Rhetoric and rationality: a deconstruction of managerial and nursing discourse in the new NHS

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Thesis submitted to the University of Nottingham for the degree of Doctor of Philosophy, May, 1996

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Rhetoric and rationality: a deconstruction of managerial and nursing discourse in the new NHS

Abstract

In 1991, the United Kingdom (UK) government introduced reforms of the National Health Service (NHS), the most recent in a series of successive rationalisations aimed at increasing accountability and containing the service's costs. These rationalisations featured the strengthening of managerial control over the traditional professions, among them medicine and nursing, a system of contracting between purchasers and providers of healthcare and an unprecedented emphasis on the control and measurement of inputs particularly in terms of workers' activities.

This thesis grew out of concerns arising from the author's involvement in a study conducted by the Royal College of Nursing (RCN) into nursing morale and managerial strategy in the wake of these reforms. The study took place in initially four and later three first wave NHS Trusts working in the community sector and ran over three years.

Influenced by postmodern philosophy, deconstructive literary theory and discourse analysis, this work places the language and argumentation of managers and many of nursing's leaders within a philosophical context of modernity. Modernity, in this context, is characterised by an appeal to impersonal criteria and procedures, a search for objective, context-free knowledge, and a turning away from the authority of tradition and revelation toward an autonomous use of reason and particular forms of rationality.

Postmodern writers argue that reason and rationality have come to be defined in terms that support the values and interests of particular groups and through their globalising claims marginalise other groups and delegitimise their claims to knowledge. In this study managers tended to characterise, at least sections of, their nursing workforce as irrational, fearful and traditional. Nurses described themselves in terms of moral agency and self-sacrifice in the face of exploitation by their managers.

This philosophical critique, effected through literary approaches, is offered as a theoretical framework within which to mount offensives on totalising regimes.

Acknowledgements

Firstly, I would like to thank the Royal College of Nursing for funding my PhD. I was employed as a research officer in the RCN's Daphne Heald Research Unit during the fieldwork from which this project sprang. I would like to thank Barbara Wade, the director of the Research Unit for tolerating my persistent inability to return from fieldwork with 'the facts' and my general recidivist tendencies and for discussing some emergent ideas.

I must also thank Jane Robinson, my supervisor, for expressing that absolutely vital permission for me to take flight with this project. She also provided continued critical response to the emerging work, encouragement and confidence and first mentioned, casually, the word 'deconstruction'. I also thank all the staff in the Department of Nursing and Midwifery Studies at Nottingham for their feedback and support.

I thank the Trust managers who gave their time and were prepared to participate in this research at a time of political sensitivity and the community nurses who contributed their often painful comments and insights to this research.

Many individuals have dropped important ideas in my path during this project but Steve Shaw of College House had a key role in setting me out on a journey from religious dogmatism to philosophical thought. He also shouted down the name Richard Rorty from the roof of my house while nailing down new slates.

Other individuals have spared their time to discuss this project, among them Ray Jobling and Christopher Norris. Also painters Hephzibah Rendle-Short and Andrew Vass have discussed stimulating notions of representation and equivalence.

I also express profound thanks to those nameless makers of Australian red wines whose creations have contributed the Dionysian inspiration to this work.

Finally, I mention the names of my two small friends, Dante and Gamaliel.

1
Introduction: Enlightenment, Rationality, Colonisation

Background

In a passage from a troubling novel, Leonard Cohen describes the French Jesuits' attempts to convert the animist North American Iroquois to Christianity. The canny Indians cover their ears so as not to hear the discourse of sin and judgement. The Jesuits however, take recourse to drawing lurid pictures of the torments of hell, the inhabitants of which are recognisable Iroquois.

"—Take your fingers out of your ears, said le P. Jean Pierron, first permanent missionary at Kahnawaké. You won't be able to hear me if you keep your fingers in your ears.

—Ha, ha, chuckled the ancient members of the village, who were too old to learn new tricks. You can lead us to water but you can't make us drink, us old dogs and horses.

—Remove those fingers immediately! ...

The priest went back to his cabin and took out his paints, for he was a skilled artist. A few days later he emerged with his picture, a bright mandala of the torments of hell. All the damned had been portrayed as Mohawk Indians...

—Now, my children, this is what awaits you. Oh, you can keep your fingers where they are....

—Arghhh!

The colours of the picture were red, white, black, orange, green, yellow and blue...

—Arghhh!

—That's right, pull them right out, the priest invited them. And don't put them back. You must never put them back again...

> As those waxy digits were withdrawn a wall of silence was thrown up between the forest and the hearth, and the old people gathered at the priest's hem shivered with a new kind of loneliness. They could not hear the raspberries breaking into domes, they could not smell the numberless pine needles combing out the wind, they could not remember the last moment of a trout as it lived between a flat white pebble on the streaked bed of a stream and the fast shadow of a bear claw. Like children who listen in vain to the sea in plastic sea shells they sat bewildered." (Cohen 1993 p. 81-82)

Cohen pictures, in the novel's characteristic comic strip form, their colonisation as the moment when the Iroquois as a result of manipulation and fear allow themselves to hear the voices of the French. In that instant, which parallels the fall of Adam and Eve in the garden of Eden, they become isolated from the various magics of nature, lost to their ancient identity, bewildered.

This is a story of a similar colonisation, although the struggle is far from over, and, since poststructuralism, notions of power and oppression have become problematised. There may be less brutality in the story that I will unfold, but there is pain and confusion alongside the evangelising activities of those who bring a new vision to sweep away fear and superstition. The story is about the colonisation of UK health care, and specifically nursing, by a dominant form of rationality, a rationality which I will argue finds its origins or, at the very least, a parallel in the Enlightenment discovery of reason that took hold of European thought, imagination and aspiration in the late seventeenth to early nineteenth centuries. The telling of the story bears the influence of postmodernism in that it is sceptical of the Enlightenment view and of its project of the advancement of human society through the use of reason. However, like much postmodernism, the story does not idealise any primitive state or alternative view. There is no explicit championing of an oppressed group. What it does is critique the political and cultural contingencies behind a dominant rationality, it critiques the loss of space for difference in the wake of this totalising vision. Starting from the telling of the local exercise of such power, the story places the discourses inhabited by a group of health service

managers into the context of economic rationalism, scientific management and the modernism of Enlightenment thought. Counter movements in the story are to be found in the discourses inhabited by nurses involved in care delivery. These discourses are, in a sense, out of tune with both the rationality of management and the aspirations to power of their own professional leaders. Such aspirations to power call upon distinctive modern discourses of science, expertise and autonomy.

This story is a deliberate subversion of other stories. It is an exploitation of deconstruction's discovery that a single text can be used to support seemingly irreconcilable positions. A deliberate subversion of the initial or face reading of a text informs the treatment of interviews and other utterances produced within this research. Such subversions may involve an analysis of metaphor and its place in argument, a questioning of a text's dualisms and a radical approach to the question of intention and context. It is also a subversion of a research approach which is based upon a number of Enlightenment characteristics. The most influential has been the belief in the transparency of the individual who stands in a direct spectator relationship to the objects that he or she observes. The aims of the original research project from which this work grew were the measurement of the morale of community nurses and the gathering of information from their managers. It was based on notions of the possibility of the objectivity of measurement and the transparency of language. Its intention was to trace lines of cause and effect between government policy, managerial activity and the morale of the nursing workforce and to enable the two groups—workers and management—to better understand each other and in that sense contribute to social progress. These beliefs and intentions are consciously problematised in this work.

Why such deliberate awkwardness, such refusal to offer constructive help at a time when it is so badly needed? And why such reluctance to champion the

cause of an oppressed group such as nurses? The answers, albeit uneasy ones, stem from an ambivalence toward an Enlightenment faith in processes of emancipation and perhaps more importantly from a belief in power imbalances. First, it is the tyranny of Western rational thought that is critiqued here (and already I am obliquely referring to humanistic notions of injustice and human dignity that find their origin in the Enlightenment) not its more-or-less usefulness as a tool with which humans can meet some of their needs. It is the denial, the marginalising, the delegitimising, the calling into its service of other types of knowledge and being that is critiqued. Second, to disinter, to bring out into the open delegitimised knowledges runs the risk of their re-colonisation by a dominant discourse. I view the (albeit slim) possibility that this work might make nurses easier to manage by human resource experts with unease for reasons quite apart from a regard for so-called professional autonomy and even though the human resource experts may have the noblest of motives. Third, and on the issue of motivation, this work is not, for the most part, a calling into question of the motivation or conscious intention of either managers or health workers. It is rather an examination of how certain discourses inhabit the subject positions that we might find each group standing within. Finally, if this work fails to take up the cause of nurses as an occupational group, it is through a reluctance to be colonised by yet another professionalising discourse. It is easy to picture nurses as an oppressed group for any one of a number of reasons including those of economics, gender and culture. Professionalising forces within nursing have repeatedly called upon these discourses as well as upon discourses of empowerment and epistemology in their bids for political and professional power. There is a highly problematic relationship between, for example, moves to increase the status of nursing as one particular occupational group (*vis à vis* other occupational groups) and those which might affect the status of all women.

Nevertheless, if this work has little to offer the professionaliser and if it can avoid the gaze of the human resource expert, I hope that it may be of use to some of those individuals involved in this research and others like them, who find the changes affecting their work troubling but who find the vocabulary with which to articulate these feelings unavailable, who feel perhaps that it is churlish to criticise a managerial project so well-defined and rational, and with such good intentions. It is for these individuals and groups that an account is offered of how a particular discourse has become dominant and of some of the limitations of that discourse. I offer a vocabulary of critique.

While not consciously aligned with the critical theorists of the Frankfurt school, one parallel between their project and the albeit underdeveloped ambitions behind this thesis might be drawn; Horkheimer argued that the purpose of critical theory 'is not, either in its conscious intention or in its objective significance, the better functioning of any element in the structure [of capitalist society].' It is rather, a concern with the way that present social arrangements fail to meet, what he terms, human needs (Horkheimer 1972 p. 207).

