Hybrid actors and role tensions: How do professional-managers negotiate an identity-based compromise?

F. Burellier

Centre d'Etudes et de Recherches
Appliquées à la Gestion C.N.R.S UMR 5820

CAHIER DE RECHERCHE : 2008-07 E1

Hybrid actors and role tensions: how do professional-managers negotiate an identity-based compromise?

BURELLIER Franck

Unité Mixte de Recherche CNRS / Université Pierre Mendès France Grenoble 2
150 rue de la Chimie – BP 47 – 38040 GRENOBLE cedex 9
Tél. : 04 76 63 53 81 Fax : 04 76 54 60 68

ABSTRACT:
Hybrid actors and role tensions: How do professional-managers negotiate an identity-based compromise?

Today French public management is exposed to numerous changes, changes which are taking the shape of performance management devolution efforts within public organizations. These evolutions aim at conferring more autonomy to actors who are closer to the field, by assigning more responsibilities to them: definition of objectives, measurement of results, resource allocation… This phenomenon is currently manifesting itself inside public hospital organizations, in the same vein that Anglo-Saxon traditions are being influenced by the "New Public Management" movement.

In 2003, the French government launched the "Hospital 2007" plan, a reform aiming, among other things, at internally "remodeling" public hospitals, by making them change from traditional department based organizations to "pole of activity" based organizations. This new hospital organization gave rise to the need to create new "links" in the system. New roles consequently emerged in the organization, roles that we qualify as "hybrids" because they associate both professional activities – the practice of medicine, care… – and management activities – human resource management, team organization, financial management… Therefore, these "professional-managers" play a cross-disciplinary role in the organization, a role which, however, seems difficult to assume. First, the combination of professional and managerial functions seems problematic because of the divergent interests actors attribute to them – quality of care for the health care professional, cost of care for the manager. Besides, the "mixed" hierarchical position proves to be constraining for actors, who become "stuck" between the administrative imperatives and pole staff expectations.

Our research aims at shedding light on the issue of "professional-manager" role conflicts, through an identity-based approach and through the study of identity-role interactions. Pursuing this logic, we mobilize a theoretical framework focused on both role conflict literature and identity work theory. We then compare and contrast these theoretical approaches to practical elements using document analysis and interviews which we collected from a rich case study based in a large French hospital. Next, we highlight two main results. First, we argue that hybrid actors reach compromises between their personal identity and their social identity in order to limit divergent behaviors in their daily work. We also suggest that this compromise allows actors to explore new potential roles and to favor those which appear to be the most congruent with their identities. Finally, we discuss these results in our last section, by placing them in the more global context of identity and role.

Keywords: role hybridization; role tensions; conflicting identities; identity work theory

Introduction

Today French public management is exposed to numerous changes, changes which are taking the shape of performance management devolution efforts within public organizations. These evolutions aim at conferring more autonomy to actors who are closer to the field, by assigning more responsibilities to them: definition of objectives, measurement of results, resource allocation… This phenomenon is currently manifesting itself inside public hospital organizations, in the same vein that Anglo-Saxon traditions are being influenced by the "New Public Management" movement.

In 2003, the French government launched the "Hospital 2007" plan, a reform aiming, among other things, at internally "remodeling" public hospitals, by making them change from traditional department based organizations to "pole of activity" based organizations. These poles of activity have two goals. The first is to gather clinical activities in order to treat patients thanks to a continuous care process, by trying to cross professional social and cognitive boundaries (Dopson et al., 2002; Ferlie & al., 2005; Fitzgerald et al., 2002) – and consequently improve quality of care. The second goal is to give more responsibility to professional field staff by delegating clinical activities approval management, with, in particular, an allocated budget – allowing the optimization of care efficiency, mainly in terms of costs.

This new hospital organization gave rise to the need to create new "links" in the system. On the one hand, in the "horizontal" logic of activity boundary-crossing, Management realized that the actors from different domains needed to work more closely together. On the other hand, in the "vertical" logic of goals' and means' devolution, these actors were also considered as indispensable in local resource management. From this reform, new roles consequently emerged in the organization, roles that we qualify as "hybrids" because they associate both professional activities – the practice of medicine, care… – and management activities – human resource management, team organization, financial management…[1]

[1] It's important to be aware that these roles aren't totally new ones, as team leader nurses or department director physicians already exist ; however, The "Hospital 2007" reforms confer upon them a more "institutional" dimension, and elevates them to a hierarchical level we could qualify as "pivotal" (these actors making the link between hospital direction and the "field staff").

