992; Kalleberg, 2003; Davis-Blake et al, 2003; Way et al, 2010), such consequences are especially evident between sections where mostly regular workers are represented. Thus, it becomes clear that the regular workers are not as protected by the set flexibility strategy as the core-periphery model would suggest (Way, 1992). For example, both advisors and pharmacists agree that they cooperated to a greater extent previously, but that a collective ‘us’ versus ‘them’ mind-set has evolved over time. One Self Care worker exemplifies by referring to a day where only three people were scheduled in the Self Care (two were at the paydesk and a ‘poor one’ at the floor), as there were simultaneously a fair amount of workers in the Dispensary. The advisor says that the Dispensary workers ‘have their queue tickets and their usual pace’ regardless of the amount of customers, whereas the workers at the floor struggle to manage the growing line of annoyed inquisitive customers. A pharmacist adds:

*It was much better teamwork before. At that time, we were one united pharmacy. Now it feels like we’re two competing teams. They’re out there, far away from us, and we’re in here.*  
(Pharmacist)

One major explanation for the unwillingness to help is related to goal conflicts between sections. In essence, the workers have intrasectional key measures and objectives to achieve, but intersectional priorities are constantly made, which creates aggravating circumstances for the workers as they aim to accomplish their assigned tasks. That is, the transition of workers to another section indirectly yet severely worsens the possibility for their regular section to accomplish their set goals, which makes them less eager to assist others if they do not have to. For example, in response to the Self Care workers’ call for pharmacist assistance at the floor, one pharmacist comments that she is aware of their request, but that the Self Care workers fail to recognise the workload in the Dispensary.

*They [the Self Care workers] have other goals to achieve. We have our queuing times. Of course, we’re gonna try to help each other, but it’s like – we have a lot of other work tasks as well, but they can’t see that. Sometimes we go out to help them, but suddenly someone calls you back because the queuing times have gone up the ceiling. (...) Why we are working with queuing times? They... are included in the key measures, so they need to be kept. [Laughs] as you probably notice, that’s all I know. I just try to push the customers forward as quickly as I can. That’s the orders from the top. (Pharmacist)*

If a pharmacist leaves the Dispensary to assist at the Self Care floor, the queuing times are instantly worsened, which leads to reprisals from managers as the

queuing times objectives must be met at all times. However, the Stockroom workers lack measurable objectives and controlled tasks, which aggravates their possibility to legitimise priority in their own work tasks. Further, two Stockroom workers reason that they are particularly exposed to being understaffed, as the productivity measure trivialises their work with goods. As they describe it, the only time they actively contribute to increased productivity is while managing the paydesk in the Self Care through increased sales. For example, one day [among many] during observations only two people were scheduled in the Stockroom. They were severely behind schedule, and barely had time to unpack the prescription products. A few moments later, one of the Stockroom workers was called to manage the paydesk in the Self Care instead. One adds, that the shifts at the paydesk are long and demanding, but that there are no options available for those who are not educated advisors. The Store Manager intensifies this picture by explaining that the productivity is better during weekends when Stockroom workers mostly man the Self Care paydesk, since he does not have any workers that 'walk around behind the scenes and cost money'.

Further, many actors show a lack of understanding towards work tasks and key objectives in other sections, in particular due to the unwillingness to leave one's own section when resources are scarce and the tasks are many. For example, one conflict is established between Self Care workers and Stockroom workers, and stems from unclear routines regarding who should unpack products from the numerous goods carts and put them onto the shelves in the store. Many advisors say that they are understaffed and thereby need to direct all their attention to advice customers. If a Self Care worker assists Stockroom workers with the goods, an otherwise promising mystery shopper score could easily be at stake, or the other Self Care workers could face even more stressful activities. The Stockroom workers, however, request assistance with that task due to their heavy workload that seldom is shared with workers in other sections. The conflict is also the other way around, as Self Care workers require assistance from Stockroom workers in the paydesk since the advisors recognise that they themselves are needed at the floor. The Stockroom workers, however, again utter that they would need all their resources to manage the goods.

