Networks of expertise: an example from process consulting

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Abstract

In this paper, we explore how expertise is configured and enacted in consultancy work in public sector organizations. By drawing on recent writings on a sociology of expertise, we analyse expertise as a distributed performative actor-network effect. Through an empirical example from a process consultancy assignment in a hospital, we discern four modes of practice by which a network of expertise comes to work. Firstly, we explore a mode of *extending* a network of expertise to include more allies. Secondly, we observe a mode of *activation* where certain parts of the network are made active and present. Thirdly, we explore a mode of *brokering* between top management ambitions and the everyday medical practice.

Fourthly, we see a mode of *altering* the content of the consultancy process to make it work with the client. Through this analysis, we move beyond viewing expertise as either an attribute to, or a substantial skill of the consultant and advance a heterogeneous social understanding of expertise in consultancy work.

Keywords: Sociology of expertise, Consulting, Actor-Network Theory, Management, Professions, Public sector

Introduction

The expansion of management consultants within HR, strategy, accounting and finances has led researchers within organization studies and sociologists with an interest in professional work to discuss consultancy as a new kind of profession or expert labour that provides influential knowledge on management to public and private organizations (Kirkpatrick et al. 2016, Mckenna 2006, Thrift 2005, Alvesson 2002). For instance, it has been argued that transient consultants have replaced entrenched bureaucrats in the legitimation of management decisions (Sennett 2006). Whilst expert status appears as a raison d'être of consultancy work, the knowledge base and expert status of consultancy has been questioned (Schein 2006, 1999, Alvesson and Johansson 2002). It has been pointed out that consultancy acts within situations without 'institutional shelter', which also makes consultancy expertise blurry (Sennett 1998, Muzio et al. 2016). Likewise, existing literature has argued that consultancy, management and managerial knowledge fold into each other in contemporary organizations (O'Mahoney et al. 2015) and create a contested managerial domain where many different managerial occupations (consultants, politicians, managers, academics etc.) claim jurisdiction (Wylie et al. 2014). In turn, due to an often betwixt-and-between position, consultants need to assert their relevance and expert status continually. We argue that this continual work makes consultancy work, not least in public sector settings, an apposite case for advancing our understanding of expertise in organizational settings.

With regard to the role of expertise in consultancy, it is often treated as black-boxed concept that either become an attribute to the consultant or a substantial possession of the consultant (Clegg et al. 2007, Heusinkveld et al. 2014, Schein 1999). For example, as an at-

tribute, expertise has been described as something the consultant 'claims' or 'signals' by asserting know-and-tell solutions and performing in an 'expert-like' way (Wylie et al. 2014, Wright 2009, Alvesson 1993: 1004). In contrast, Schein (1999) offers another more substantial perspective and considers expertise more as something the consultant possesses, and points out that expertise differs across different consultancy approaches. In this latter respect, the good consultant is argued to be an expert at '[…] sensing from one moment to the next what is going on and choosing a helping mode that is most appropriate to that immediate situation […]' (Ibid, 21 – 22). Although emphasizing the role of the client in the consultant's work, Schein (1999) portrays expertise as interior to the consultant, as the ability to evoke a particular sensitivity. In turn, prior literature on consultancy has mainly captured expertise by discussing rhetorical and esoteric aspects of expertise and expertise as an attribute or individual possession. We argue that the understanding of expertise as a possession or an attribute of the consultant – bestowing on the individual a status as 'esoteric expert' (Alvesson and Johansson 2002) – is problematic. These perspectives leaves it under-theorized how expertise is accomplished in consultancy practice.

Advancing another social understanding of expertise involves developing a more comprehensive approach compared to previous individualized studies of expertise in consultancy practice. We draw inspiration from an actor-network-inspired orientation, and, instead of seeing expertise as a personal possession or attribute, we see expertise as a distributed performative *actor-network effect* (Eyal 2013, Gherardi 2012, Nicolini 2013). Thereby we advance the argument put forth by sociologist Gil Eyal (2013), who suggests replacing the sociology of professions with a sociology of expertise. According to Eyal, the former encompasses an insightful although slightly narrow focus on the individual professional as the one who possesses a certain kind of expertise granted by significant others. The latter, could for instance be professional associations who license the expert or provide a mandate for jurisdictional claims. In contrast, a sociology of expertise focuses on how forms of expertise assemble in a broader sense through the performance of certain tasks. To paraphrase Eyal (2013: 868), a sociology of expertise suggests understanding expertise as an arrangement of actors that as-

semble and 'create a network of expertise'; thus, expertise becomes a fundamentally heterogeneous social accomplishment. Whereas Eyal (2013) uses this analytic endeavour to make a historical account of how a network of expertise becomes institutionalized, we investigate how expertise is translated in consultancy networks that assemble and enable forms of expertise in action.