Therefore, these "professional-managers" play a cross-disciplinary role in the organization, a role which, however, seems difficult to assume. First, the combination of professional and managerial functions seems problematic because of the divergent interests actors attribute to them – quality of care for the health care professional, cost of care for the manager. Besides, the "mixed" hierarchical position proves to be constraining for actors, who become "stuck" between the administrative imperatives and pole staff expectations.

Our research aims at shedding light on the issue of "professional-manager" role conflicts, through an identity-based approach and through the study of identity-role interactions. Pursuing this logic, we mobilize a theoretical framework focused on both role conflict literature and identity work theory (1). We then compare and contrast these theoretical approaches to practical elements using document analysis and interviews which we collected from a rich case study based in a large French hospital (2). Next, we highlight two main results (3). First, we argue that hybrid actors reach compromises between their personal identity and their social identity in order to limit divergent behaviors in their daily work. We also suggest that this compromise allows actors to explore new potential roles and to favor those which appear to be the most congruent with their identities. Finally, we discuss these results in our last section (4), by placing them in the more global context of identity and role.

1. From role hybridization to identity conflicts

The new governance reform of French public hospitals, "Hospital 2007", emphasizes the will to cross professional boundaries and, more precisely, the consequent need to introduce new roles in the organization (1.1). Current literature shows how these identity dynamics question emerge (1.2) as a result of boundary-crossing issues.

1.1. Role hybridization as a functional boundary-crossing

Because of the difficulties encountered by professionals when trying to work together, literature and practices began to explore ways to bring these actors closer through role hybridization, a form of boundary-crossing qualified as "functional". Currently in France, as in other contexts, the creation of these roles creates some problems.

A role can be defined as a set of behavioral expectations prescribed by a position within a social system (Ebaugh, 1988). It becomes a hybrid when it is combined with another role which is perceived as belonging to a highly different socio-cognitive field. In our particular case, role hybridization consists of imposing on professional actors the association of their initial activities – medicine, care, or security for example – with managerial functions – notably budget control, or teamwork organization (Ashburner et al., 1996; Bolton, 2000; 2004; Brooks, 1999; Butterfield et al., 2004; 2005; Button et Roberts, 1997; Fitzgerald et Ferlie, 2000; Llewellyn, 2001). Research shows that the rise of these new "professional-manager" roles often goes together with the introduction of performance management (Ferlie et al., 1996).

However, despite this focus on performance, attempts at functional "decompartmenlization" very often create difficulties for the actors embodying this double-role. The literature qualifies the performance-linked difficulties of these roles as "role tensions" (Kahn et al., 1964). These tensions can manifest in two ways: either as "role ambiguities", where the actor is "lost" within his activities due to a poor definition of the nature and characteristics of the role; or, as "role conflicts", where the perceived incompatibility of the different associated activities places the actor in an uncomfortable situation, resembling cognitive dissonance. Recent empirical research on this subject focuses primarily on role conflicts and emphasizes the different forms they can take.

First, they can be skill based conflicts, where the individual doesn't technically master the various activities prescribed by his roles (Bolton, 2000; Butterfield et al., 2004; 2005). Second, there can also be means or resource based conflicts, when hybrid actors don't have the financial, human, or material resources allowing them to perform their roles (Bolton, 2004; Button and Roberts, 1997; Kirkpatrick and Akroyd, 2003). Third, these conflicts can become temporal when the time needed for the realization of required tasks is perceived as difficult to manage (Butterfield et al., 2004; 2005; Fitzgerald and Ferlie, 2000). Fourth and finally, these phenomena can take the shape of identity conflicts when the perceived incompatibility goes beyond the roles' practical aspects and impinges upon the actors' personal "being", and thus effects strategic interactions. The case of British hospitals testifies to this identity conflict phenomenon in role performance. Button and Roberts (1997) show that "physicians-managers" experience tensions between their professional integrity and their managerial responsibilities, above all at a financial level. Though they wish to continue

helping their physician colleagues in their professional activities, these actors feel a loss of legitimacy in relation to them which is expressed by decreased influence on clinical decisions. For their part, Fitzgerald and Ferlie (2000) emphasize that, though continuing to consider non-professional managers as scientifically unable to manage a physician department, these actors develop conflicting relations with their "traditional" physician counterparts because of their new managerial activities.