In order to orientate the reader to the present work, this preparatory chapter now goes on to introduce, in the briefest way:

- three of the basic premises from which the thesis starts off; Enlightenment, rationality and colonisation
- the policy context of the study and its implications for nursing
- the approach and aims of the Royal College of Nursing (RCN) research from which this work grew

Enlightenment

'What is Enlightenment?' asks Foucault, echoing and exploring Kant's question posed two hundred years earlier in the German periodical, *Berlinische Monatschrift*. He suggests that Kant argued that:

> "Enlightenment is a process that releases us from the status of "immaturity." And by "immaturity," he means a certain state of our will that makes us accept someone else's authority to lead us in areas where the use of reason is called for." (Foucault 1984 p. 34)

According to Foucault, Kant viewed the Enlightenment as both a phenomenon, that is, an ongoing historical process and as a task and an obligation faced by all humanity. Enlightenment was seen as a new stage in the total evolution of mankind. According to the quote above, humans can claim a new confidence, a new authority through the operation of reason and its principles. Enlightenment is thus a teleological project, one that concerns itself with questions about the overarching development and purpose of human existence. Enlightenment was the quintessential emancipatory project, hence the difficulty experienced by anyone who wishes to reject the globalising pretensions of reason but preserve the desire for emancipation. Enlightenment promised emancipation from the primitive forces of unreason in its various forms; superstition, as well as law and religion. Kant was obliged to present his views to monarch Frederick II in a particularly careful form, suggesting that the obedience of subjects would be ensured if the 'political principle that must be obeyed itself be in conformity with universal reason' (Foucault 1984 p. 37).

The Enlightenment is also a project asserting the autonomy of the human subject rather than a relationship of dependence upon God or abstract metaphysical principles. It is a project that still consumes a vast amount of energy and its heritage offers perhaps one reason for the persuasiveness of the

New Right vision of the freedom of the individual (Hayek 1967; Nozick 1974). Autonomy is also central to the claims of the modern professional and to the aspirations of the leader of the modern organisation. It is a notion mentioned a great many times by managers in this study and competing bids for this precious attribute provided a rich source of tension between them and other professionals.

Rationality

The term 'rationality' as used in this thesis is related to the Enlightenment's reason in a number of ways. First, its operation is identified whenever some immature, fearful, authority-following, self-interested or primitive way of being is described in contrast to a particular mode of decision-making, understanding or motivation. Secondly, reason claims a certain freedom from context, a certain objectivity or universal applicability and as such is potentially tyrannical. Practical reason, according to Kant, "employs no criterion external to itself. It appeals to no content derived from experience...It is the essence of reason that it lays down principles which both can and ought to be held by all people, independent of circumstances and conditions" (MacIntyre 1985 p. 45). Kant based his moral philosophy on the theme that if the rules of morality were rational, they must be the same for all rational beings as, for example are, the rules of arithmetic. So reason is characterised by certain universalising claims on the part of managers, or nurses. Thirdly, its activity is noted whenever claims to a particular rationality or objectivity form the basis of the exercise of power by one group over another. Perhaps the present study could be located within the field of interest of:

> "...a line of thinkers stretching from Max Weber to Martin Heidegger through Theodor Adorno and Max Horkheimer. Each of these men, in different ways recognised both a centrality and a danger in the process of increasing rationalisation and technological development in the world. Each also differentiated between types of reason or thinking—instrumental, substantive,

> formal, critical etc.—and attempted to separate out those dimensions and consequences of rational activity which were pernicious and those which in some form or other could serve as instruments of resisting or overcoming the destructive functioning of reason in Western culture." (Rabinow 1984 p. 13)

The present work, however, attempts little such explicit differentiation. Rather, it deals with rationality in four ways. With postmodernist writer, Jean François Lyotard, it 'wages war' (Lyotard 1979 p. 82) against the totalising aspect of the particular forms of rationality it finds in modern health care. Secondly, it contrasts a certain 'utilitarian' rationality of the kind proposed by Jeremy Bentham (see Chapter 2) with the perhaps 'deontological' (Seedhouse 1993) values of the nurses involved in this study. The nurses, I will argue, can be understood as among the sort of groups whom Richard Rorty has suggested have been excluded from an objectivity or rationality that has been conceived of in terms of 'general agreement among sane and rational men' (Rorty 1980 p. 337). Thirdly, with Foucault it undertakes an 'ascending' analysis of power and knowledge, of 'how things work at the level of on-going subjugation (Foucault 1980). Fourth, in line with a literary deconstructive process, it analyses texts in the light of the argument that a text can be used to support apparently irreconcilable positions (Miller 1976).

Colonisation

The third theme upon which this thesis draws is that of colonisation. Given the totalising ambitions of the rationality described above, this is unsurprising. Colonisation has been an image used by, for example, feminists to express the situation of being seen as an 'Other', an object for study, definition and redefinition by a dominant and dominating force (Hartsock 1990). Links can be formed between European voyages of discovery and settlement characteristic of the 18th and 19th centuries and that other European project of thought alluded to above. Edward Said argues that 'European culture gained

in strength and identity by setting itself off against the Orient as a sort of surrogate and even underground self' (Said 1978 p. 3). The coloniser is at once the Western historically located imperialist 'implanting... settlements on distant territory' (Said 1993 p.8) and the supposedly transcendental Enlightenment subject surveying the world. 'Others', according to Nancy Hartsock, 'are not seen as fellow individual members of the human community, but rather as part of a chaotic, disorganised, and anonymous collectivity' (Hartsock 1990p. 161). They are everything the coloniser is not. The power of the coloniser's theorising, accentuated by the promise of force, is so authoritative that they even create the 'structure of feeling' for the colonised (Said 1993 p. 9 and 14).

Writing about the imperialist frame of reference of Joseph Conrad's novel *Heart Of Darkness*, about the European, Kurtz, in the African continent, Said argues that 'The circularity, the perfect closure of the whole thing is not only aesthetically but also mentally unassailable' (Said 1993 p. 26). This thesis is an attempt to interrupt this circularity and examine the mechanisms of colonisation that use and in turn are used by discourses of rationality and independence that originate in the Enlightenment. On one level, those with more political and organisational power colonise those with less by creating the frame of reference within which they are forced to evaluate their activity and their thoughts. I will go on to argue that this can be observed in the organisations involved in the study. On another level, these discourses colonise all who locate themselves within them, for example the champions of a new wave of rationality, many of the managers involved in this study. On yet another level, my own explanations, legitimised by the academic context in which they are located, can be seen as one more colonising context, a manifestation of the perhaps unavoidable power imbalance inherent in the process of research.

Perhaps the recent turn to a discourse of market forces within Western public sector organisations can be understood as a turning inwards of the last century's mercantile ethos with its sense of 'all but unlimited opportunities for commercial advancement abroad' (Said 1993 p. 14), a colonisation of more and more fields of human activity.

A policy context and bureaucratic discourse

The last decade and a half politics has been characterised by the rise of 'New Right' governments and ideologies on an almost global scale. In the UK, the financial turmoil created in the wake of the 1976 oil crisis and what has been described as the failure of the Welfare State to fulfil its more optimistic expectations formed its precursors (Brown and Sparks 1989 p. x). Partly within this context, UK health policy over the last 15 or 20 years can be understood as the bringing in of successive waves of rationality with the aim, on the part of government, of controlling large numbers of NHS employees acting as if they were autonomous individuals (Pollitt 1993). At the forefront of these groups were doctors whose activities had ever growing implications for expenditure.

Rising public spending, which was already receiving attention under a previous Labour administration came in for particular scrutiny under the incoming Conservative regime in 1979 (Pollitt 1991). In addition, one policy commentator argues that many conservatives saw in the very principles of the NHS "many of the manifestations of Britain's supposed post-war malaise: the heavy influence of central and local bureaucracies, the restrictive practices of powerful professions, the absence of real consumer choice; the lack of incentives for innovation and efficiency; and the deadening reliance upon government funds" (Butler 1992 p. 1). To make matters worse, "a public service bureaucracy dominated by a profession or set of professions was a

double evil—a budget-maximising monopolist that was likely to be both unnecessarily costly and deeply inadequate" (Pollitt 1993 p. 43). Solutions to these problems were sought from within the practices of private sector organisations with their presumed efficiency. The discourses of 'managerialism' and of market type competition began to make their way into the public sector from industry and commerce. In the UK NHS, a series of 'scrutinies' by Sir Derek Rayner, from the retail chain Marks and Spencer were introduced in 1982 (Pollitt 1993) and the following year another figurehead from the commercial world, Sir Roy Griffiths from the Sainsbury supermarket chain was called upon to chair an inquiry into NHS management (Strong and Robinson 1990).

Calling the autonomous to account

Griffiths' central claim was that the NHS lacked clear chains of control and accountability. The light that he was going to shed on this gloomy state of affairs was to recommend the introduction of general management. He proposed general managers at regional, district and unit level, employed on short-term contracts. Subsequently these managers were faced with the extra incentives of performance-related pay and individual performance review. Such arrangements "link[ed] the personal objectives of individual managers with corporate—and ultimately ministerial—objectives for the service as a whole" (Wistow 1992 p. 106). However, no drive for greater efficiency and control would be complete without some measure to limit the clinical freedom of doctors within the service—a freedom which had formed one of the foundational agreements at the very instigation of the NHS. Griffiths sought to closely involve doctors in management, to persuade them to "...accept the management responsibility which goes with clinical freedom" (Griffiths 1983 para. 8.2). Schemes like the resource management initiative had this as their aim.

In spite of such measures, some argued that the impact of the changes was limited, that "management stop[ped] at the consulting room door" (Harrison, Hunter et al. 1989). However, more recently, some commentators have seen the incorporation of professionals into management roles as an effective method of controlling professional activity and consciousness:

> "In the 'old days' the NHS hospital could sometimes seem to exist *for* the doctors, rather than the other way round. Pre-Griffiths administrators saw their role as one of *facilitating* the work of doctors and nurses, not controlling or directing them. However, the contemporary ethos is much more one of the professional as a member of a team, and beyond that, of an employing organisation. The presumption is that the individual professional will be subject to the rules, plans and priorities of that organisation..." (Harrison and Pollitt 1994 p. 135)

Similarly, initiatives such as that concerning resource management could have far reaching effects upon both behaviour and values:

> "...a responsibility accounting system [such as RM] develops standards of behaviour such that 'normal' practice cannot only be defined, but also measured, and deviations noted. What is also implied is that what is rendered visible, measured, and rewarded gains legitimacy. Conversely, that which is not recognised by the formal system is often neither rewarded nor legitimate..." (Bloomfield, Coombs et al. 1992)

The colonising potential of such apparatuses is apparent in the argument that while nurses "have reached... for managerialist devices to help them evidence (and some would assert, enhance) the effectiveness of their practices..." (Latimer 1995) they have run the risk of becoming redefined and controlled by such devices.