*Look. Those product boxes shouldn't be standing here. They should have been sorted yesterday. I have managed to unpack a few boxes today, but now I need to manage the Self Care paydesk... And look at those [points at three prepared product carts that await transfer to the Self Care]. Those are for the Self Care workers to help us with, but they probably won't do that today. (Assistant)*

As a result, workers in one section tend to assign disparaging and simplistic explanations to other workers' tasks. One pharmacist adds that she feels like the Self Care workers at the floor are watching them and mutter to themselves during coffee breaks. She concludes that the Dispensary workers are not responsible for the conflict since they are not demanding anything from the Self Care workers, even though they could use the help from advisors at the Dispensary counter occasionally. Further, one pharmacist comments the ring bell by saying that they never have got the time to leave their own counter. However, she concludes that the Stockroom workers should

be responsible for that kind of assistance, since they ‘only’ manage the goods and have no particular objectives to meet, and therefore easily could drop what they are doing.

Further, the conflicts remain unsolved as they are a consequence of an intended flexibility strategy that is indirectly reinforced by managers. For example, when commenting upon the pharmacists’ unwillingness to assist at the Self Care floor, the Sales Manager implies that the pharmacists’ resistance is legitimate, but that they could enter the floor occasionally ‘just for show’ in order to please the Self Care workers. The matter is kept unhandled as managers reinforce the conflicts by inscribing them in conveyed internal policies. In relation to the goods cart conflict between the Self Care and the Stockroom, The Sales Manager explains that the policy she emphasises implies that the advisors should assist with the products only when they have got the time.

Overall, the scarce amount of labour is perceptible to all workers regardless of the section they belong to, and there are numerous overt debates between workers and managers about the matter. A lot of meetings are described as heated, and the topic is also frequently debated in the daily work. However, the flexibility strategy used is treated as a given within the organisation, and the standard answer from the managers in these matters is always that this is not for them [the local pharmacy] to decide.

*My position at the store makes me look at things differently. People may be upset, but it tends to pass. Sometimes it’s enough for them to merely articulate their anger. (...) The balance sheet shall add up. It shall be profitable. We must reach our financial goals. We must maintain our productivity. (Sales Manager)*

### **Conflicts Amplified by Professional Hierarchy**

The priority ranking that is set by the organisation is also supported by a salient professional hierarchy. In particular, the hierarchy assigns precedence to some sections over others due to differences in acquired status (Anderson et al, 2001). That is, shared perceptions of an intersectional ranking indicate that some sections are more legitimate in their reluctance due to their level of education and profession whereas others are not (Benoit-Smullyan, 1944). At the site, the tasks most illustrative of pharmacy services are restricted to pharmacist practice in a wider institutionalised context (Chreim, Williams and Hinings, 2007), pharmacists are better educated than their non-pharmacist colleagues, and pay levels are significantly tied to profession (Bacharach et al, 1993). Apart from these outward characteristics that shape preconditions for the professional role, there is also the apparent notion of an inward act of self-definition and identity (Barley, 1989). In accordance with the findings of Ashforth (2001), the professionals at the site act according to a set of norms and values that they themselves assign to their professional role. For instance, many of the pharmacists and advisors categorise work tasks based on their level of attachment to the professional role, or, to the ‘white coats’ they wear. Clothing is effectively used at the site to distinguish workers according to competence, where white coats denote qualified workers and the nonqualified workers wear green coats or grey aprons. Although this system is not recognised by most customers at the floor (as it seems, all

workers are predominantly perceived as equally knowledgeable), it is highly acknowledged by workers in the way they communicate and regard each other (Alderfer, 1987). For example, many 'white coats' articulate their view of how the 'green coats' are most effectively used in the daily work by favouring their own situation. In particular, the 'white coats' recognise their competence as being wasted if used at the Self Care paydesk due to competence lock-in.