Because of the internal conflicts it provokes for the actors, role hybridization appears complex to manage, and all the more so because these conflicts concern professional actors, whose identities prove to be relatively "frozen". Schein (1978) defines professional identity as a relatively stable and enduring constellation of attributes, beliefs, values, motives and experiences used by people to define themselves in a professional role. The issue of conflicting identities therefore seems essential in the case of "professional-managers" and leads us to ask a first research question:

How do hybrid actors, like "professional-managers", cope with their identity conflicts?

1.2. Identity conflicts and identity work

In order to better understand identity conflicts experienced by professionals assuming hybrid roles, we estimate the need to study identity construction processes within organizations. An identity can be defined as the set of idiosyncratic meanings through which individuals define themselves in a particular social role (Ashforth et al., 2000; Sluss and Ashforth, 2007). Little research has focused on socio-cognitive problems tied to double identity integration (Dechamp and Romeyer, 2006), and even less specifically on the topic of conflicting identities as part of role hybridization (McGivern & al., 2006).

Organization and management sciences have already dedicated much time to the organizational level of identities (see for example: Anteby and Wrzesniewski, 2007; Callan et al., 2007; Dukerich et al., 2002; Golden-Biddle and Rao, 1997; Honoré, 2002). Pratt (2000) defines organizational identification as the process by which an "individual's beliefs about his/her organization become self-referential or self-defining". As the case studied here is about healthcare professionals within public hospitals, we propose, however, that literature

about organizational identification doesn't prove to be particularly relevant for our research. Indeed, as professional bureaucracies are characterized by a weak organizational attachment (Mintzberg, 1982), we consider that "professional-managers" are more often confronted with interpersonal identity conflicts within their day-to-day work relationships, rather than divergences with their organizations' values.

Literature focused on identity issues at an interpersonal level is even more restrained than that treating the organizational level. Two different approaches are, however, identifiable: a first one considering identity as a degree of individual attachment to a work role – role identity; the other one considering it as an expectations' negotiation dynamic within social systems – identity work.

In the tradition of the first approach, Ashforth et al. (2000), by studying the facilitators and restraints of role transitions, explain that two extreme types of transition exist between roles on a same continuum: integration and segmentation. Integration qualifies the simple combination of roles, which are associated to weakly contrasted identities, as well as flexible and permeable boundaries. At the other extreme, segmentation refers to the difficult connection of roles associated, on the contrary, to highly contrasted identities, as well as inflexible and impermeable boundaries. By the end, authors show among other things, that role identification allows one to create, maintain and cross these role boundaries.

In a similar vein, Sluss and Ashforth (2007) try to develop a relational identification model, that is to say, the degree to which an individual defines him or herself in terms of role relationships. The authors, by starting with identity valence (or perceived desirability), construct a relational identification typology, specifying in particular that when a personal or role based identity valence is perceived as negative, the other one remaining positive, then an ambivalent identification results for the individual within their interpersonal relationships.

This role identity approach does not enable us, however, to emphasize influence "games" between the identities. Indeed, by limiting itself to interpersonal relationships between one individual and only one of his collaborators, it neglects to take into consideration the multiple work relationships characterizing an actors' role.

Following the second approach from a major research project, Snow & Anderson (1987) show that actors construct their identity by interactions within pre-established social frames. The individual, thanks to his experience, develops a personal identity, which is an idealized projection of himself. On the other hand, those people with whom he is in contact in a given social context develop a more or less distinct vision or social identity of who that individual is for them. In the authors' logic, an individual's identity – or self-concept – is the result of a compromise between personal and social identities. Consequently, identity work represents the set of activities in which individuals engage in order to create and maintain personal identities congruent with their "negotiated" identity.

Likewise, Ibarra (1999) focuses on the way individuals adapt themselves to new roles by testing provisional selves, in order to develop possible professional identities. Actors proceed by steps, first by observing the credibility and congruence of the potential identities, then by experimenting with some of them by the intermediary of imitation or authenticity strategies, and finally, by evaluating them in relation to their standards. Kreiner et al. (2006) show how actors try to regulate the multiple situational or occupational expectations they are confronted with, by using identity work tactics. These tactics, aimed at finding an optimal balance between personal and social identities, are of two types: inclusion tactics of congruent social identities with concern for integration into social contexts, and differentiation tactics of incongruent social identities, which on the contrary, try to satisfy distinction needs in relation to other actors. This literature enables us to enrich and refine our research question:

How do hybrid actors such as "professional-managers", re-work their identity as a result of the conflicts they experience?