Strengthening central surveillance and control

Since 1989, the NHS has witnessed, as well as the introduction of the internal market, which will be described shortly, a further tightening of the chain of management command running from the Secretary of State down to district level. The government brought these changes about through the National

Health Service and Community Care Act (1990). The scheme was set out in the White Paper Working for Patients (Department of Health 1989). District and regional health authorities were reconstituted as boards with executive and non-executive directors, the latter appointed by government ministers or regions, a 'purge' of local authority and professional representation, as one writer described it (Klein 1989 p. 239), demonstrating that such intermediary bodies were to become 'agents of the centre' (Wistow 1992 p. 109). Another commentator made a similar point:

> "The NHS acquired a management culture of command and obedience more usually associated with private businesses than with public services in which those who failed to toe the policy line could be penalised in their career advancements and those who criticised it could place themselves at risk of disciplinary action." (Butler 1992 p. 36)

The policy of centralising control over decision-making while decentralising activity reflected a general trend in industry, a trend facilitated by the rise of information technology (IT) with its ability (in theory at least) to monitor from the centre performance at the periphery (Klein 1989). Pollitt has described the increased possibility for detailed day to day surveillance facilitated by this rise in IT as 'the information Panopticon' (Pollitt 1993 p. 117). See Chapter 2 for an introduction to Bentham's Panopticon.

Hughes and Dingwall discuss the broad rhetorical context of the NHS reforms arguing that the "motifs" of "contract" and "Trust" construct the changes and indeed the NHS itself as "no more than an aggregate of individual decisions, while camouflaging great extensions to authoritarian power in the hands of the health secretary" (Hughes and Dingwall 1990).

The 'internal market'

The creation of the so-called 'internal market' has pushed the rationalisation of health care a further step. The central assumption behind Working for

Patients was that if health care institutions were made to compete against each other within a market situation, this would result not only in greater efficiency but in improved responsiveness to its consumers (Harrison, Hunter et al. 1990). The plan was said to owe much to the ideas of Enthoven (1985). It was brought into being by the separation of the *provision* of services (the employment of care delivery staff and ownership of health care institutions) from its *purchase*, or commission (the allocation of funds for provision to meet local population health needs). Institutions were enabled to apply to the Secretary of State to become self-governing 'NHS Trusts'.

Advantages for trusts of such independence included freedom from Whitley Council and other nationally agreed conditions of service for its employees and greater freedom in managing their own finances such as the ability to borrow capital and accumulate surpluses for reinvestment. Fifty-seven trusts were established in 1991 and 113 applications were made for the 1992 second wave of which 99 were successful (Wistow 1992 p. 110). By April, 1993 there were 330 trusts (Bartlett and Le Grand 1994). In April, 1994, 143 hospitals and community units became trusts making the total 419 representing 96% of hospital and community services (HSJ News 1994).

The counterpart to such independence in primary care was the opportunity for general practitioners (GPs) with over 9,000 (7,000 from April 1993) patients to elect to become 'fundholders'. Fundholders receive a budget from the Regional Health Authority (RHA) which, in addition to contributions towards prescribing and staff salaries received by all GPs, contains an amount reflecting the practice's potential hospital referrals for certain procedures, based, initially, on its pre-application spending level. Corresponding amounts are deducted from the allocations of strategic authorities, i.e. District Health Authorities (DHAs). The commissioning responsibility of DHAs would thus steadily diminish as the number of fundholders increased (Butler 1992). First-

wave GP Fundholders came into existence on April 1st 1991 and in that year were awarded a special £16,000 start-up grant as well as a £33,000 annual management fee (Holliday 1992). During the course of this study, in April 1993, the scheme was extended. Fundholding GPs were given budgets to purchase district nursing and health visiting services from NHS community units . The guidance expressly excluded the direct employment of community nurses. In April, 1994 a further 850 GP practices joined the fundholding scheme so that, at that time, 36% of the population were on the lists of such practices (HSJ News 1994). A further extension of the fundholding scheme took place in 1994 enabling a wider range of GPs to join the scheme and further changes are planned to enable 'single-handed' GPs to participate and extend fundholding to other areas of the budget (Pollitt 1993 p. 7).

Managerialism

Pollitt analyses the introduction of 'managerialism' into public services by right wing governments on both sides of the Atlantic. He observes the high expectations of such an influence and its ideological basis. The following quotation suggests a useful definition of 'managerialism':

> "...the world should be a place where objectives are clear, where staff are highly motivated to achieve them, where close attention is given to monetary costs, where bureaucracy and red tape are eliminated. If one asks *how* this is to be achieved the managerialist answer is, overwhelmingly, through the introduction of good management practices, which are assumed to be found at the highest pitch and most widely distributed in the private sector." (Pollitt 1993 p. 7)

Some of the roots of managerialism might be located in the 'scientific management' advocated by American industrialist, Frederick Winnslow Taylor at the beginning of this century. His starting point was that "the whole country is suffering through inefficiency". The remedy lay in "systematic management" which is "a true science, resting upon clearly defined laws, rules

and principles, as a foundation" (Taylor 1911). The principles which manifestly combine the modern characteristics of universality and impersonality, involve observation and measurement of output and the introduction of specific modifications such as rewards aimed at increasing worker performance. Since then, however, successive sophistications, many associated with the influence of organisational and industrial psychologists, have entailed deeper penetrations into and attempts to control the consciousness of the worker (Pollitt 1993). The most recent of these involve motivational initiatives such as 'Total Quality Management', the growth of the management of 'human resources' and the rise of a discourse of 'organisational culture'.

Walby and Greenwell oppose two approaches to managerialism; Fordism, approximately the Taylorism referred to above, and post-Fordism, which has variously been termed 'new management' or human-resources management (Walby and Greenwell 1994). They consider these two approaches to be diametrically opposed in as far as Fordism can be characterised as the logic of tight control and post-Fordism as the fostering of self-motivation and autonomy among the workforce. These authors debate how far the NHS has seen a change in management style from one to the other. I will argue, however, that managerial talk of self-motivation, autonomy, excellence and closeness-to-the-customer can be understood as a rhetorical mask for the same Fordist drive for deep and penetrating control of the workforce by management (and ultimately by the government). Walby and Greenwell present a predominantly task-orientated view of both the difference and the conflict between the nursing and medical professions, although, of course they are aware of the immense institutional powerbase of medicine. They differentiate the impact of managerialism on the two occupations in terms of the relative autonomy of each. They adopt the accepted view of nursing as

ridged, hierarchical and rule-bound and look to the 'extended role' i.e. carefully controlled situations where nurses may take on duties previously carried out by junior doctors, as an example of a newer move toward medical style individual judgement. They give little attention to the possibly different *rationalities* as well as rhetorics of the two professions and seem unaware that nurses may well construct their own version of autonomy characterised by moral agency and self-sacrifice (Traynor and Wade 1994).

Bureaucracies

Other roots of 'managerialism' can be traced to the growth of bureaucracies as a manifestation of modernity. Max Weber, writing in the early decades of the century, offered the most well-know early studies of this phenomenon which have given rise to a considerable body of literature. Celia Davies has recently examined some of this literature and its particular application to nurses working as professionals within bureaucracies (Davies 1995). She focuses on how bureaucracy (as well as professionalism to which it is often opposed) can be understood as having an implicit male gendering. She does this by examining how Weber's early work singled out key features of bureaucracy; impartiality of decision making, the impersonality of the bureaucrat and the authoritative character of hierarchy and then linking these attributes to those that are said to characterise 'male' approaches to problem solving and interaction (Chodorow 1978; Gilligan 1982).

Although it is possible to criticise the universalising tendencies of the claims of the writers on which Davies bases this view of gendering (Fraser and Nicholson 1990), there is a useful application of her theory to any study of management. Of particular relevance for the present project is the understanding of managerial rationality that Davies offers. She draws out the acontextual basis of bureaucratic decision making: "Formality and distance are not only valued, but are seen as the only route to a rational decision"

(Davies 1995 p. 53). However, drawing on the work of Pringle (1988) with secretaries, she suggests that "[w]e must understand 'ordered rationality' as an illusion" (Davies 1995 p. 55). This is because women in organisations are continually but invisibly carrying out a range of facilitating work that would not meet the criteria of rationality yet without which organisations would not be able to function and male managers would not be able to continue to act in 'disembodied' ways. She suggests that there are alternative modes of rationality that are difficult to articulate because they have been culturally assigned to femininity. Although it appears that this 'distant' model of managing and management does not sit comfortably with contemporary 'cultural' management like that advocated by Peters and Waterman (1982), she argues that the new manager has, in fact, many of the characteristics of the old:

> "He takes a critical stance towards the arguments and established practices of others, asking continually for outcome data, cost information and performance measures." (Davies 1995, p. 168-169)

The 'new management' operates under a 'different mantle of neutrality' (Gray and Jenkins 1993) and takes a 'retreat into technique' (Harrison, Hunter et al. 1992) that masks the transposition of political questions into scientific and technical issues. Although such arguments were indeed offered by the managers involved in this study, along with the intense scrutiny of outcome data and cost information mentioned above, her commentary does not account for the rhetoric of these managers of a strong commitment to providing health care to their local population.