We will focus on forms of expertise in process consultancy. The 'process' consultant is described in the work of Schein (e.g. 1999) as an expert on human 'process' who typically works through 'facilitative interventions'. This mode of expertise has gradually been institutionalized as a legitimate development approach in Danish public sector management (Elmholdt 2016). In continuation of this, we raise the research question 'how is expertise enacted in process consultancy practice?' Through this question, we wish to contribute to discussions of expertise in organizational settings and the understanding of how process consultants, requested as kind of managerial experts, assert influence in organizational settings. We continue by elaborating on the concept of expertise.

Theoretical framework: expert performance and a sociology of expertise

Eyal (2013: 869) finds that expertise derives 'from the Latin root *experiri*, "to try"' and is often related to know-how and 'the capacity to get a task accomplished better and faster because one is more experienced, "tried"'. Extant literature on expert performance has acknowledged the embodied and tacit dimensions of expertise and an inability to explicate all there is to an expert performance (Dreyfus and Dreyfus 2005). This argument relates to the distinction between 'knowing how' and 'knowing that' introduced by Ryle (1949) and the later work of Polanyi (1966) on tacit knowledge (Kotzee 2014). In this line of research the focus on expert performance turns towards an 'epistemology of practice' instead of an 'epistemology of possession' (Cook and Brown 1999). These descriptions emphasize a focus on the situated aspects of expert performance and how a certain context and 'background of practices' is embodied and mastered by the expert, thus enable and explain expertise (Eyal 2013). In turn, expertise is partially decentred and not only an attribute of the individual but rather, as Lave and Wenger argue: '[…] mastery resides not in the master but in the organization of the

community of practice of which the master is part' (Lave and Wenger 1991: 94). This prior literature largely present expertise as a substantive skill of practical knowledge, it emphasizes the embodied, distributed and collective aspects of expertise and encourages one to look beyond what can explicated by the individual to study expertise (Gherardi 2012).

Moving this further, Eyal (2013) suggests exploring expertise as an assemblage, which is 'analysed as networks that link together objects, actors, techniques, devices and institutional and spatial arrangements' (Eyal 2013: 864). This actor-network theory (ANT)-inspired orientation provokes a sensitivity towards the sociomaterial or entangled aspects of expertise. To look beyond individual performance, Eyal (2013) suggests not settling with expertise as a possession of the organization, an individual or a profession. Instead, a sociology of expertise must unpack the background of practices or network that assembles and enables expertise to happen. In turn, to apprehend expertise in process consultancy we are to focus our analysis on the actor-network that enables expert performances. This mean a focus on the tools and devices that are used by consultants in their work, the organizational hinterland, the concepts and contributions made by other people, such as managers, in this accomplishment.

> […] a network of expertise, as distinct from the experts, becomes more powerful and influential by virtue of its capacity to craft and package its concepts, its discourse, its modes of seeing, doing, and judging, so they can be grafted onto what others are doing, thus linking them to the network and eliciting their cooperation (Eyal 2013: 876).

In other words, process consultants are not only enabled by being suppliers of managerial expertise, but also by co-producing managerial expertise with their clients. Their clients may further be able to use the produced managerial knowledge to boost their own managerial authority. Hence, it is by *extending* managerial expertise to other actors that it becomes powerful (Eyal 2013). This view makes it possible to see expertise not as a substantive skill of the individual but as a performative effect of a network, which also provides the equipment to become a skilled performer. Latour (2005) suggests

using the term 'plug-ins' to describe how certain circulating entities work as plug-ins to 'allow you to *activate* what you were unable to see before' (Latour 2005: 207). This idea of plug-ins or entities that are *activated* and made present provides a helpful approach to studying how expertise is enacted in action (see also Cooren 2010). In this sense, expertise can also be considered as enabled because the consultant *activates* certain entities like concepts, managerial mandates, tools etc. that are circulating and enable the accomplishment of expert performances. However, these plug-ins do not remain unchanged, like translation, activation also means 'to set something in a new place', which involves 'to construct it anew' (Czarniawska 2002: 7). This underscore a central concern to ANT, which is to focus on the momentary *translation* of diverse interests, agendas or other actors, which assemble to form a network of expertise (Callon 1986). In sum, an ANT-inspired orientation, as taken in this article, encourages a focus on opening up the background of practices and arrangements that must be in place to perform the task at hand and to enact expertise.