2. The case of the nurses in charge of poles of activity within a French teaching hospital

As the issue of role conflicts from the perspective of identity has received scarce interest, our research has therefore followed an exploratory approach, in order to understand the way by which actors "play" with their conflicting identities. The field to which we have gained access is a French teaching hospital that we will call "X" during the rest of the article because of confidentiality concerns. We first present the hospital, before studying its main

characteristics, in particular about its transition to the new governance (2.1), before explaining our research methodology as well as our field information processing (2.2).

2.1. Teaching hospital "X" and its new governance

Teaching hospital "X" represents an imposing organization. In 2007 it employed about 9 000 individuals. A great majority of them, around 7 500 individuals, represent non-physician staff, mainly nurses, and support or administrative staff. The other part, around 1 500 individuals, are physicians of various status. The hospital has roughly 2 000 beds.

The organization had to restructure itself to be in accordance with the aforementioned reforms and the hospitals' four year strategic planning project was particularly affected. As a result, starting in January 2007, the hospital was obliged to create poles of activity, which took the form of 24 departments. These 24 poles of activity can be categorized into three types: clinical poles, medico-technical poles, and administrative and logistic ones. In accordance with the new reform, hospital "X" established new functions into the organization: physician, nurse, and administrative managers at the head of every pole. It is thanks to these changes that hospital "X" provided us with a favorable environment for our research on pole managers' role hybridization.

2.2. Information collection and processing in hospital "X"

We collected information in two ways. Our main source was semi-structured interviews with the Human Resource Director, HR staff, IT staff, and with two types of protagonists in whom we were more particularly interested: nurse pole managers and administrative pole managers. Our second source was official hospital "X" documents concerning the introduction of the new governance reform into the organization.

Our 18 interviews took place between March and June 2007 – only three months after the poles of activity came into existence. The majority of the interviews took place in March and most were "uncontrolled" because of the time constraints of our interlocutors. We developed a standard interview composed of about 20 questions, the goal of which was to respond to our research needs as well to those of the hospital. These questions dealt with the interviewees'

assumptions of duties, job changes or recruitment, and their understanding of poles of activity in terms of autonomy, cooperation between pole managers, difficulties, and role perception. These interviews focused mainly on nurse pole managers (14), also known as "health care superior managers" in hospital X and, to a lesser extent, on their administrative manager colleagues (4), called "hospital administration associates". The interviews lasted from an hour and a half to four hours. Our interviews only focused on the 12 clinical poles of activity created in the hospital "X".

Concerning our second source of information, we had access to different types of documents, often confidential, about several aspects of the organization. On the one hand, the HR Director gave us statistical documents about absenteeism, staff size, and staff status, so that we could both analyze them and discuss them with interviewees. We were given the name of contacts within the organization in order to seek further information on the evolution of these statistics' throughout the interviews. On the other hand, we were also given documents dealing directly with the introduction of the poles of activity: reports about experiences resulting from the project, presentations which were made to managers concerning the reforms, contact lists for the different poles of activity, and pole manager job descriptions.

3. "Professional-managers" between identity-based compromises and potential role explorations

Hospital "X" information processing allows us to highlight three main observations about nurse pole managers. These hybrid actors experience role tensions in the form of both ambiguities and conflicts, in particular in terms of identity (3.1). Despite this, the actors take charge and develop identity strategies in order to invent compromises between their personal and social identities (3.2). We argue that these identity-based compromises allow actors to take more liberties with their work, by exploring a greater number of potential roles (3.3).

3.1. « Nurses-managers » undergoing role conflicts

Our field study allows us to underscore a first observation: nurse pole managers, because of their hybrid role, experience role tensions. As the literature states, these tensions take two forms: role ambiguities and role conflicts.

Role ambiguity clearly appears in nurse pole managers' work relations. These actors perceive difficulties in situating themselves in the hospital's new organizational chart, particularly in reference to the distinction between their hierarchical links and their functional ones. This relational haziness both places nurse pole managers in an uncomfortable position relative to their supervisors, and complicates communication with the rest of the organization (and particularly with their new relationships: HR managers, IT managers,…).