Contrary to what Davies and others have argued, the managers in the present study appeared to believe that they were engaged in a moral activity and a pragmatic struggle between operationalising explicit values and working within reduced resource levels. Their approaches, or at least their own

descriptions of their approaches, involved cunning and imagination alongside, or intermingled with, the 'neutral' mechanisms of measurement and cost control. If their espousal of values—other than the values of effectiveness—was not merely a *conscious* and cynical rhetorical front, we need to look in more detail if we are to develop our descriptions of contemporary health care management. I would like to suggest that the deconstructive approach offered in this thesis facilitates a sensitivity to such discourse. It provides an understanding of the almost independent life of the text and its constitution of the subjectivity of those caught up within it. In other words, a certain rhetoric is so available to health service managers that they almost cannot help but adopt it.

MacIntyre (1985) writes about Weber's view of bureaucracy and the contemporary manager from a moral perspective. He argues initially that we live in the aftermath of the failure of the Enlightenment's project to justify and ground morality by appeals to reason and rationality (utilitarianism he argues was one such failure). In our age and culture, moral judgements have become nothing but expressions of preference, of attitude or feeling masquerading as universal statements. Consequently all moral disagreements have become rationally interminable because they typically involve protagonists who do not share a moral frame of reference. However, MacIntyre is careful not to universalise this fragmented situation and contrasts his own view with a range of philosophers and other thinkers who have done just this. He terms the universalising of this position *emotivism* :

> "What I have suggested to be the case by and large about our own culture—that in moral argument the apparent assertion of principles functions as a mask for expressions of personal preference—is what emotivism takes to be universally the case." (MacIntyre 1985 p. 19)

MacIntyre's second point, and one that proceeds from the first, concerns the issue of persuasion and manipulation. Because we have no unassailable

criteria from which to make up our own minds about moral action, we are faced with a dilemma when we wish to recommend or request action from others. He suggests that those attempting to persuade others to carry out particular courses of action have two different approaches at their disposal. Firstly, they can use personal, if inadequate, criteria, "Do this because I wish it". In this instance whether these are sufficient criteria to persuade the hearer to act depends upon a range of personal and contextual factors, for example whether the person making the utterance is in a position of authority over the other. Or secondly, and MacIntyre argues that this is characteristic of our culture and times, the speaker can appeal to purportedly impersonal rational criteria, "Do this because it is your duty" or "Do this because it would give pleasure to a number of people", or, extending his notion to the circumstances of the present study, "do this because it is the most efficient use of fixed resources".

For MacIntyre, Weber was both an emotivist and one who dealt at length with notions of power and authority. Questions about ends, according to MacIntyre were for Weber questions about values, and reason, according to emotivists, has nothing to say about values. For Weber, each individual's conscience is irrefutable and choices about values rest upon purely subjective judgements (MacIntyre 1985). As a consequence of this position, Weber's distinction between power and authority on the grounds that authority serves particular ends and faiths, is thus untenable because no type of authority can appeal to any rational criteria "except that kind of bureaucratic authority which appeals precisely to its own *effectiveness*." (MacIntyre 1985 p.26). In other words bureaucratic authority is nothing other than successful power. Sociologists more contemporary than Weber, even while attempting to shift the focus of the study of managerial action from those issues emphasised by Weber, have tended to reinforce his account by looking at, for example, managers' need to

influence the motives of their subordinates or to ensure that those subordinates argue from premises that support their own prior conclusions (Likert 1961). On a Weberian reading then, the modern manager represents the obliteration of the distinction between manipulative and non-manipulative social relations. We will return to MacIntyre's critique of the authority of the contemporary manager in a later chapter.

In the present project I examine issues of persuasion and manipulation as they are effected through language. Ricoeur, in a linguistic and semantic study of metaphor, reminds us that metaphor 'redescribes' reality (Ricoeur 1986 p. 22) and summarises Aristotelian and Platonic suspicion of rhetoric:

> "The technique founded on knowledge of the factors that help to effect persuasion puts formidable power in the hands of anyone who masters it perfectly — the power to manipulate words apart from things, and to manipulate men by manipulating words." (Ricoeur 1986 p. 11)

The issue of manipulation and the redescription of reality through rhetoric is apparent in the attention to organisational culture that has recently gained ascendancy in managerial literature and which has, perhaps in the last decade, entered NHS managerial discourse (Pollitt 1991), and, as we shall soon see, nursing's own discourse at national and governmental level.

The new addition: cultural control

While not supplanting the continuing emphasis on economy and efficiency, this new drive adds to it notions such as 'cultural change' and 'quality' both borrowed from the private sector, notions with which it may have been hoped to 'rescue the sagging morale of public service staff' and 'rehabilitate the Government's reputation as caring for the public services' (Harrison and Pollitt 1994). Initiatives like the *Citizen's charter* and a number of further charters devised in its wake signal the government's attention to, at least the

rhetoric of, quality public services. Perhaps more significantly, the successful marketing of notions such as that of 'organisational culture', and the advantages to managers of an awareness of this phenomenon have spread its popularity into the public sector. Popular management writers such as Peters and Waterman advocate attention to this aspect of organisational life and a host of others emphasise the crucial importance of the manager's initial target for change being the ideas of the workforce rather than its roles and structures (Van de Ven 1980; Spurgeon and Barwell 1991). The ultimate end, however, is instrumental, that is, increased organisational performance or increased market share or commercial survival and its chief assumption is that those who run the organisation are the most appropriate people to determine the organisation's culture. In the present study, as will be shown, one manager explicitly, and almost every other manager implicitly paid allegiance to these notions. Harrison and Pollitt draw attention to the colonising power of such an approach by the juxtaposition of two quotations; the first from Peters and Waterman:

> "Psychologists study the need for self-determination in a field called 'illusion of control'. Simply stated, its findings indicate that if people think they have even modest personal control over their destinies, they will persist at tasks. They will do better at them. They will become more committed to them... The fact ... that we *think* we have a *bit* more discretion leads to *much* greater commitment." (Peters and Waterman 1982 p. 80-81) (original emphasis)

> "...Is it not the supreme and most insidious exercise of power to prevent people, to whatever degree, from having grievances by shaping their perceptions, cognitions and preferences in such a way that they accept their role in the existing order of things, either because they see it as natural and unchangeable, or because they value it as divinely organised and beneficial?" (Lukes 1994 p. 24)

Pollitt (1993) has critiqued the political New Right's commitment to managerialism and its possible dangers. In quoting Winner, the location of managerialism within both a growing social movement and a distinctively modern, universalising project is beginning to be made clear:

> "Efficiency, speed, precise measurement, rationality, productivity, and technical improvement become ends in themselves, applied obsessively to areas in life in which they would previously have been rejected as inappropriate. Efficiency—the quest for maximum output per unit—is, no one would question, of paramount importance in technical systems. But now efficiency takes on a more general value and becomes a universal maxim for all intelligent conduct." (Winner 1977)

However, phenomena such as the increasing possibilities for highly technological and costly medical interventions within a cost constrained situation, the rise in the numbers of the elderly population, explicit discussion of 'rationing' issues, attempts to democratise this process and the rise of the discipline of health economics seem likely to intensify any government's and any management team's attention to issues of efficiency within a health service.

A contrasting view is expressed by Johnson. He argues that the accepted understanding of the relationship between the state and the professions as one of a dichotomous tension between intervention and autonomy is misconceived (Johnson 1995). Drawing on Foucault's notion of governmentality—a collection of institutions, procedures, analyses and tactics that have characterised European government since the eighteenth and particularly nineteenth centuries (Foucault 1979)—he suggests that "...expertise, as it became increasingly institutionalised in its professional form, became part of the process of governing... There is a real sense in which in overseeing established definitions of illness, the profession is the state... The expert is not sheltered by an environing state, but shares in the autonomy of the state" (Johnson 1995 p. 8, 13). While this is certainly a powerful argument, in the present study, the focus will not be so much on the extent that the traditional professions can exercise autonomy but the competing rhetorics of expertise claimed by, for example, the nurse and the human resources expert.

The nursing profession

What of nursing? We can examine the relevance for the nursing profession in two ways. First, we can look at the impact of the introduction and growth of managerialism on its place within the power structures of the NHS and second, we might consider how nursing's leaders, including those in government posts, have attempted to manage the interaction between the humanistic discourses associated with its value base and the more instrumental values of managerialism. The two perspectives overlap. The briefest of introductions which put these issues into a largely policy context will be offered here before moving on, in subsequent chapters to look at them in a broader context.

The nursing 'voice' in healthcare

The NHS traditionally functioned with three separate managements involving, respectively, administrators, doctors and nurses. Their contribution to consensus was, in theory equal but in practice their power was asymmetrical. Successive waves of reforms have shaped the management structures and influenced the level of opportunity for nurses to "be heard in a way that doctors already were" (Owens and Glennerster 1990 p. 9). For example, the committee of inquiry that produced the Salmon Report in 1966 (Ministry of Health 1966) recommended expanding the range of exclusively nursing management posts. A further reorganisation in 1974 extended this chain of command into newly formed layers of management at district, area and regional levels and marked the apotheosis of the model of separately managed professions. "At long last" wrote two commentators, with possibly a touch of irony, "nursing sat at the top table" (Strong and Robinson 1990 p. 19).

However, there were problems. The "unwieldy conglomeration of diverse and, for the most part, relatively unskilled workers" (Strong and Robinson 1990 p.

19) that was the profession of nursing was challenged when it came to producing a significant body of credible managers. In addition, the new management structures did little to alter imbalances of power between the medical profession and administrators and nurses. This was an attempt to reshape an overall management structure on modern business lines while at the same time leaving unchallenged the structures of consensus. The evidence that this attempt was a failure lies in the enthusiasm with which, ten years later, the Griffiths recommendations to end once and for all the rhetoric of consensus were greeted. However, they were not greeted eagerly by all. For Trevor Clay, then General Secretary of the Royal College of Nursing, general management "undoubtedly wrecked the plans the profession had for changing its leadership profile" (Clay 1987 p. 57). Its ability to exercise control over its own destiny, at best tenuous, was severely curtailed. Clay caricatured the new general managers as wielding Filofaxes in which are inscribed a short list of priorities such as 'Value for Money' and others of an overwhelmingly financial nature. The advertising campaign mounted by the RCN in the national press also presented the public with simple, yet powerfully emotive, images; the male figure of the manager with pocket calculator set against various uniformed nurses including nurse archetype Florence Nightingale. The dualistic slogan "...a matter of life and death can become a matter of pounds and pence" indicating than the new managers were more interested in balancing books that caring for patients (Owens and Glennerster 1990 p. 18), was paraphrased, nearly 12 years later, by a great many nurses in the present study.

