**The Varieties and Archetypes of Human Work**

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## Background

Understanding and improving human work is relevant to most people in the world, and a number of professions are dedicated to improving human work. Recently, several notions have gained popular acceptance, helping to demystify the improvement of work. One of these is the simple observation that how people think that work is (or would be done) done, how work should be done according to plans and designs, how work is done, and how people say work is done are different but related *varieties of human work*: work-as-imagined; work-as-prescribed; work-as-done; and work-as-disclosed. These are illustrated in the figure below, which shows that the varieties of human work do usually overlap, but not completely, leaving areas of commonality, and areas of difference.

## The Four Varieties of Human Work

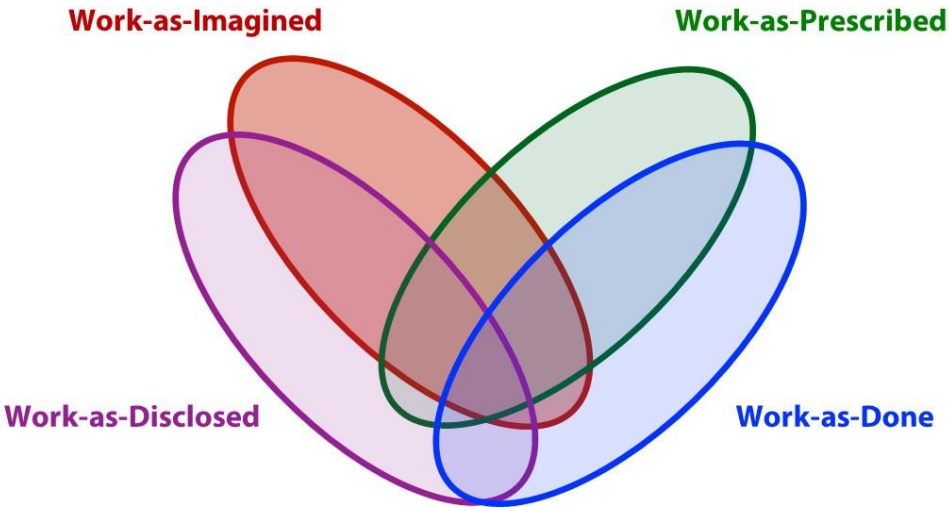


**Figure 1: The Varieties of Human Work**

### *1. Work-as-Imagined*

When we think about human work, we typically think about the things that we actually do. But in *thinking* about what we or others do, we have already uncovered another important type of work – the work that we imagine. *Work-as-imagined* is both the work that we imagine others do and the work that we imagine we or others did, do, or would do, in the past, present, or future. The imagination of human work takes place within organisations, between organisations, and from outside of organisations.

### *2. Work-as-prescribed*

Our imagination of human work is not necessarily the same as the way that work is prescribed. Work-as-prescribed is the formalisation or specification of work-as-imagined, or work-as-done, or work-as-disclosed, or some combination of the three. It takes on a number of forms in organisations, including: laws, regulations, rules, procedures, checklists, standards, job descriptions, management systems, and so on. Some of these are more task-oriented (e.g., procedures, checklists) while others are more job-oriented (e.g., job descriptions). While there are infinite varieties of work-as-imagined, there is a limited variety of work-as-prescribed, with each task having one or a small number of prescribed methods.

### *3. Work-as-disclosed*

In addition to the way that we imagine work, and the way that work is prescribed, we can add a third variety of human work: work-as-disclosed (or -explained, -expounded, -exemplified, or -espoused). This is what we say or write about work, and how we talk or write about it. It may be simply how we explain the nitty-gritty or the detail of work, or espouse or promote a particular view or impression of work (as it is or should be) in official statements, etc. Work-as-disclosed is typically based on a partial  version of one or more of the other varieties of human work: Work-as-imagined, work-as-prescribed, and work-as-done. But the message (i.e., what is said/written, how it is said/written, when it is said/written, where it is said/written, and who says/writes it) is tailored to the purpose or objective of the message (why it is said/written), and, more or less deliberately, to what is thought to be palatable, expected and understandable to the audience. It is often based on what we want and are prepared to say in light of what is expected and imagined consequences.

### *4. Work-as-done*

Work-as-done is actual activity – what people do. It is characterised by patterns of activity to achieve a particular purpose in a particular context. It takes place in an environment that is often not as imagined, with multiple, shifting goals, variable and often unpredictable demands, degraded resources (e.g., staffing, competency, equipment, procedures and time), and a system of constraints, punishments and incentives, which can all have unintended consequences.