This ambiguity also impacts another tension-promoting aspect, role conflicts. Indeed, actors become "stuck" between the divergent judged expectations of their nurse colleagues and from their administrative line supervisors. In order to reconcile these expectations in the best way possible, nurse pole managers are obliged to increase their workload. Thus, this role conflict takes the shape of "temporal disabilities". This role conflict manifests itself in the nurse pole managers' views, especially concerning their means of taking action. Indeed, the quasi-totality of the interviewees denounced a critical lack of budgetary and human resources to carry out their missions. Furthermore, nurse pole managers advance the lack of competencies as a source of conflict for the performance of their new roles. The lack of training and, in a broader sense, of information from Hospital Direction, seems to restrict actors in their role enactment.

However, despite of the importance of these "pragmatic" role conflicts, other more persistent and deeper ones tied to nurses' professional identity enter into the pole managers' discourse. Indeed, when actors are interviewed about their assumption of duties, they refer more to their sense of professional belonging or to their conception of themselves, rather than to their day-to-day prescribed work. These conflicts are expressed in the shape of a double and sometimes contradictory identification, of these actors. It relates both to their professional background, and to their organizational role as "nurse-manager". Given that we are in presence of professionals, these identity conflicts generally manifest as power conflicts within the hospital (*physicians vs. nurses vs. managers*). These phenomena exhibit themselves primarily between physicians and nurse pole managers, each of them trying to "managerialize" the other through attributed qualities.

Nevertheless, we can also observe that identity conflicts don't represent an end in itself for hybrid actors, as they seem to manage to strategically play with their two identities.

3.2. The identity-based compromise as a mode of identity conflict regulation

The "nurses-managers" we studied turn out to be particularly strategic about their management of role conflicts. They seem to use tactics that allow them to autonomously solve their perceived identity-based "deficiencies" within their new role. These tactics successively take two forms which we will detail further: first, an identity-based compromise with their close collaborators (3.2.1); then, identity work activities aiming at maintaining the fixed compromise (3.2.2).

3.2.1. Nurse pole managers' identity-based compromise: a reframing between professional identity and managerial identity

On the one hand, we can observe a strong trend among hybrid actors to broaden their identity boundaries, in order to build a kind of margin for manoeuvring. Indeed, since they can't remain "pure" professionals, their first reaction is to adopt identity-based compromise tactics. These compromises are limited by two "boundaries": first, the expression of fundamental personal needs to maintain professional values and second, the emphasis of imperative social constraints by their colleagues.

Nurse pole managers primarily use professional rhetoric to claim their "clinical" values. Mainly, these actors refer to "drift dangers", of not preserving their professional identity and particularly concerning the loss of sense (or meaning) concerning their care activities. In order to emphasize this problematic issue, and so to create a first boundary for their compromise, they use many obligation terms defining the limits they can't (or don't want to) cross within their identity (*"we must…"; "we have to…"*). For example, hybrid actors insist on their professional values through a distinction between public service issues and private sector activities' characteristics, claiming that a more managerial identification, based on private sector concerns, would threaten their conception of patients (they would then consider as *"machines"*).

Their daily collaborators, however, expect them to personify a more managerial identity. These "social" identities represent a second boundary for hybrid actors. Administrative pole managers express these limits in the areas of supervision and team management, in order to

conserve their field of action (that is financial expertise), and so their own identity (a finance expert). For their part, physician pole managers tend to perceive their nurse manager colleagues as managers rather than healthcare professionals.

Our interviews show that hybrid actors ultimately choose a compromise, despite the identity distortion it involves for them. "Nurse-managers" are therefore in an intermediate position: they have to conciliate their own vision of themselves, that is, what they would ideally like to be (from "pure nurses" to nurse team managers), with the way their administrative and physician colleagues perceive them (from nurse team managers to finance and project managers).

	Nurse pole manager	**Administrative pole manager**	**Physician pole manager**
Nurse pole manager conception	*Nurse under management constraint*	*Finance and rule manager*	*"Delegator"*
Administrative pole manager conception	*Nurse team leader*	*Finance expert*	*Physician collaborator*
Physician pole manager conception	*Manager*	*Administrative worker*	*(no information)*

Figure 1. Pole-managers conceptions of themselves

These compromises indicate that identities, initially perceived as conflicting, are potentially and socially accepted and validated by the different collaborators. However, after defining their area of identity-based compromise, nurse pole managers try to carry out identity work strategies that strengthen their position within the compromise.