Although the RCN stance may well have not encouraged nurses to apply for these posts, some nurses were appointed to general management positions. Many senior nurse managers however found themselves sidelined into 'advisory' posts or given undefined responsibility for 'quality' (Strong and

Robinson 1990). As part of the most recent NHS reform, the government stipulated that trust boards should include a director with a nursing background alongside medical and financial representation.

More recently, the RCN has attempted to maintain power by influencing the general management agenda rather than by mounting a frontal attack. In an attempt perhaps to woo this powerful group, an RCN 'Executive Trust Nurses Special Interest Group' was launched in January 1994 in the prestigious, executive surroundings of London's Café Royale. A journal for nurses in management was launched in April 1994 by the RCN's publishing house. Describing itself as a 'journal for nursing leaders', its first editorial described the nurse manager—and nursing's task—in the following way: "It's about pragmatism. Its about helping the nursing profession to use its own massive resources to finally empower itself" (Naish 1994).

Nurses employed in the UK Department of Health have sought to promote the idea that nurses can make good executives arguing that they have the skills and in addition they bring nursing's characteristic human touch to the job. Eighteen months after the most recent reforms, a study by the NHS Management Executive (1992) looked at the first year's experiences of 24 of the new nurse executive directors. The nurse executives felt that they had simultaneously established credibility for their role as manager and could act in a way that would promote the professional interests of nurses and advance something of that profession's value base. The report continually emphasised what appeared to be the considerable achievement of those with a nursing background being taken seriously outside of the confines of that profession. The report's explicit purpose was to promote the role. A great many black and white photographs picture them in dynamic gestural poses, sometimes in the boardroom, or displaying apparently warm, human qualities in interactions with their staff or with patients sitting beside hospital beds. According to the

report, the executives generally saw themselves as at the 'leading edge' of the profession's development although their picture of professional development appeared more influenced by neo-Taylorism than holism, for example in its attention to the efficient division of labour effected by skill mix changes.

A more recent report by management consultants Newchurch (1995) has the same message; that nurses can become involved, unproblematically, in senior management roles and that this represents a triumph for nursing rather than a source of confusion over its values.

Some major nursing documents from the Department of Health

During the period of the introduction of the NHS reforms a number of high profile documents with relevance for nursing were released both by the Nursing Division of the Department of Health and the NHS Management Executive. Among these were *A Strategy for Nursing* (Department of Health 1989), *A Vision for the Future* (Department of Health and National Health Service Management Executive 1993) and *New World, New Opportunities* (NHSME 1993). These documents represent a taking stock of the profession along with exhortations for its development. A particular approach to its development is apparent. The writers are keen to emphasise that the 'caring essence' of nursing should not be forgotten as the profession becomes increasingly sophisticated and modernised. In spite of this, nurses and their managers are urged to take on innovation and new language. Some innovations take the need for more careful resource use as their starting point. Among these are the recommendation that value for money issues are examined and that attention is given to eliminating waste of scarce resources. *A Vision for the Future*, in particular, adopts the phrase "high-quality cost effective" service with such ease and frequency that any suggestion that tension might exist between these two principles is effaced. (See the nurses'

comments in Chapter 8 for their view of delivering 'quality' services in a situation of financial constraint).

Other innovations relate to this more indirectly. These would include the development of outcome measures and a new emphasis on managerial and supervisory roles and aptitudes. The authors of *Strategy for Nursing* see the supervision of a range of less qualified or unqualified workers as an essential and increasing part of the nurse of the future's work. *New World New Opportunities* emphasises the primary health care nurse's need to be skilled at "self- and time management... patient care management... caseload management and team management" and its authors recommend that nurses should grasp opportunities for management roles and experience. In addition to this, a great deal of individual responsibility is expected of practitioners as they develop their own "competence and confidence", supported generally not by line managers, but by more experienced colleagues acting in clinical supervision roles. Their accountability should be firmly goal-orientated. Alongside these visions are new attempts at "partnership with users and their carers". These take the form of the named nurse initiative, where each client or patient is told the name of one nurse who will assume responsibility for them throughout their period of care, and the stipulation that health care providers undertake satisfaction surveys among the users of their services.

'Nursing values' and the market

Although discourses of 'nursing values' will be explored (and problematised) at greater length later, it will be useful, as an introduction now, to summarise some early reflections from nurses less close to central government on the possible challenges to aspects of its values posed by the most recent NHS reforms.

These responses have been mixed. On the one hand, there was an initial apprehension. The RCN felt that *Working for Patients* "undermined the principles and effectiveness of the NHS and placed at risk most of the progress that had been made since 1948" (Butler 1992 p. 60). Speaking at a management symposium in 1992, Trevor Clay commented that he found it hard to welcome a market structure "which deliberately forces a competitive ethos on nurses." He claimed that, by contrast, the values which underpin nursing are those of "partnership, teamwork and collaboration" (Nursing Standard News 1992). In the community health setting, where the fieldwork of this study is located, virtually every aspect of the reforms was seen as a possible threat to nursing numbers or its status or both (Lowe 1990; North and Porter 1991; Prentice 1991; Nursing Standard News 1992). For example, many community nurses, particularly health visitors, whose role is based upon preventive activities, expressed concerns not only about how to "package their care attractively for GPs, self-governing Trusts, the NHS or even private organisations" but also how to quantify the "unquantifiable" caring role of the nurse (Mason 1991). At other times, nurses were urged to be pragmatic in their approach to the reforms (Nursing Times News 1990) while others argued that central aspects of the reforms were entirely in line with community nurses' desire to provide high quality, locally responsive services. For one writer in the popular nursing press, adopting a so-called 'marketing philosophy' (not quite a 'market philosophy') was a question not so much of survival but more of promoting some of nursing's values (Edwards 1994).

In addition, nursing discourse quite suddenly appeared to have included the term 'productivity'. For example, Mary Daly, professional officer with the Health Visitors Association, the normally radical professional body representing health visitors, was quoted in that association's journal saying that "official figures showed health visitor productivity has gone up" (Health

News 1994). A recent RCN paper both highlights apparently soaring nurse productivity, a measure derived from weighted hospital activity and cost data, while simultaneously questioning the discourse of productivity (Royal College of Nursing 1994). Drives for efficiency have given rise not just to a new discourse but to intensified scrutiny of the division of nursing labour. A number of often contradictory reports have emerged from various sources making recommendations about methods for determining the most efficient (the cheapest feasible before particular measures of quality are affected) combination of levels of nursing skills (Buchan and Ball 1991; Audit Commission 1992; Car-Hill, Dixon et al. 1992; Lightfoot, Baldwin et al. 1992; NHSME 1992). The clinical grading exercise initiated in the 1980s is said to have facilitated this process by having 'produced a system which is essential to efficient management of nursing staff' (Holliday 1992 p. 19). In nursing research the current emphasis is on 'evidence based practice' (Ball 1991) and professional development emphasises the value of the nurse who can articulate and measure objectives and whose 'reflective practice' (Schön 1983), according to some managers interviewed in this research, includes reflections upon whether her activities could be carried out more efficiently by a lower grade of worker.

The RCN research

In mid to late 1990, research was being planned at the RCN as a response to the changes to the NHS that had been announced in January of the previous year. The aim was to 'document and analyse the impact of legislative and organisational change on the organisation and morale of nurses working in a selection of community trusts' (Wade 1991 p. 10). The methods were to be twofold; the measurement of nurses' job satisfaction using a questionnaire designed along psychometric lines, and semi-structured interviews to be carried out with all levels of manager in four of the new first wave NHS

Trusts that operated in a community setting. The purpose of the interviews was to discover 'strategies' adopted by managers in response to the legislative changes. The trusts chosen were the first to grant full permission to proceed and the research was to continue over the first three years of their operation. This would enable changes in both job satisfaction and strategy to be described. Also it would be possible to compare the relative satisfaction of different groups of nurse, for example nurses based in GP practices and health visitors. The community setting was chosen partly because additional legislation was planned for that area of health care (Department of Health 1989) and partly because of the research unit's commitment to working in that setting. Confidential reports of satisfaction would be made available to the managers and nurses themselves in each trust. It was after the management of one of the trusts had read the first such report that it announced its decision to withdraw from the research. This action, along with the tense meeting between research staff and two personnel managers and a senior nurse manager from the trust, provided as eloquent an account of 'strategy' as any interview. The trust's managers suggested that this research, with its RCN connection, had a 'hidden agenda' to attack trusts. (Further details of the research interviews are provided in Chapter 5).

Apart from this unforeseen turn, the research ran as planned. Yearly reports of its findings (Traynor and Wade 1992; Traynor 1993; Traynor and Wade 1994; Traynor 1995) were produced and sometimes drawn upon by the RCN in its various pay campaigns and evidences (Royal College of Nursing 1995). Further details of the aims, objectives and a full description of sampling, procedure and study design of the RCN research are given in the Appendix.

Although there was no constraint to produce findings that would further the aims of the RCN as a whole, the practice within its research unit tended to involve the production of generally pragmatic, theoretically unexplicit output

of an applied nature. The present thesis grew out of my concerns arising from my involvement with the RCN research. It develops some of the ideas only touched upon in that research and problematises some of its grounding. It brings what was marginal in that research (such as nurses' textual comments) to the centre and displaces its central concerns (organisational details) and approaches (attempts to measure job satisfaction) to the periphery.

The structure of this thesis

The next chapter (Chapter 2) describes the epistemological atmosphere within which this work was gradually developed by examining the work of four 'postmodern' writers. It also extracts from their writing concerns that are developed in this thesis; those of knowledge, power and their intimate connection. The confidence with which knowledge claims can be made, including those of this thesis, is undercut. A background to philosophical modernism is also given in that chapter.