Empirical case: introduction to the research site and methodology

We conducted an analysis of expertise in action during a consultancy assignment at a Danish university hospital. The assignment took place from June 2013 to February 2014, when a medical department undertook an organization development process driven by internal organizational process consultants from the central HR department. The development process was partly requested by the top management at the hospital as an overall management development programme and strategy that were to address the difficulties faced by clinical professionals occupying managerial positions. The declared aim of the development programme was 'to mobilize the managerial resources' at the hospital (internal document), partly in response to an unsatisfactory psychological workplace assessment, and to improve the psychological work environment. The top management had in advance pinpointed the front-line practice of professionals in managerial roles in each hospital department as the developmental target.

The overall process consisted of several consecutive events. First, the top management had drawn up the overall strategy and re-

quested a management development programme; thus, the top management could be described as the initial client. Subsequently, the managerial team of each department whose staff (professionals in managerial roles) the programme concerned had to assign their department to the overall program. Finally, the group of professionals in managerial roles who were identified as the main developmental target became involved (this latter group ultimately ended up as the primary client) (see fig. 1 for an overview). As a result, the process the consultants were hired to lead was positioned between demands and expectations from top management at the hospital and the everyday practice and concerns in each department. The consultants' role could be divided into two: firstly, their role was to identify current problems in each department and relate those to the overall program; secondly, it was to facilitate and lead a process that would address those problems in each department. This made the task of the consultants a balancing act involving enactments of diverse interests and agendas; thus, their ability to act with expertise also was to be tested repeatedly.

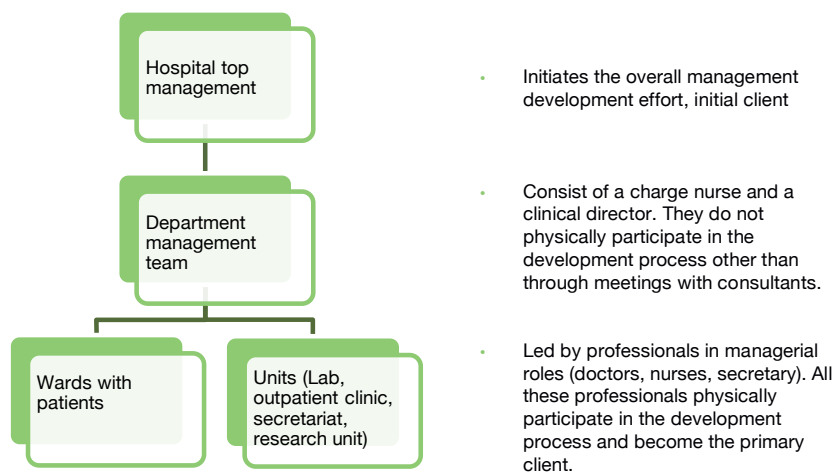| Hospital top management | • | Initiates the overall management development effort, initial client |
| Department management team | • | Consist of a charge nurse and a clinical director. They do not physically participate in the development process other than through meetings with consultants. |
| Wards with patients / Units (Lab, outpatient clinic, secretariat, research unit) | • | Led by professionals in managerial roles (doctors, nurses, secretary). All these professionals physically participate in the development process and become the primary client. |

Figure 1: Simplified hierarchical overview of the hospital

The empirical material generated from the above-described process is part of a larger ethnographic account (Elmholdt 2016), which involved approximately 200 hours of selective participant observation (Rubow 2003, Spradley 1979), 37 semi-structured interviews (Kvale and Brinkmann 2009) and document studies (Lynggaard

2015). In this article, we focus only on materials relating to the consultant-client engagement that unfolded in the medical department. This consultant-client engagement happened to exemplify very well the distributed conception of expertise that we want to account for. This process is, paraphrasing Cooren et al. (2006, 540), interesting, 'not because of its representativeness, but because of its analysability'.

We conducted the analysis by firstly examining the empirical material (interview transcripts, observation notes and documents) to explore examples of how expertise was enacted in the consultant-client relationship. In our preliminary analysis, we decided to categorize the empirical material according to how and through which means the network was *extended* and *activated* in the consultants' work. Based on the preliminary analysis, we re-examined our empirical material and were able to nuance the initial categories and establish four different, although entwined, modes of practice in the consultants' work. These were respectively modes of:

1. *Extending* the network to include more allies;
2. *Activating* certain parts of the network by the means of plug-ins;
3. *Brokering* between top management and the everyday medical practice;
4. *Altering* content in collaboration with the client.