3.2.2. Nurse pole managers' identity work strategies: a compromise stabilization strategy

On the other hand, hybrid actors, seeking greater comfort, seem to need to stabilize their identity-based compromises. In order to do so, they try to build distinction criterion with their

daily collaborators. These distinctions involve both professional boundaries which they fix themselves and managerial boundaries that other actors imposed on them. For example, nurse pole managers make efforts to rework their identity through professional boundaries between them and their physician and administrative collaborators (*"We work together for some projects, but we don't have the same language"*). Sometimes, but more rarely, this distinction is created within the clinical specialties themselves (i.e. *"emergency nurses" vs. "non emergency nurses"*), where socio-cognitive boundaries are restored to strengthen the new negotiated identity.

Hybrid actors do, however, emphasize that they support some management values, and, therefore, accept to integrate them as part of their new identity. These values change according to the interviewee, and express the amount of leeway granted to their identity-based compromise. For some nurse pole managers (only two), identification with management becomes total. In this case, they accept to behave as finance and project managers, with conformity to their prescribed role. Other "nurse-managers" (most of them), on the contrary, only partially identify with these new managerial values, by conserving their staff leader identity and by minimizing or excluding the more "administrative manager" identity. In this case, they prefer to behave as an *"operational manager"*, rather than an *"office manager"*.

For nurse pole managers, the advantage of these identity-work strategies seems to be the assertion and validation of their new values so that they can solidify their negotiated identity. It is only as a result of this acceptance that hybrid actors appear to be able to enact and test their identity in their day-to-day activities.

3.3. Potential role exploration: toward a role conflict reduction?

Once this identity-based compromise is partially carried out and stabilized, we notice that nurse pole managers enact their identity with relative freedom in their new role.

These "flights of freedom" manifest themselves in many of their activities. In particular and depending on the level of acceptation or reluctance to adopt a managerial identity, the actors decide to test managerial roles by incorporating big professional characteristics into them. This is the case of nurse managers' training supervision, for example, where some hybrid

actors seem to decline the slightest intervention of administrative pole managers into their professional field. According to that logic, each type of pole manager only makes decisions in relation to his "own" professional staff. The same phenomenon of professional protection happens at a staff recruitment level, where the management process sometimes follows a professional logic (*"nurses recruit nurses; managers recruit managers"*).

Likewise, identity-based compromise allows actors to turn away from rules concerning pole staff absenteeism management. For example, despite the fact that according to job descriptions sick leaves should be validated by both nurse and administrative pole managers, some nurses decided not to follow this rule, and to conserve their right to manage their nurse staff by themselves. The case of job description creation explicitly reveals this phenomenon. The Board of Directors of Hospital X offered the nurses the possibility to create their own job descriptions before they officially took on duties as pole managers. This possibility of self-determination enabled them to adapt their roles quite freely. For example, despite Direction's agreement, a midwife pole manager was created to manage midwives in the paediatric pole.

In any case, hybrid actors seem to make their new role more congruent with their negotiated identity, in order to reduce, to the greatest extent possible, their role conflicts, and so, in a more general way, their tensions.

4. Role hybridization and identity conflict issues: research discussion

Our results converge toward a simple main statement: actors don't only undergo role conflicts, and particularly in the case of identity-based conflicts. As McGivern et al. (2005) show, hybrid actors prove to be strategic in their assumption of duties, by playing with management practices. However, contrary to their results, we argue that some clinical professionals, despite the fact that they don't want to become "hybrid", develop power renewal tactics within the organization in many cases. Indeed, our interviews underscore that about a half of the individuals we met didn't particularly want the job they were assigned. And yet, all of them, after assuming their duties, tried to turn the rules to their benefit. It seems that the systematic adaptation of the "professional-manager" hybrid role therefore constitutes a strategic action.

More particularly, our results show that identity conflicts potentially calm down through compromises between actors. On that score, we join Kreiner et al. (2006) in their conclusion, when they emphasize the inclusion and exclusion tactics actors use in order to find a just middle ground between their individuality and their belonging to social groups. We illustrate them here, in the "professional-manager" case, where actors, either to protect their nurse personal identity, or to open themselves to the managerial values required by their new role, carry out identity inclusion and exclusion tactics.