## The Seven Archetypes of Human Work

Some *archetypes of human work* can also be identified, based on the relationships and interactions between the four varieties. In this post, I outline seven such ‘archetypes of human work’. This is not to say these are the only archetypes, and the archetypes do not necessarily characterise the zones that they inhabit. But they have shown themselves repeatedly in my experience of research and practice in organisations.

The seven archetypes that will be outlined are:

1. The Messy Reality
2. Congruence

3. Taboo
4. Ignorance and Fantasy
5. Projection
6. P.R. and Subterfuge
7. Defunct

To sense-check and exemplify the archetypes, a number of healthcare clinicians have provided examples (see https://humanisticsystems.com/2017/01/13/the-archetypes-of-human-work/), and have helped to refine the archetypes themselves.

In this session, a presentation and narrative workshop is proposed, using the seven archetypes to help draw out experiences of participants, in multiple industries.

The following describes the seven Archetypes of Human Work. Each Archetype is an interaction or relationship between the four Varieties of Human Work (https://humanisticsystems.com/2016/12/05/the-varieties-of-human-work/).

***1. The Messy Reality***

*Composition: work-as-done but not as-prescribed and usually not as-imagined (may or may not be as-disclosed).*

Much work-as-done is not as prescribed (either different to procedures, guidelines, etc, or where there are no procedures), and is usually not known to others who are not at the sharp end of the work. The focus of *The Messy Reality* is the actual work and the messy details.

*The Messy Reality* is characterised by the kinds of adjustments, adaptations, variations, trade-offs, compromises, and workarounds that are hard to prescribe and hard to see from afar, but can become accepted and unremarkable from the inside. Mostly, such variability is deliberate, but sometimes is unintended. As such, this archetype will be familiar to almost everyone.

The work-as-done that is characteristic of this archetype may or may not be disclosed by those who do the work. It is not necessarily secret (as is more characteristic of *Taboo*). The key point is more that work-as-done is not as prescribed, and probably not as-imagined or known by others. This archetype is common and applies to much specialist activity in most sectors, e.g., healthcare, banking, WebOps, shipping, and agriculture.

> Example: When the surgical team book a patient for theatre, they are supposed to discuss this with the anaesthetic team, to explain the indication for surgery, the degree of urgency and any medical conditions the patient has. The anaesthetic team should therefore be a central point who are aware of all the patients waiting for theatre to help with appropriate prioritisation. In reality this only happens if they happen to see an anaesthetist when they book the case. More often than not, cases are “booked” with no discussion with the anaesthetist and often the cases are not ready for theatre (may need scans first for example) or may not even

> need an operation. This only becomes obvious when the anaesthetist goes to review the patient, or perhaps even later. Despite many organisations having guidelines about this, it still seems to happen. *Emma Plunkett, Anaesthetist.*

Further description and examples can be found at: https://humanisticsystems.com/2017/01/13/the-archetypes-of-human-work/

### *2. Congruence*

*Composition: work-as-done and as-prescribed and usually as-imagined (and often as-disclosed).*

*Congruence* comprises activity that largely conforms with prescribed work, and is known to other relevant stakeholders. Some human work is done 'by the book' – at least in general terms, if not the fine detail – and is done much in line with how people who are more removed from the actual work imagine. This may be how work is normally done or only temporarily, for instance while under observation or audit. Such work is often even disclosed, since there is no reason not to. However, prescribed work can have unintended consequences, meaning that work-as-done is done as-prescribed, and in a way that was probably as-imagined, but the effects are not as imagined, at least by those who designed the work.

*Congruence* might apply to specific activities and where prescription is limited to general goals or principles, essentially giving discretionary space to practitioners. In such cases, work can be said to align with these principles, even though there may be variation in how these are achieved or adhered to. Since work-as-done accords fairly well with procedures and is known to others, it may well be discussed both inside and outside the practitioner group; there is no reason not to, and no reason for *P.R. and Subterfuge*. Work-as-done in these cases is therefore more or less known and understood further from the sharp end, though this is unlikely to extend far. *Congruence* will normally reflect quite specific activities, but may resemble much of the work in some highly prescribed and heavily monitored situations or environments. Much work is likely to shift frequently between *Congruence* and *The Messy Reality*.