We analyse these four modes of practice in the following empirical sections. Although the modes of practice are presented in a chronological order of time this divide mainly has a heuristic purpose. In turn, the different modes of practice were continuously at play throughout the process.

Extending the network: creating conditions for consultancy work

The first practice we will focus on is how the consultants become part of an extended network of allies that contributed to and delegated authority to the consultants' expertise. Although the hospital's top management from the very start became co-contributors to the consultants' work and expertise, our focus will be on how it unfolded in action in the medical department.

The process began with the medical department's managerial team enrolled their department to participate in the overall development process. A meeting followed this enrolment between the consultants and the department's management team. The purpose of the meeting was for the consultants to describe their further work in the department and to explain the request and what was expected of the departmental management team; thus, also to discuss the task and role of each participant during the process. As the overall initiative from the top management was intended to target the 17 professionals in front-line managerial roles in the department (nurses, doctors and secretary, fig. 1), it was decided that the departmental management would take no further direct part in the process. The consultants explained that the exclusion of the departmental management team 'would make other conversations possible among the front-line participants' (Interview). In turn, after having discussed current issues and ambitions with the departmental management team, the consultants continued their assignment by extending the process further to include expectations and agendas from the front-line professionals in managerial roles. This part initially involved conducting individual interviews with each of the participating professionals. As one of the consultants explained, these interviews not only provided knowledge about the department but also allowed them '[…] to make connections to the participants […]' and '[…] prepare them for the further process' (Interview).

The initial part of the process, as just described, consisted of a background of practices that lend weight to the consultants' expertise. By including the hospital's top management and the departmental management team, and by conducting interviews with the front-line participants, the consultants extended the network or number of participants in the programme. In turn, several attachments were created, which extended the number of providers of content to the process and allowed the participants to use and shape the expertise of the consultants. In other words, the expertise of the network also becomes the expertise of the consultant. All these attachments provided an important background for the consultants' further work in the medical department, which was to be outlined at a 'thematization' meeting. At this meeting, the issues derived from the interviews would be presented by the consultants. Many agendas were at play at this moment prior to the meeting, since

the programme was partially shaped by the top management at the hospital, the departmental management team and the professionals in managerial roles. We will see how this went in the section that follows.

Activating allies and acting as a broker
In the following, we focus on how the different actors and prior activities were made active as plug-ins for acting with expertise in the development process. We will use two excerpts from the 'thematization' meeting where the consultants presented their findings and the further development programme.

> Excerpt 1:
> The 'thematization' meeting took place in a meeting room at the hospital; the room was set up in an auditorium-like style, with chairs. The consultants arrived early to set up the projector and make sure the PowerPoint show would work. The professionals in managerial roles started to arrive shortly afterwards. They sat down on the chairs. The consultants remained standing and started to introduce themselves by repeating their position in the HR development department at the hospital while stating their educational background. In continuation of this, the consultants continued by saying: 'Firstly, we talked to the department management team to find out their objectives for this process, and secondly, we talked to you guys through the interviews, and what we hear, fortunately, fits rather well into the overall aim of the management development initiative from the hospital top management'. (Field note, 2013).

What becomes apparent in this excerpt is how the consultants activated different entities in the network, which were important to enact a legitimate mode of expertise. Their educational background and employment at the hospital were important plug-ins to the consultants' initial positioning. Further, the request from the hospital top management and the departmental management were activated as collaborators lending weight to the programme. The consultants thus enact through activation a larger network of allies that

delegate and translate the consultancy position into one of expertise. In turn, the consultant must balance diverse agendas from the different entities in the network and act by brokering between those diverse agendas. This ability constitutes one of the important skills of the consultant: to activate and act as a broker between different parts, thus assembling a network of expertise.

However, whereas sharing the activity with other entities was important at the outset, the interviews also worked as an important technology in enacting consultancy expertise. In line with their process consultancy approach, the consultants underscored how the interviews should ensure that the programme was 'tailor-made' and not an off-the-shelf kind of intervention.