Chapter 3 focuses more upon the approaches to the texts adopted in this research, namely, 'deconstruction' brought to prominence by French philosopher and literary theorist Jacques Derrida and certain approaches to discourse analysis. This is prefaced by a short history of the way in which the boundaries between certain academic disciplines can be seen as open to disruption. These include the traditional areas of philosophy, literary criticism and social theory. This research is located at the peripheries of (at least) these three disciplines.

Chapter 4 attempts to locate some of the writing of nursing's leaders within the 'discourses of the Enlightenment' and to identify a range of professionalising endeavours as a distinctively modern project. It also suggests a 'deontological' (Seedhouse 1993) context for other voices within

the nursing profession, particularly those of individual care givers such as those involved in this research.

Chapter 5 gives the details of the research study including descriptions of the sample, study design, data collection and time span. A fuller account is also given of how the interview transcripts and questionnaire comments are approached as 'texts'.

Chapters 6 and 7 apply the textual approaches introduced in Chapter 3 to examine the texts of the interviews with health service managers while the written and spoken comments of nurses involved in care delivery are presented in Chapter 8.

Chapter 9 offers a discussion of both the research methodology and the findings of the research in the context of themes of Enlightenment, rationality, gender and colonisation. A concluding chapter outlines some of the implications for those involved in healthcare.

2
Sawing off the branch and sitting: the context of the postmodern

Introduction

Postmodernism plays two central roles in this research. In its first role, it provides a powerful critique of epistemology and methodology, demanding that the process of inquiry itself be drastically recast. The notion of representing reality, of holding the mirror up to nature, of discovering the truth of the situation is abandoned as a mirage. In its place is an understanding of inquiry as a recontextualising of beliefs. In place of the metaphor of convergence upon truth is the notion of proliferation, of diversity rather than unity.

The reign of what has come to be known as 'modernity' finds its origin, if not with the work of astronomical geniuses of the 16th and 17th centuries, then with the European philosophers such as Descartes, Hume and Kant, who, each in their different ways gave the astronomers' methods—whether observation or rational thought or a combination of the two—the metaphysical privilege of being able to discover the secrets of humankind and the universe. Such a privileging of method can be held up to question.

Secondly, postmodernism also provides an approach to the plurality of discourses within health care in the NHS today. It offers approaches to the history of how a particular discourse has become dominant; it draws us in to the project of detailing the mechanisms of this domination and colonisation of other non-legitimised discourses.

After evoking something of the culture from which postmodernism has emerged, I discuss the work of four writers who have been described as responsible for 'mainstream postmodernist theory': Jean François Lyotard, Richard Rorty, Michel Foucault and Jacques Derrida. (Di Stefano 1987) (cited by Harding 1990). It is these writers' questioning of the authority and effects of reason and their linking of these effects with the controlling regimes of powerful groups that makes an understanding of their work essential for this thesis. It is into this theoretical context that the texts of both managers and nurses will be placed. Before their work is discussed at length, however, I offer a brief summary of the history of Western philosophy so that the reader may understand the background of postmodernism and be enabled to detect the echoes of 'modernism' in the managerial discourses examined in this thesis.

A Background to Postmodernism and a brief history of thought from Plato to Logical Positivism

The origins of the modernism to which postmodernism describes itself as post, are generally considered to lie with the eighteenth century European Enlightenment, although some look to Greek thinkers as founders of a Western tradition of thought that involves a distinctive view of metaphysics.

Plato (c.428-c.348) posited the existence of 'ideal forms' of which the objects that we see are mere imperfect copies. A beautiful person, for example, is a copy of Beauty or The Beautiful. Beauty, like the other forms has an existence separate from the changing and imperfect objects that we apprehend with our bodily senses. The realm of the forms is identified with the domain of the gods so that the philosopher can achieve triumph over death, and an afterlife with the gods through contemplation and investigation of this unchanging realm. Plato considered the worldliness and urgings of the sensual appetites as a dangerous distraction from such a calling. This so-called 'mind-body' dualism finds its

clearest articulation in Phaedo (Plato 1993), Plato's account of the last teaching of Socrates before his execution in 399 BC.

Aristotle (384-322 BC) coined the term metaphysics (Aristotle 1957) to denote a 'science of first philosophy', a science that moved beyond the largely descriptive knowledge of, for example, the physicians, (the book of metaphysics was the book after the book of the physicians) into a study of 'first principles and causes', of why things happened and were as they were. Metaphysics, according to Aristotle, deals with knowledge at its highest level of abstraction with the *universal* rather than the *particular*. According to Aristotle, the mind knows a thing properly when it separates out all its incidental qualities and focuses on its *essential nature*. Aristotle thus distinguished between matter and form. He argued that what made scientific knowledge possible was that it was possible to talk about certain classes of things, that is, objects that were united in form yet different in matter. However, to account for change, he developed a theory of teleology, or ends or purposes which nature held for its objects, including, most significantly, humanity. The aspect of metaphysics dealing with theories of knowledge is known as epistemology while that concerning being was termed ontology.

Passing over the whole of medieval thought, with the rise in influence of the Christian Church, I now discuss the significant advances in the sciences made during the 15th to 17th centuries, advances that ushered in the period of modernity. Betrand Russell, writing in the 1940s, considered that "The modern world, so far as mental outlook is concerned, begins in the seventeenth century" (Russell 1991).

Science

Scientists, among them the astronomers, Copernicus, Kepler, Galileo and Newton, devised a new method for discovering knowledge and in the process

laid foundations for a new epistemology. They stressed meticulous observation, empirical demonstration and the testing of previous explanations for events that might be superficial, superstitious and wrong. These scientific advances took place in the fields of astronomy and mathematics and the two were closely interrelated. Russell identified two significant factors that characterised this fundamental change:

> "a recognition that what had been believed since ancient times might be false [and] that the test of scientific truth lies in the patient collection of facts combined with bold guessing as to laws binding the facts together" (Russell 1991)

This is the period of the invention of a number of important scientific instruments including the telescope and the microscope, instruments that facilitated an accelerating range of discoveries. It was also a period of decisive advance in mathematics especially by Newton and Galileo (1564-1642). The method of observation, coupled with mathematical calculation, became the characteristics of modern science and gave it its new ability to predict events. Scientists now proposed "laws" such as Newton's laws of motion. Newton's law of universal gravitation, for example, at once made everything in planetary theory deducible. The question of authority was central to the controversies that astronomers such as Copernicus and Galileo experienced with the Church (both Catholic and Protestant). Calvin is said to have exclaimed "Who will venture to place the authority of Copernicus above that of the Holy Spirit?" (Russell 1991 p. 515). A central characteristic, therefore, of modernity is that it offers a new authority of observation and measurement, an authority of method over the authority of tradition and revelation.

The influence of science on philosophy

Scientific discoveries, methods and theories, influenced philosophical thinking with the suggestion that if the basic processes of nature involved regular, predictable motion, human behaviour might also be described in mechanical and

dynamic terms rather than in terms of the moral free will of earlier thinkers. Humankind, in the process of this change, may have been removed from a place at the apex of God's creation to a more humble position, but the achievement of explaining and predicting the movement of heavenly bodies more than compensated. Secondly, Galileo, like earlier thinkers, stressed the difference between appearance and reality. In his system, appearances were made up of *secondary* qualities while reality consisted of *primary* qualities. The only reliable way to truth lay through a study of the latter. This assertion grew from his method of concentrating exclusively upon exact mathematical demonstrations and rejecting the explanations of tradition or conjecture. It could be said that for Galileo, only those qualities that belonged to bodies or matter had a true reality.

This left a troubling legacy for the modern view of humanity, for while a human could be described in terms of a body with physical organs, there appeared to be no place for the personal qualities and characteristics which this system would consider *secondary*. Either these qualities had to be explained mathematically, as being aspects of some primary quality; to take a contemporary example, we could understand emotions in terms of neurochemical movement, or they could not participate at all in the realms of reality. Humanity itself and human nature soon came to be described as mechanical systems, the circulation of the blood around the body, revealed by Harvey (1578-1657) in 1628, mirroring the regular predictable movement of the stars. Metaphysical causes and purposes were erased from the rhetoric of scientific enquiry although it is possible to argue, as Kant did, that the assumption of regularity itself is tantamount to a metaphysics. To summarise, observation and mathematics were seen as offering the key to the discoveries of nature. According to Russell:

> "The reign of law had established its hold on men's imagination, making such things as magic and sorcery incredible." (Russell 1991 p. 522)

So we enter this period, in 17th and 18th century Europe (particularly France and Scotland) known as the Enlightenment, the Age of Reason. It is a period characterised by a belief that the use of reason and rationality offers the key to social progress and human destiny. This philosophical and cultural vitality was laid upon the foundations of optimism and humanistic boldness that the significant developments of the physical sciences provided. Perhaps always hand in hand with science, the Enlightenment's influence can be seen in the triumphalism of the industrial revolution of the 18th and 19th centuries.

i) Rationalism

Continental European philosophers such as Descartes (1596-1650), influenced by the development of science and mathematics, attempted to found a new philosophical program upon "clear rational principles that could be organised into a system of truths from which accurate information about the world could be deduced" (Stumpf 1993). They believed that within the innate rational capacity of the human mind lay the ability to discover the range of truths about nature and humanity. The human mind, therefore, was considered sufficient and independent of the authority of tradition or revelation. The way that the mind operated when considering mathematical problems convinced Descartes it that could arrive at knowledge with absolute "clarity and distinctness" by the exercise of reason. Reason, he suggested, consisted of intuition and deduction. By intuition he meant the "conception which an unclouded and attentive mind gives us so readily and distinctly that we are wholly freed from doubt" (Descartes 1986 (1641)). These are the immediately apprehended truths such as 'I think'. Deduction was the proceeding from intuitively grasped truths to further reliable discoveries. The vital foundation was that the initial starting point of thought was something of absolute certainty in the mind of the knower.