> Example: A Do Not Attempt Resuscitation (DNAR) form is put into place when caregivers feel that resuscitation from cardiac arrest would not be in the patient's best interests. These forms have received a significant amount of bad press, primarily because caregivers were not informing the patient and/or their families that these were being placed. Another problem with DNAR forms is that some clinicians feel that they are being treated as "Do Not Treat" orders, leading (they feel) to patients with DNAR forms in place receiving sub-standard care. This means that some patients who would not benefit from resuscitation are not receiving DNAR forms. As a result when these patients have a cardiac arrest they are subjected to aggressive, yet ultimately futile, resuscitation measures which may include multiple broken ribs, needle punctures in the arms, wrists and groin, and electric shocks. It

> is not unusual to hope that these patients are not receiving enough oxygen to their brains to be aware during these last moments of their lives.
> *Anonymous, Anaesthetist*

Further description and examples can be found at: https://humanisticsystems.com/2017/01/27/the-archetypes-of-human-work-2-congruence/

***3. Taboo***

*Composition: work-as-done but not as-disclosed, nor usually as-prescribed, nor usually as-imagined.*

The *Taboo* archetype represents activity governed by social norms, but which is kept hidden, deliberately not disclosed outside of a defined group, usually for reasons associated with fear; others would find the activity unacceptable and exposure could lead to change, and perhaps sanctions.

The activity is often informal and not prescribed in official policy, procedures, etc., but in some cases some prescription may exist but not be widely known. The activity will usually not be known outside of specific groups, though there may well be suspicion among others outside of these groups, though even this is still not widely disclosed. The distinguishing feature of *Taboo* is that disclosure of the activity is deliberately restricted, more so than will usually be the case with *The Messy Reality*.

Those familiar with the archetype are those who do the work, and those who permit the practices (explicitly or implicitly), but it may concern work in any part of an organisation, from front-line to senior management. The *Taboo* archetype may exist in partnership with *P.R. and Subterfuge*, which may be used to throw out-group members off the scent of *Taboo*.

> Example: When working as a paediatric intensive care nurse we were often so busy that we had to figure out how we could do things in order to get through the shift with everything done. For example, in order to ensure the children received their medications on time we carried out a practice which was known to be poor. The nurse at the child's bedside would draw up all the different medications (the children were often on at least 10 different types of infusions for intravenous route or oral medications, which were given in syringes via a tube connected to the child's stomach). The nurse at the bedside would do the complicated calculations (the amount for the weight, concentration of the medication and route of administration). The nurse in charge of the unit would then go from bed to bed 'assuming' the nurse at the bed side had got it right and sign the prescription sheet to show that the medication had been 'double checked'. This was not good practice, it was definitely not prescribed or imagined by the senior management and not discussed because everyone knew it was poor practice. As a result of this a number of errors could and did happen such as patients receiving the wrong dose (often as a result of a calculation error) or

> receiving the right drug but via the wrong route because of a mix up of the syringes. *Suzette Woodward, National Clinical Director, Sign up to Safety Team, NHS England***.**

Further description and examples can be found at: https://humanisticsystems.com/2017/01/29/the-archetypes-of-human-work-3-taboo/

### *4. Ignorance and Fantasy*

*Composition: work-as-imagined, often as-prescribed but not as-done (may or may not be as-disclosed).*

The *Ignorance and Fantasy* archetype concerns what people don't know about work-as-done, and what they imagine happens; work-as-imagined and the difference from work-as-done. This characteristically concerns those who are more distant from the work (e.g., policy makers, journalists, senior managers, other professions, the public), who often lack knowledge about how things work, perhaps imagining that work is a reflection of what is actually prescribed (e.g., policy, procedure, standards, guidelines, etc.). Or there may just be a general impression of how things work and should work.

*Ignorance and Fantasy* may also, however, apply to those who actually do the work, when those people have an imagination about how they work (or did work, or would have worked, given a particular scenario). We may genuinely think and declare that we do work one way but actually do it another way. *Ignorance and Fantasy* may be harmless, but if it is disclosed inappropriately in verbal or written form (e.g., to those who can invalidate it or hold people to account for it), or if it is the basis of decisions about the actual work (e.g., demand, resources, constraints), then it may be harmful. This is especially the case when the gap between *Ignorance and Fantasy* and *The Messy Reality* is exposed, bringing surprise, bewilderment, even outrage.