> Except 2:
> Bullet points from the interviews were included in the slideshow and appeared as condensed descriptions of the participants' aims and concerns. Based on the interviews, the consultants inferred that currently the participants expressed a lack of knowledge about a 'common task' as a group of people in managerial roles. The consultants argued: 'There is no doubt that you have a common endeavour to do the best for the patient, but you become more hesitant when we ask if you also have a common task'. The consultants continued to explain some of the suggested content of the programme and explained that 'the core task' would be central to the development effort. This notion, 'the core task', had circulated at the hospital through an external management consultant and had gained wide acceptance as an essential concept of focus. (Field note, 2013)

The interviews worked as an important device to engage the participants as collaborators; thus, the consultants positioned themselves as conveners of the participants' interests. In addition, the interview allowed the consultants to question knowledge about a common task as a group and further invoke the 'core task' as an essential plug-in to the process. The consultants problematized the current situation and indicated that the programme could translate into a solution to this lack of knowledge. In other words, by using

the interviews, the consultants could act knowledgeable about the organization and further actively position themselves in a particular line of delegates.

Testing consultancy expertise and altering content

The response to the consultants' presentation is our focus in this part. Being recognized as enacting expertise relies on being positioned legitimately in relation to the many different agendas of the client. It becomes very evident in this situation that to accomplish their task the process consultants require collaboration from the professionals in managerial roles. The professionals need to recognize what the consultants are saying as representing legitimate knowledge to enact expertise in the situation – a part that happened to be difficult.

> Except 3:
> The consultants had introduced the programme, which would consist of three seminars of three days each that would take place at a conference facility. The consultants underscored the flexible aspects of the programme and their work by saying: 'The programme must provide value, so we are making adjustments as we know what you are requesting'. In continuation of this, the situation changed and the participants started to question the programme outlined by the consultants; one asked: 'What do you usually see departments like ours get out of this'? The consultants questioned the ability to provide any promises in advance; however, this answer did not satisfy all the participants. The consultants continued and explained: 'The problem is that this [the outcome] is something we cannot control; we can help you [participants] to increase the likelihood that what you initiate succeeds and is realized. However, because there are so many things in play […] we cannot control all this from here […]' One of the participants then asked; 'but what will your role be in this process?' The consultants explained that their role was to act as 'process consultants' providing facilitative assistance, thus the certainty the participants requested was impossible according to the consultants. (Field note, 2013)

Some of the participants acted as if they expected the consultants to be accountable for their contribution in exact terms. In contrast, the consultants presented their process-consulting role as different and seemed to downplay their authority. This kind of contribution was not recognized by the participants as the right kind of expertise, as the excerpt below shows.

> Except 4:
> The participants started to question the lack of direct participation from the departmental management. One of the participants asked: 'Does this mean that the department management are not a part of the nine days? So it could be that what we decide during the nine days does not get carried out?' Without the departmental management, the participants seemed to doubt that this kind of development effort would be able to change anything. (Field note, 2013)

After the meeting, the consultants decided to temporarily call off the programme, as they did not consider there to be 'sufficient trust in the process to proceed' (Interview, consultants). This lack of trust was apparent in several interviews with the participants afterwards. One participant argued: 'but what is the purpose of all the interviews? […] From the interviews, they could have said we have ten suggestions for things you should work with in the department […] But that was just like nothing […] it was really like the clash of two different worlds […]' In turn, the participants did not accept the expertise performed by the consultants, which also relied on their recognition and engagement as client. This proved a lack of 'trust in the process', which, according to the consultants, was essential for the process to proceed (Interview, consultants). The consultants further argued that changes had to be made. Indeed, adjusting along the way and the ability to be 'flexible as a consultant' (Interview, consultants) was an ongoing concern to the consultants. In continuation of the new situation, the departmental management team decided to renegotiate the programme with the professionals in front-line managerial roles. After a meeting between the consultants, the participants and the departmental management team, they jointly decided to alter the focus of the programme and

to repeat the programme in a changed format. This appeared as a mobilizing move since now both the consultants and the departmental management team would be physically present in the process. In sum, this final part shows how the network of expertise is fragile and easily become destabilized. For instance, it becomes visible when the participants expresses confusion about the purpose of the interviews, and the consultants has to engage in a mode of altering the content to re-establish a position of expertise.

Discussion and conclusion: consultancy and networks of expertise

Drawing on our case, we can now start to unravel some of the dynamics involved in enacting expertise through our theoretical position. Although our case unfolds with only partially anticipated outcomes, we do get an understanding of how expertise is enacted in process consultancy practice and how diverse interests are at play, which must be translated in a legitimate way. By deploying an actor-network-inspired orientation, we indeed see how the consultant activates different plug-ins and how the network of expertise extends beyond the consultant. It is the consultant + the hospital management + departmental management team + professionals in managerial roles + concepts, interviews and tools etc., which enact expertise (see also Callon & Law 1997, Law 1997).