The influence of professional identity especially appears when workers transfer between sections that are denoted by different clothing, as the self-definition attached to the clothes alters their interaction styles (Ashforth, 2001) and thus how they undertake different work situations (Pratt, Rockmann and Kaufmann, 2006; Weick, 1995). For example, when advisors operate as Stockroom workers at the floor and wear green coats, they direct inquisitive customers to their white-coated colleagues, although they are authorised to respond themselves. Similarly, white-coated advisors designate some Stockroom tasks as 'trifles' that they are not binded to perform. The perceived 'self-in-role' (Ashforth, 2001) is also reinforced through the sections' respective physical positioning at the site (Nembhard and Edmondson, 2006). In the Dispensary, the pharmacists are placed at a well-defined 'area of importance' that is visible yet delimited from customers. The Self Care workers often refer to the Dispensary workers as being 'safe in there', whereas the Self Care floor make the Self Care workers exposed to customers. However, the Stockroom workers lack an obvious attributed location, and thus operate silently 'behind the scenes'.

As each section is associated with a certain level of status a priori, the low-status employee groups are bound to feel inferior while high-status employee groups are recognised as superior (Tajfel and Turner, 1986; Webster and Foschi, 1988) and thus more legitimate in their opinions (Nembhard and Edmondson, 2006), which inevitably shapes what work tasks that are prioritised intrasectionally among the workers. That is, while the different sections express their respective requests on assistance from other sections, there is a significant difference in how these requests are responded to. For example, when the Self Care workers request assistance from pharmacists at the floor, the pharmacists are justified to decline without further commotion. Their place is at the Dispensary counter using their licence to issue prescriptions and keep queuing times short, and their desire to stay in their own section is overtly supported by management through e.g. communicated routine policies and instructions. Similarly, when the Stockroom inquires assistance with the goods carts by Self Care workers, the latter are equally entitled to decline, as their job is to give medical advice, which is more important than managing the goods and thus in line with priorities formalised by management.

Whereas high-status groups are entitled to decline help requests, low-status groups must assist groups that are associated with higher status levels. For instance, the Stockroom workers are obliged at all times to prioritise work at the Self Care paydesk whenever requested, which is inscribed in work routines. The Stockroom workers are often considered (by other workers as well as managers) as most suitable to let go of whatever they have got at hand and provide assistance elsewhere, although

the Stockroom workers are behind schedule by default in their way of working with goods and seldom manage to complete their own work tasks in time. In a similar manner, Self-Care workers are systematically moved to the Dispensary when the latter is short in people, even if such transitions severely increase the workload for the Self-Care workers that remain in their section.

### **Further Discussion: Implications from a Multiple Institutional Logics Perspective**

Once it is suggested that the organising sprung from flexibility demands and hierarchical structures give rise to intraorganisational conflicts, additional insights can be gained from placing the discussion in a broader context by reaching out to multiple institutional logics. As Goodrick and Reay (2011) show in their study, constellations of multiple logics that have relationships of various meanings exert influence on professional work, which signifies implications on the organisational level. Thus, the conflicts that emerge at the pharmacy are not only embodied in locally bound inadequacies but they are also deeply rooted in norm systems on the societal level, as multiple logics guide actors in framing the daily work.

The relationships between various logics that are salient in the study are both cooperative and competitive (Goodrick and Reay, 2011), although the majority of these relationships are competitive. Tendencies of a cooperative nature in logic relationship can be found between a state logic and a professional logic. The state logic is powerful, as it e.g. sets minimum requirements in tasks that pharmacists perform, controls the entry to practice through issuing credentials and determines pricing on prescriptions. In the process of imposing such requirements on pharmacies, it aids to maintain control over knowledge within the profession and thus secure their place in the industry. Further, the state logic and the corporate logic illustrate tendencies of a competitive relationship, as state regulations impose restrictions to how management can run the business. Although the state logic is powerful, however, it is also moderate. The corporate logic employs the major influence onto the organising of work, as it e.g. controls work processes, sets performance standards from evaluating the work done by professionals and determines pricing for non-prescription products. Hence, professionals are increasingly being more valued for their effectiveness and efficiency rather than primarily for their expertise (Goodrick and Reay, 2011). For example, when management evaluates the pharmacists, good performance is equivalent to keeping queuing times measures and up-selling, which is decoupled from their expertise. Thus, the organisational prioritising practice of work tasks remains a central defining factor where key measures along with internal and external control mechanisms suggest a ranking both intrasectionally and intersectionally. As a result, sections are sorted in a priority order that creates the relative unbalance between them, which is absorbed at employee level as all workers coercively adapts to formal structure shaped by head office.