> In 2005 my wife was admitted to hospital for a routine elective procedure. It took just over 20 minutes for people and a system that didn't do human factors to leave my wife brain dead. It would be another 13 days before she really was dead. As clinicians the world over have reviewed my late wife's case, in a quiet break room perhaps, they have all, with very few exceptions stated clearly: "I wouldn't have done what they did". Yet place those same people in a simulated scenario with the same real world disorder, which deteriorates into the same challenging moment, most actually do. This gap illustrates the difference between human performance as imagined and human performance in the real world. (Adapted from the Foreword of Human Factors and Ergonomics in Practice [CRC Press].) *Martin Bromiley OBE, Pilot and Chair of Clinical Human Factors Group.*

Further description and examples can be found at: https://humanisticsystems.com/2017/01/31/the-archetypes-of-human-work-4-ignorance-and-fantasy/

### *5. Projection*

*Composition: work-as-imagined, often as-prescribed and perhaps as-disclosed. May or may not be as-done.*

When we need to design or plan human work, we project our imagination into the future. Informally, we plan our or others' work, at some level, over the coming minutes, hours, days, months or years. *Projection* may involve planning a task about to be performed, via mental preparation, or the use of specific technical or procedural tools. Or it might involve planning a new system to be implemented some time in the future. This formal *Projection* might involve new or major changes to major infrastructure or facilities (such as hospitals, airports or railways), changes to equipment, changes to staffing and competency, changes to artefacts of management (such as performance targets or league tables) or changes to procedures.

For changes to the design of work, there will be some kind of prescription of how we think things should happen, and this may be communicated to others, in designs, plans, procedures, etc. We might also try to project what we don't want to happen, perhaps via hazard identification or risk assessment. We are prone to imagine that things will work according to a plan, and prone to wishful thinking, ignoring the potential for problems. The focus of *Projection* is the imagination of the future, as we think it will be, or as we would like it to be.

> Installation of computerised medical systems can display this trait. For instance with the installation of a fully computerised system for ordering all sorts of tests (radiology requests, lab requests, etc.) work-as-imagined (and -as prescribed) was that this would make work more efficient and safer, with less chance of results going missing or being delayed. Prior to the installation there was much chat (work-as-disclosed) with widespread talk of how effective and efficient this would be. After installation it became apparent that the system did not fulfill the design brief and while it could order tests it could not collate and distribute the results. So work-as-done then reverted back to the system that was in place before where secretaries still had to print results on bits of paper and hand them to consultants to action. *Craig McIlhenny, Consultant Urological Surgeon.*

Further description and examples can be found at: https://humanisticsystems.com/2017/02/02/the-archetypes-of-human-work-5-projection/

### *6. P.R. and Subterfuge*

*Composition: work-as-disclosed and often as-prescribed, but not as-done. May or may not be as-imagined by the discloser.*

Work-as-disclosed is what people say (in verbal or written form) about work-as-done by themselves or others, and is the dominant variety of human work in the *P.R. and Subterfuge* archetype. This is what people say happens or has happened, when this does not reflect the reality of what happens or happened.

What is disclosed will often relate to what 'should' happen according to policies, procedures, standards, guidelines, or expected norms, or else will shift blame for problems elsewhere. What is disclosed may be based on deliberate deceit (by commission or omission), or on Ignorance and Fantasy, or something in between… The focus of P.R. and Subterfuge is therefore on disclosure, to influence what others think.

'P.R.', in this context, could stand for 'Public Relations' or 'Press Release', which focus on disclosure but not necessarily reality. P.R. could also mean 'Pre-Reality' (disclosing that something is real before it is real) or 'Post-Reality' (where "words don't matter nearly as much as the intent, the emotion, the subtext…", Seth's Blog). It might also be seen as what is now called 'alternative facts' and fake news. *P.R. and Subterfuge* is commonly associated with politicians, spin doctors, lawyers, lobbyists, reporters, public relations specialists, sales people, and advertisers, but will be familiar to most, to some degree.

*P.R. and Subterfuge* tends to concern what in-group members say about work-as-done to out-group members. It is especially evident when people have to disclose the circumstances of failures or compliance with regulations, management systems, policies, procedures, guidelines, checklists, good practice, etc. to internal specialists (e.g., auditors, investigators, competency assessors, doctors, HR, senior managers) or outside agencies, organisations or individuals (e.g., regulators, supervisory bodies, professional associations, judiciary, journalists, citizens, interfacing organisations). It includes what is said or written, and what is not, in audits, investigations, inquiries, press releases, interviews, freedom of information requests, corporate communications, social media, etc.