(The quest for a point of absolute certainty haunted philosophy for the next three hundred years.) Descartes devised twenty-one Rules for the Direction of the Mind to be followed in the discovery of truth. The one certain truth that Descartes believed could form the unshakeable basis for all others was that he knew he existed because he doubted or thought, his famous *cogito ergo sum.*

Descartes' philosophy was fundamentally dualistic. He posited the existence of two different kinds of substance in nature, the spiritual and the corporeal or, mind and body. For Descartes, a substance was something entirely self-sufficient. Therefore mind and body could be explored and fully known as entirely separate and independent entities. One consequence of this was the unproblematic separation of theology and science. Another was his belief that animals and the rest of nature functioned in a deterministic, machine-like manner. He extended this determinism to certain human functions and his explanation of how the immaterial soul might influence the material body, through the pineal gland is characterised by ingenuity. He pictured the mind within the body as a pilot on a ship yet included in the category *mind* abilities such as feeling, previously ascribed to the body. Nevertheless, for him, the body and its actions were definitely part of the determined and potentially predictable world of physical laws.

ii) Empiricism

While Rationalism characterised continental European thought, British philosophers Bacon (1561-1626) and Hobbes (1588-1679) proposed that the scope of our knowledge is limited by our experience and that true knowledge should and can only be built upon experience. These principles became known as empiricism. In its more sceptical form, empiricism, in the hands of Locke (1632-1704), Berkeley (1685-1753) and Hume (1711-1776), challenged the assumption that the human mind had the capability to discover the true nature of the universe and further asked whether any reliable knowledge was possible at

all. Locke, for example, rejected any notion that certain ideas were innate in the human mind. He argued that such a teaching, in unscrupulous hands, could lead people away from trusting the use of their own reason and judgement and make them more easily controlled and led by others. Arguing against innateness, he wrote:

> "No proposition can be said to be in the mind which it never yet knew, which it never yet was conscious of." (Locke 1894)

Hume carried the empiricism of Locke and Berkeley further and set about a project of a *science of man* in which he hoped to rid philosophy of confusing and conflicting ideas about human nature and morality. Like others of his day, he saw in scientific method the means for solving the problems of the universe and providing a clear understanding of the workings of the human mind. However, his early optimistic belief in the potential of science gave way to a later scepticism and in particular to his rejection of any rational basis for belief in the principle of cause and effect. In effect, Hume denied inductive inference.

Immanuel Kant (1724-1804)

We now turn to the German thinker, Immanuel Kant. Kant was faced with the problem left by Hume, of the limited powers of the human mind. His crucial move was to locate the apparent order of the universe, not in the universe itself which was unknowable, but in the structures of human reason, which, he believed, all humans shared.

Kant argued that both scientific and metaphysical statements were based on synthetic *a priori* judgements, that is, universal judgements that could not be made on the basis of experience alone. For example, we may observe that adding two bricks to another two leaves us with four bricks, but we cannot know by experience that two plus two always will equal four. Kant argued that we continually make universal judgements like these that we cannot justify by

experience, in mathematics and physics just as much as in metaphysics. He proposed that our mental apparatus itself supplies the concepts, or forms of intuition, by means of which we understand experience the world and therefore that we do not and cannot experience things in themselves. Such forms of intuition include space and time. He considered these regulative ideas as the products of pure reason. They were not and could not be based on experience. He argued that any attempts to build a "science" of metaphysics were doomed to failure because the mind could never approach these as if they were the objects of experience. Disagreements over metaphysical issues arose, he believed, because of the "nonsense" that is produced by attempts to describe a reality about which we have no sense experience. Metaphysical thought nevertheless was legitimate, he believed, if ultimately unprovable and beyond reason, because it helps us to synthesise and understand our experiences and reflects certain inescapable tendencies of human thought.

The period known as the Enlightenment, then, saw the birth of the notion of the commanding human subject who could adopt the viewpoint provided by rational thought and discover 'general, all-encompassing principles which can lay bare the basic features of natural and social reality' (Nicholson 1990 p. 2). For this Cartesian spectator-subject, both thought and language possessed a transparency that was uninfluenced by the forces of history, society or the psyche. Enlightenment led both to the idea of the subject and to possibilities of emancipation from irrationality and superstition in its various forms. Historicism such as Hegel's (1977), which grew from Kant's denial of an inherent ordering of the universe, claimed that human thought is situated within and bound by culture. Postmodernism goes further, to challenge the very criteria by which claims to knowledge are legitimised, for example the 'epistemological privileging of science, its quest for unity based upon discovering general principles' (Seidman and Wagner 1992 p.2). Linking

power and the legitimation of knowledge, postmodernism wages war on totality (Lyotard 1979 p. 82).

Prior to the Enlightenment, the task of scholarship was seen as one of revealing the word of God as manifest in creation. The notion of seeking the "God's eye view", the view free from the perspectives of particular individuals or groups, endured the increasing marginalisation of the Creator. Although other ideals and traditions have surfaced in the wake of the Kantian belief in the subjective origin of the organising principles of the universe such as historicism, hermeneutics and perhaps phenomenology, the approach of objectivism can be seen to have dominated natural and social sciences and philosophy which has been considered as "the elaborator of those basic principles by which all claims to knowledge were to be judged" (Nicholson 1990 p. 2). Allegiance to the norm of objectivity stands as its testimony. Within the study of human nature and society the search for universal laws found its place and by the end of the eighteenth century, its mode of knowledge, came to be grounded, in England and France, in empiricist and rationalist epistemologies (Seidman and Wagner 1992). With this was linked the conviction that scientific enlightenment would act as a force of social progress, enabling humanity to emerge from prejudice and ignorance. This ambition formed the basis for 19th century positivism and its 20th century re-emergence as the logical positivism of the Vienna circle.

August Comte and Positivism

August Comte (1798-1857) wished to extend the influence and project of the scientific renaissance of the 17th century into social, political, moral and religious thought. He published his major work *Cours de philosophie positive* in seven volumes between 1830 and 1842. Later in his life he devised a Religion of Humanity which contrasted, and some would say, conflicted, with his earlier ideas. Within his religion he attempted to form a kind of secularised Roman Catholic Church with himself as high priest. John Stuart Mill claimed

that Comte's positivism was "the general property of the age", in other words, that he articulated the existing cultural beliefs of the time (Stumpf 1993).

Comte wrote in the wake of the French revolution which many, including himself, saw as a dramatic example of anarchy. He also lived at a time of vigorous and diverse philosophical debate. Comte wanted to reform both philosophy and society by developing a science of society, "sociology", built upon a scientifically orientated philosophy or positivism. His solution tended to lie in maintaining (or forging) social unity, making universal values out of his own cultural or perhaps nostalgic cultural circumstances. For him, ideals of equality, democracy and rights were unfounded and unfoundable metaphysical abstractions.

The major points of positivism were that it:

1 negates notions of telos (talk of purposes of objects including humanity)

2 rejects inquiry into essence and inner or ultimate cause

3 formulates laws by observing constant relations among various phenomena

4 argues that knowledge derived from science can be used in material and social life

Comte argued that any proposition which could not be ultimately reduced to a simple enunciation of fact could have no real or intelligible sense.

He proposed a uniform approach to truth as the only way to achieve unity in thought and social life. Hence there is a totalising (or totalitarian) ambition within positivism. He assumed that there are laws in nature and that they were discoverable by the application of human rationality. The inquirer, he argued, could escape subjectivity by "transforming the human brain into a perfect mirror of the external order" (Stumpf 1993).

Comte believed that he stood in the vanguard of a final stage in the evolution of the history of human ideas. The theological and metaphysical phases had both sought explanations for events by reference to things beyond human experience, but for Comte, the triumphant stage in the development of human thought was positivistic or scientific. These stages in human thought, he argued, were paralleled by the structures of society. Instead of abstract dogma, for example, of the equality of all men, he argued that people have different and discoverable capacities and that therefore they should have different functions in society. "Sociology" would put these ideas into practice. Science, in a sense, then, was to offer the legitimation of social control by an elite. There is an evident triumphalism in his story of history and the history of the sciences which he told as culminating in sociology. Sociology would use and co-ordinate all the previous sciences for the sake of a peaceful and orderly (from his view which was soon to be challenged by Marx) society. He questioned the individualism inherent in the Enlightenment's exaltation of each person's own powers of reason because it could not lead to unity. He argued, hardly surprisingly, for the supremacy of an intellectual elite who alone were qualified to discuss matters of social and political administration.

The Logical Positivist of the Vienna Circle (1920s and 30s)

This group of thinkers, like Comte, considered metaphysics as outdated by science. Carnap (1891-1970) wrote that the only proper task of philosophy was logical analysis. In the discovery of the truth or falsehood of any given proposition, the logical positivists emphasised the centrality of the discovery of the method of verification of that proposition. Expressions that could not be verified by direct observation or by a train of logical statements based eventually upon such an observation were considered by Carnap to be empty words, expressions with no sense. For this reason he rejected metaphysics because of what he considered its deceptive character. Metaphysics, he argued, gives the

illusion of knowledge without actually giving any knowledge. He argued that ethical and value judgements also belonged to the realm of metaphysics and hence amounted to unprovable assertions. He brought psychology, previously considered as the theory of spiritual events, into the domain of the sciences. He achieved this by stating that "every sentence of psychology could be formulated in physical language". In other words, psychology studies and describes the physical behaviour of humans and other animals. Carnap made the physical realm his foundational authority:

> "physical language is universal language... a language into which every sentence may be translated." (Stumpf 1993)

The statements of psychology, therefore, were to be verified as physical statements in the following way. The statement that someone is in pain has to be translated into an observable state of her body. Such translation requires a scientific law stating that someone is in pain if and only if her body condition is in a particular state. Only if this condition is satisfied is it meaningful to say that someone is in pain.

Later logical positivism came under attack, or at least was significantly revised by philosophers such as Quine (b. 1908). Quine questioned the givenness of physical objects, suggesting that even physical bodies are themselves only convenient conceptual tools. For Quine, physical objects were "irreducible posits" like the gods were for Homer (Quine 1953).

Sociology and science

The major figures in the sociological realm of inquiry like Comte, but also including Marx, Durkheim, Weber and others drew on the epistemological privileging of science for legitimation of their activity and conclusions, sometimes contrasting their own scientific methods with the deluded ideology of their predecessors and rivals. Increasingly, in the last century, social theory

became the foundational discourse of social science, the overarching conceptual framework that would unify enquiry.