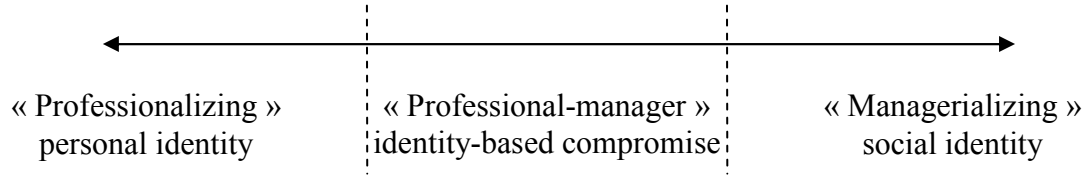

Figure 2. « Professional-manager » identity-based compromise dynamic

These identity-based compromises are likely to progressively contribute to the acceptance of hybrid identities by the whole social context's actors, and so, to partially calm identity conflicts experienced by "professional-managers".

Finally, in a role-identity interactionist approach, we argue that "professional-managers" don't actually carry out this compromise in an unselfish way. Indeed, our results show a tight link between the extent of identity-based compromise and the hybrid actors' effective role nature. We assert that these identity negotiations allow individuals to explore new roles and to innovate within the imposed rules, by more or less deeply modifying the roles proposed by the organization (Nicholson, 1984). "Professional-managers" effect changes in their identity, mainly in the guise of being allowed to thwart their prescribed role rules, as a form of compensation.

Conclusion

Our research work aimed at studying "professional-manager" identity dynamics in the scope of their role conflicts. Our results have shown that, thanks to identity-based compromises and strategies, these actors manage to reshape their identities so that they can adapt to their hybrid aspects and that these changes then filter upwards to their role enactment.

However, we would like to indicate some limitations of our work. First, concerning interviewee identities, we have mainly focused on their voiced opinions. It is all together possible that there exists a discrepancy between this discourse and their real values. In particular, the identity-based compromise could represents a "façade of conformity" (Faison Hewlin, 2003), aimed at hiding or disguising the divergences from social expectations, rather than promoting an effective identity. An observation of hybrid actors in action within their daily work context would allow us to analyze their views in a more nuanced manner, and thus, to more finely characterize their identity-based tactics.

Furthermore, our results are based on information collected only a few months after the start of the poles of activity program. That's why, like Ibarra's (1999) work about identity, we consider that hybrid actors explore and test "provisional" roles. We would like to carry out a longitudinal study in the near future, by focusing on some groups of actors, in order to understand conflicting role and identity evolution. This would allow us to check whether this exploration process only represents a temporary step, awaiting choice stabilization, or if these strategies are durable and prove to be part of a constant dynamic renegotiation activity.

Finally, although our research aimed at understanding hybrid actors' identity negotiations within their daily social context, we didn't have the opportunity to interview all the main interlocutors of the nurse pole managers: the physician and administrative pole managers, the care director, nurse managers, nurse staff… Yet, a work identity approach has to place identity negotiation into large social contexts. Our future research will therefore try to emphasize the different identities existing within poles of activity.

References

Anteby M., Wrzesniewski A. (2007), "Focusing on lone trees in the forest: members' experiences of a multiple identity organization", *Academy of Management Proceedings, p. 1-6*

Ashburner L., Ferlie E., FitzGerald L. (1996), "Organizational transformation and top-down change: the case of the NHS", *British Journal of Management, vol. 7, n°1, p. 1-16*

Ashforth B.E., Kreiner G.E. (1999), ""How can you do it?": dirty work and the challenge of constructing a positive identity", *Academy of Management Review, vol. 24, n°3, p. 413-434*

Ashforth B.E., Kreiner G.E., Fugate M. (2000), "All in a day's work: boundaries and micro role transitions" *Academy of Management Review, vol. 25, n°3, p. 472-491*

Bolton S.C. (2000), "Nurses as managers: between a professional rock and an HRM hard place?", *Human Resource Development International, vol. 3, n°2, p. 229-234*

Bolton S.C. (2004), "A simple matter of control? NHS hospital nurses and new management", *Journal of Management Studies, vol. 41, n°2, p. 317-333*

Brooks I. (1999), "Managerialist professionalism: the destruction of a non-conforming subculture", *British Journal of Management, vol.10, n°1, p. 41-52*

Butterfield R., Edwards C., Woodall J. (2004), "The new public management and the UK police service: the role of the police sergeant in the implementation of performance management", *Public Management Review, vol. 6, n°3, p. 395-415*

Butterfield R., Edwards C., Woodwall J. (2005), "The new public management and managerial roles: the case of the police sergeant", *British Journal of Management, vol. 16, n°4, p. 329-341*