Although the corporate logic is superior in many ways, the professional logic as an ideal among the workers opposes this superiority and thus indicates an additional competitive logic relationship. Most employees do not share convictions of productivity and efficiency held by management, and thus overtly complain that their professional practice is threatened. For example, set routines do not allow pharmacists to invest the time and commitment in customers that they would like, and occasionally they decide to ignore head office directives in their work. Similarly, many workers oppose the set flexibility strategy of hosting few workers, as it contests the fundamental ideal of how work processes and performance standards would have been formed if the professional logic were dominant. Hence, the superiority of the corporate logic where performance standards are set according to organisational key measures nurture undesirable employee relations at the site, and functions as to reinforce the conflicts that arise from the articulated work flexibility aspirations.

### **Conclusion: The (Un)handling of Damaged Employee Relations**

This article sets out to explore how demands for flexibility may foster damaged employee relations in organisations that possess professional services characteristics. A study conducted at one Swedish pharmacy has been used to illustrate a number of such organisational implications.

Professional service characteristics of pharmacies add boundaries and restrictions of what flexibility arrangements that are practicable, and it becomes a necessity to rely on functional flexibility since other arrangements are unfavourable for such an organisation. That is, the composition of the workforce is required to entail a sufficient number of high-status workers, but such workers are costly and they leave limited possibilities to complement with temporary workers to the fullest. However, such flexibility strategy brings internal implications for organisations, as the reigning professional hierarchy aggravates effective redeployment of workers between different work tasks. Rather, it gives rise to conflicts and unproductive employee relations, where the unskilled workers in the regular 'core' become peripheralised due to the (un)prioritising of their assigned work tasks. Hence, although core and periphery components are available, it is particularly groups within the core of regular workers that are exposed.

The study reported on in this article contributes to significant implications for professional organisations that simultaneously face flexibility demands. First, it adds to a deepened understanding of flexibility strategies and their adherent complexity. That is, there seems to be an overall unconcerned use of various flexibility strategies in organisations, where inadequate attention is paid to the potential consequences from using them. The study illustrates that flexibility strategies are closely followed by complexity in various aspects of the daily work, and in particular in terms of employee relations in organisations. Hence, flexibility and its consequences must be problematized to a greater extent than has previously been done if greater understanding is to be achieved.

Second, the article entails a theoretical contribution as its findings can be linked to the field of research on institutional logics. The conflicts illuminated in this study that damage employee relations are not only products of differences in local prioritising and identities, but they are also rooted in a wider system of norms and beliefs shared on a societal level. Hence, the conflicts at hand cannot be marginalised and reduced to locally bound quarrels at the particular site of study only. Rather, they ought to be connected to a wider context where multiple institutional logics allow for a meta story of how such an organisational level paradox could be unfolded.

Third, a set of managerial implications are illuminated, as the article points at potential long-term consequences for organisations that face imbalance in employee relations due to professional hierarchies and the prioritising of work tasks. Although striving for 'optimal staffing' indisputably brings some efficiency and profitability into the equation, it is also crucial to ask what potential weaknesses can be illuminated in the process that could potentially damage organisations over time. In particular, the numerous control systems available to top management can aggravate an organisation's possibilities to successfully execute functional flexibility for various reasons. As the study in this article exemplifies, the work structures and practices encouraged by top management can coercively steer the activities further down in the organisations. For example, when the performance of different work groups is measured from different parameters, an organisation endangers to face damaged employee relations. In the process, incentives are not created to handle the potential problem at its core, as the structure simultaneously presumes that local managers follow directives from the head office. However, if such tendencies amplify over time, it becomes relevant to ask to what extent such development is good for an organisation. Are moderate employee relations sufficient or is there potential for extensive organisational consequences in the long run? Future research is suggested to recognise complexity within the use of flexibility arrangements and explore how to gain additional insights about the ways in which the understanding of work flexibility could be broadened.

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