In our case, we analyse how consultancy expertise is enacted and comes together as a network effect through four different modes of practice – *extending, activating, brokering* and *altering*. Although the four modes of practice are not separable as such but rather add to each other, the four modes have some specific characteristics. Firstly, enacting expertise partially depended upon extending the network. *Extending* concerns how participants are included as co-shapers of the consultants' work. The consultant does not act as the single provider of expertise, but rather relies on the expertise of the professionals in managerial roles. Through the interview and dialogue, the consultants extend and thereby strengthen the network of expertise, and the professionals in managerial roles start to act as co-experts. In continuation of this, the practice of *activating* concerns how the consultant puts the network of allies to work and increases or decreases the number of agencies supporting the consultants' work. In turn, the practice of activation underscores how the net-

work orientation opens the black box of expertise instead of making it a matter of mostly tacit knowledge or substantial skills (Polanyi 1967). A network view of expertise might seem to downplay the actions of the consultant or the psychological or human aspects of expertise; however, this is not the main point. The consultant does make choices; they activate attachments and detachments to various allies and figures, such as 'the core task' (excerpt 2). Hence, the consultants actively perform an important role in the enactment and strengthening of expertise by becoming a node in the network (Cooren et al. 2006). In turn, activating also relates to the third mode of *brokering* as it is also about translating and connecting issues of the participants to concepts, knowledge and organizational interests. *Brokering,* however, specifically happens when the consultants alternate between — or exchange — the ambitions of the top management and the ambitions of the department. For instance, the consultants argued that the concerns voiced in the interviews by the professionals in managerial roles were well aligned with the purpose of the overall management development effort expressed by the hospital management and the ambitions voiced by the departmental management team (excerpt 1). In this situation, different ambitions are turned into combinable managerial matters of concern. The translation involved in brokering thus can be outlined as the consultants expressing in their 'own language what others say and want, why they act in the way they do and how they associate with each other' (Callon 1986:19). In turn, this underscores how the consultant performs a network and acts as a spokesperson for other agents (top management, the hospital, departmental management team and each of the participants), which provide viable claims to expertise. However, in the end, if the consultants' work is not recognized as a legitimate attempt at development that invokes collaboration from the participants, the intervention is likely to backfire. We see how this is the case in the end (excerpts 3 and 4), which also accentuates the fourth practice of altering. *Altering* is about engaging in changes to the content and the trajectory of the consultants' work. In our case, altering the content of the programme proved to be an important tool for enacting and strengthening expertise, in turn, to make the programme work. In sum, the four modes of practice that we have established encapsulate how expertise was enacted and strengthened in the consultant-client re-

lationship in our empirical case. The modes shows how expertise in consultancy, not only requires inputs from various actors it also contain exploitation and alteration of various agendas and knowledges to be positioned within a legitimate set of delegates.

Two main contributions emanate from our case study. Firstly, by unpacking expertise in consultancy practice, our study contributes to recent discussions of the role and enactment of expertise and skilled performance in organizational settings and contemporary work (Wylie et al. 2014, Gherardi 2012). Although consultancy has been considered as relying on expertise (Wylie et al. 2014, Schein 1999), there is a dearth of research exploring how expertise is accomplished in practice; thus our study advances this underdeveloped field of interest. Secondly, our study contributes to practice-based studies of expertise and a sociology of expertise by not only prolonging the research agenda put forth by Eyal (2013) in another context, but also by showing how expertise may be assembled and enacted *in action*. Although Eyal (2013) is inspired by actor-network theory, he ends up portraying expertise as relying on a stabilized institutional set-up. Our focus relies less on a certain institutional set-up as explaining expertise. In contrast to Eyal, we explore how expertise is enacted in action, which underscores how a network of expertise is anything but static and requires being continuously assembled and re-enacted. Through our study, it becomes apparent how expertise is a heterogeneous social accomplishment situated in different modes of practice that contain relevant concepts, devices and arrangements.

While our focus has been on aspects of process consultancy at a hospital, we imagine this research focus to be relevant, not only to other forms of consultancy expertise. A general doubt in expert status (Callon et al. 2009) and a turn towards more facilitative approaches in professional services, for instance in new public governance and post-NPM regimes (Lindberg et al. 2015), do not necessarily mean that expertise vanishes, but that expertise become enacted differently.

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