*P.R. and Subterfuge* may involve varying levels of deception. Generally, where the consequences of disclosure are pertinent, unless the other party is trusted, people will tend to describe the work that they do in a way that accords with work-as-prescribed or (what is thought to be) work-as-imagined by other party. In some cases, the difference between work-as-disclosed and work-as-done with *P.R. and Subterfuge* is very much deliberate, from minor omission to large scale cover-ups. In such cases, a partner archetype will often to be found in *Taboo*; the aspects of work-as-done that cannot be discussed openly will be omitted from *P.R. and Subterfuge*. In other cases, there may not no intentional deceit on behalf of the discloser, but what is disclosed may be fed by subterfuge by others.

> In June 2013, David Behan, the new Chief Executive of CQC since 2012, told me that an independent report concluded that an internal CQC report identifying many failures may have been deliberately 'covered up'. The Grant Thornton report concerned CQC's regulatory oversight of University Hospitals of Morecambe Bay, an NHS Foundation Trust. David Behan referred us to page 15, paragraph 1.50 of the independent report:
>
> *"We have carefully considered whether evidence exists to corroborate the assertion that there was an instruction to delete this report. We conclude that such corroborative evidence exists in the form of a contemporaneous note of the meeting and the lack of action taken on the information*

> *included in the report... We were also surprised that the fact that such a review took place and was not shared with us during briefings we held with the senior member of management who allegedly gave the instruction to delete the report, ahead of the commencement of our work. We have given careful consideration to whether the alleged instruction to delete the report could in effect constitute a deliberate 'cover-up' and if so what would be the reason for doing so? We have concluded on the balance of the evidence...it might well have constituted a deliberate 'cover-up'."*
>
> It is one thing when you find out that your local hospital has suffered serious failures in care resulting in numerous preventable deaths, it is another when you find that hospital is involved, if not in blatant cover-up, in obscuring the extent of the problems. But when you find the organisation responsible for regulating hospitals has not only failed to maintain standards but its complicit in its own cover-ups then you can begin to despair whether you will ever get to the bottom of just how and why these tragedies occur.
>
> I had never wanted staff involved in Joshua's care to be unfairly punished or disciplined over what happened, but I did want them to be honest. I needed the truth to be told including an honest acceptance of the consequences for Joshua and my family. I was not going to accept this cover-up. *James Titcombe, Father of Joshua Titcombe, who died nine days after his birth at Furness General Hospital in Barrow in October 2008.*

Further description and examples can be found at: https://humanisticsystems.com/2017/02/06/the-archetypes-of-human-work-6-p-r-and-subterfuge/

### *7. Defunct*

*Composition: work-as-prescribed but not as-done. May or may not be as-imagined or as-disclosed.*

Much human work exists in prescribed form, such as regulations, management systems, policies, procedures, guidelines, checklists, good practice, user interface dialogues, etc. Some forms of prescribed work are not enacted, or else drift into disuse, but are still officially in place. Sometimes, this is just a temporary matter, where work-as-prescribed for some reason does not apply. Other times, work-as-prescribed may be permanently *Defunct*. Some will imagine that these are reflected in work-as-done, while others know that they are not, and still others may not even know that they exist. Work-as-prescribed may even seem quite irrelevant; few would even think about it or discuss it, let alone follow it, especially at the front line of work, or even throughout an organisation or industry sector. However, the existence of the *Defunct* work may be used to judge actual activity.

> Of the 2184 policies, procedures and guidelines (PPGs) in my organisation, 28% are currently out of date and may therefore not reflect current

> practice. More interesting still, are the nearly 19% of PPGs that have been opened less than 5 times in total, including by their authors. These documents are often written to meet the requirements of external agencies with the idea that not having a policy leaves the organisation vulnerable to criticism. These documents remain unopened, unused and unrelated to daily work but may be used after incidents as a form of organisational protection: “yes, we had a policy for that”. *Carl Horsley, Intensivist.*

Further description and examples can be found at: https://humanisticsystems.com/2017/02/11/t%EF%BB%BFhe-archetypes-of-human-work-7-defunct/

**Conclusion**

The analysis, evaluation, and management of work must take into account the nature of the work under consideration. The four varieties of human work provide a simple framework for discussion and reflection. The seven archetypes of human work may help to generate or understand specific descriptions or observations concerning work, and may background or foreground any of the four varieties.