Button W.J., Roberts G. (1997), "Communication, clinical directorates, and the corporate NHS", *Journal of Public Relations Research, vol. 9, n°2, p. 141-162*

Callan V.J., Gallois C., Mayhew M.G., Grice T.A., Tluchowska M., Boyce R. (2007), "Restructuring the multi-professional organization: professional identity and adjustment to change in a public hospital", *Journal of Health and Human Services Administration, vol. 29, n°4, p. 448-477*

Dechamp G., Romeyer C. (2006), "Trajectoires d'appropriation des principes de nouvelle gouvernance hospitalière par les médecins", *Communication à la 15ème Conférence de l'AIMS*

Dopson S., FitzGerald L., Ferlie E., Gabbay J., Locock L. (2002), "No magic targets! Changing clinical practice to become more evidence based", *Health Care Management Review, vol. 27, n°3, p. 35-47*

Dukerich J. M., Golden B.R., Shortell S.M. (2002), "Beauty is in the eye of the beholder: the impact of organizational identification, identity and image on the cooperative behaviors of physicians", *Administrative Science Quarterly, vol. 47, n°3, p. 507-533*

Faison Hewlin P. (2003), "And the award for the best actor goes to...: facades of conformity in organizational settings", *Academy of Management Review, vol. 28, n°4, p. 633-642*

Ferlie E., Ashburner L., Fitzgerald L., Pettigrew A.M. (1996), *The new public management in action*, Oxford University Press

Ferlie E., FitzGerald L., Wood M., Hawkins C. (2005), "The nonspread of innovations: the mediating role of professionals", *Academy of Management Journal, vol. 48, n°1, p. 117-134*

Fitzgerald L., Ferlie E. (2000), "Professionals: back to the future?", *Human Relations, vol. 53, n°5, p. 713-739*

Golden-Biddle K., Rao H. (1997), "Breaches in the boardroom: organizational identity and conflicts of commitment in a nonprofit organization", *Organization Science, vol. 8, n°6, p. 593-611*

Honoré L. (2002), "Transformation de la relation de travail, rupture de l'identité professionnelle et dynamique disciplinaire", *Revue de Gestion des Ressources Humaines, vol. 43, p. 102-113*

Ibarra H. (1999), "Provisional selves: experimenting with image and identity in professional adaptation", *Administrative Science Quarterly, vol. 44, n°4, p. 764-791*

Kahn R.L., Wolfe D.M., Quinn R.P., Snoek J.P., Rosenthal R.A. (1964), *Organizational stress: studies in role conflict and ambiguity*, New York, Wiley

Kreiner G.E., Ashforth B.E. (2004), "Evidence toward an expanded model of organizational identification", *Journal of Organizational Behavior, vol. 25, n°1, p. 1-27*

Kreiner G.E., Hollensbe E.C., Sheep M.L. (2006), "Where is the "me" among the "we"? Identity work and the search for optimal balance", *Academy of Management Journal, vol. 49, n°5, p. 1031-1057*

Llewellyn S. (2001), "« Two-way windows »: clinicians as medical managers", *Organization Studies, vol. 22, n°4, p. 593-623*

McGivern G., Addicott R., Ferlie E., FitzGerald L. (2006), ""Incidental" and "strategic" clinical-managerial hybrid identity", *EGOS Colloquium, Sub-theme 28 : Managing the public sector : transparency versus accountability ?*

Mintzberg H. (1982), *Structure et dynamique des organisations*, Les Editions d'Organisations

Nicholson N. (1984), "A theory of work role transitions", *Administrative Science Quarterly, vol. 29, n°2, p. 172-191*

Pratt M.G. (2000), "The good, the bad, and the ambivalent: managing identification among Amway distributors", *Administrative Science Quarterly, vol. 45, n°3, p. 456-493*

Sluss D.M., Ashforth B.E. (2007), "Relational identity and identification: defining ourselves through work relationships", *Academy of Management Review, vol. 32, n°1, p. 9-32*

Snow D.A., Anderson L. (1987), "Identity work among the homeless: the verbal construction and avowal of personal identities", *American Journal of Sociology, vol. 92, n°6, p. 1336-1371*

Wrzesniewski A., Dutton J.E. (2001), "Crafting a job: revisioning employees as active crafters of their work", *Academy of Management Review, vol. 26, n°2, p. 179-201*