Criticisms of the norm of objectivity and alleged neutrality of the scholarly endeavour however, have been made by a number of disempowered groups. Feminists, as well as those involved in the movements of gay and black liberation, have argued that what had often been presented as objective and free from the influence of values, such as those related to gender, had actually reflected those values. Claiming that such biases were inevitable, they contended that all scholarship reflected the perspectives and ideals of its originators. Before postmodernism, the so called masters of suspicion Freud, Marx and Nietzsche, undermined both the transparency of the Cartesian spectator subject and the domination implicit in Western rationality with, since Plato, its dualism of appearance and reality and program of advancing conceptual thought at the expense of heterogeneity of material (Benhabib 1990).

The postmodernist critique focuses on the very criteria by which claims of knowledge are legitimised. While the traditionalist could argue with the historicist that values and culture may shape the choice of questions brought to an inquiry, while the truth or falsity of the answers to those questions are independent of the specific perspective of the inquirer, the postmodernist would argue that the very criteria from which the true is distinguished from the false cannot themselves be legitimised outside of the traditions of modernity. She would go on to argue that these same criteria have become the means for the exercise of power in an ever widening domain that includes sexuality and health. These criteria that separate science from superstition and myth—legitimate knowledge from what Foucault calls "low-ranking...unqualified, even directly disqualified knowledges" (Foucault 1980 p. 82)—become the taken-for-granted foundation for a range of activities undertaken by natural and social scientists and others who see their work as inspired by science. Within

philosophy, writers such as Richard Rorty, critique the very notion of a theory of knowledge, arguing that the quest for such a theory rests upon the modernist notion of a transcendental reason, a reason independent not only of history and location but of the body.

Although there is diversity and disagreement within the writing of the authors described as postmodern I would suggest the following as fairly central beliefs that can be deemed characteristically postmodernist: a turning away from universal justifications or foundations for knowledge toward local, contingent knowledges shared by communities without claim to any metaphysical foundation. Postmodernist writers explore the implications of such a move for the process of inquiry, for example within the natural and human sciences, in philosophy and the political implications for society as a whole. They seek to make explicit the relationship between claims to having access to knowledge or truth and power and the history of such power relationships. I consider the following tendencies to be characteristic of postmodernist writers, but perhaps less central: they are interested in investigating local phenomena and difference rather than aiming for grand explanation, they have a tendency to break down or *deconstruct* well-established boundaries, for example that between philosophy and literary criticism and dualisms, such as that between cause and effect and to explore alternative, previously metaphorical or marginal readings of familiar texts, histories and phenomena. In describing these characteristics of postmodernism, I have summarised my approach within this thesis.

The *locus classicus* for the postmodern debate is Jean-François Lyotard's *The Postmodern Condition: A Report on Knowledge* published in 1979. His work is of particular interest because he draws out differences between 'scientific' and 'narrative' knowledge that find parallels in the talk of managers and nurses in this study.

The death of the grand narrative

For Lyotard, postmodernism describes a general condition of Western civilisation, a civilisation within which the legitimising grand narratives or metanarratives behind social and scientific theorising have lost, or are in the process of losing, credibility:

> "Science has always been in conflict with narratives. Judged by the yardstick of science, the majority of them prove to be fables. But to the extent that science does not restrict itself to stating useful regularities and seeks the truth, it is obliged to legitimate the rules of its own game. It then produces a discourse of legitimation with respect to its own status, a discourse called philosophy. I will use the term *modern* to designate any science that legitimates itself with reference to a metadiscourse of this kind making an explicit appeal to some grand narrative, such as the dialectics of Spirit, the hermeneutics of meaning, the emancipation of the rational or working subject, or the creation of wealth." (Lyotard 1979p. xxiii)

Narrative knowledge, for its part, appears to need little legitimation:

> "...Narrative knowledge does not give priority to the question of its own legitimation and ...it certifies itself in the pragmatics of its own transmission without having recourse to argumentation and proof." (Lyotard 1979 p. 27)

In the place of a privileged discourse that can situate and evaluate all other discourses without itself being infected by the historicity and contingency which render first-order discourses in need of legitimation (Fraser and Nicholson 1990), has come an era of plurality, locality and contingency. Even in scientific inquiry, Lyotard argues, the metaphysical quest for a first proof and transcendental authority has given way to an acknowledgement that the "rules of the game of science" can only be legitimated within a debate that is already scientific in nature. In other words, it is only scientific consensus that deems these rules good. So how does Lyotard describe the activities of science and theorising in general? He sees scientific and narrative knowledges, their relationship and much of social relations, in terms of *language games*—a term he borrows from Wittgenstein in which categories of utterance, for example

denotive (approximately, descriptive; "The university is sick"), performative (performing a function; "[I declare] the university is open") can be described in terms of rules specifying their properties and the uses to which they can be put—as with pieces in a game of chess. Also like game playing, 'speech acts' involve us in *agonistics*, contests. Science is concerned primarily with denotive statements and, for Lyotard, science is a subset of learning which is in itself a subset of knowledge. Knowledge is not comprised of a set of denotive statements but also of wide ranging notions like *savoir-faire, savoir-vivre, savoir-écouter* ('know how', knowing how to live and how to listen). Knowledge, then, enables its possessor to form "good" utterances be they denotive, prescriptive or evaluative. How are such utterances judged to be "good"? They are seen to be "good" when they conform to the relevant criteria accepted in the social circle with whom the "knower" converses. "The early philosophers called this mode of legitimating statements opinion. The consensus that permits such knowledge to be circumscribed and makes it possible to distinguish one who knows from one who doesn't (the foreigner, the child) is what constitutes the culture of a people" (Lyotard 1979 p. 19).

> "Drawing a parallel between science and nonscientific (narrative) knowledge helps us understand, or at least sense, that the former's existence is no more—and no less—necessary than the latter's. Both are composed of sets of statements; the statements are "moves" made by the players within the framework of generally applicable rules; these rules are specific to each particular kind of knowledge, and the "moves" judged to be "good" in one cannot be of the same type as those judged "good" in another, unless it happens that way by chance." (Lyotard 1979 p. 26)

However, the relationship between narrative and scientific discourse has been far from harmonious. If narrative knowledge is tolerant towards science, modern science does not share the same liberality. The modern scientist concludes that narrative statements lack validity because of the absence of argumentation or proof. This demand for legitimation has characterised the entire history of Western cultural imperialism classifying narrative knowledge

as "underdeveloped, backward, alienated, composed of opinions, customs, authority, prejudice, ignorance, ideology.... fit only for women and children" (Lyotard 1979 p. 27). This epistemological imperialism, I will argue, is apparent in the participating managers' estimation of the views of sections of their nursing workforce. By way of contrast *post*modern science, having experienced quantum mechanics, microphysics, chaos and catastrophe theories is:

> "... theorising its own evolution as discontinuous, catastrophic, nonrectifiable, and paradoxical. It is changing the meaning of the word knowledge, while expressing how such a change can take place." (Lyotard 1979 p. 60)

The dominant move in postmodern science, argues Lyotard, is not consensus but dissension, a continual destabilising of the existing paradigm. Consensus can be understood not as the unforced agreement of knowing intellects in dialogue but as a component of a particular system that is manipulated by that system in order to improve the performance of that system. The ultimate goal within this description is power. It is because of this that some scientists have seen their new move ignored or repressed because it too abruptly destabilises accepted positions within the institution of power. Lyotard deems such repressive activity "terrorism". It occurs wherever players are silenced or consent not because their argument has been refuted but because their ability to participate has been threatened. It is a characteristic of 'institutions of knowledge' and 'decision makers' rather than of science itself; indeed, the pragmatics of science where a statement is considered worth retaining when it marks a difference from what is already known, makes science an 'antimodel of a stable system' (Lyotard 1979 p. 64).

But if there has been a growing incredulity towards metanarratives then 'the system' (political or institutional system), seeking the totality with which Lyotard urges us to make war, has endeavoured to replace it with the criterion

of performance and efficiency. It is because of this that he suggests the search for universal consensus (urged upon us by Habermas (1984)) is both naive and dangerous. Behind such a view he detects two assumptions: that it is possible that all speakers could come to agreement on universal rules, valid for all language games and that the ultimate goal of dialogue is consensus whereas, according to his analysis of science, consensus is only a particular state of discussion rather than its end. "Consensus has become an outmoded and suspect value" (Lyotard 1979 p. 66). He suggests a way out of this impasse. What is needed instead, is to arrive at a justice that is not linked to notions of universal consensus. "The only 'we' we need is a local and temporary one", agrees Rorty, commenting on Lyotard's thought (Rorty 1991 p. 214). Lyotard proposes a plurality of local, always provisional agreements on prescriptives for language games, a condition of "temporary contract" that he believes is already replacing permanent institutions within "the professional, emotional, sexual, cultural, family, and international domains" (Lyotard 1979 p. 66). The 'system' may view this ambivalently; on the one hand plurality makes totality harder to achieve but on the other a certain flexibility can lead to creative turmoil and increased operativity. Ambivalent too is the role of increasing computerisation within society. From the system's point of view the computer could be the "dream machine" of ultimate control but Lyotard's democratic alternative could "give the public free access to the memory and data banks" in which case language games would be games "of perfect information at any moment". In these games, Lyotard concludes his essay:

> "...the stakes would be Knowledge (or information, if you will), and the reserve of knowledge—language's reserve of possible utterances—is inexhaustible. This sketches the outline of a politics that would respect both the desire for justice and the desire for the unknown." (Lyotard 1979 p. 67)

From the evidence of this study, however, there is little to suggest that computers offer a source of democracy within the institutions under study.

Objectivity, representation and the process of inquiry

Richard Rorty is an American philosopher whose *Philosophy and the Mirror of Nature* (Rorty 1980) first brought him to prominence. I examine his ideas at length because his recasting of the process and claims of inquiry are of central importance to self-understanding in this thesis. He argues in favour of an abandonment of the notion of human inquiry, and philosophy in particular, as representation of an external reality. Inquiry is not a matter of "getting reality right" or rising out of *local* language into neutral or *real* language; in other words getting a God's-eye view. For him, inquiry is rather the reweaving of a web of beliefs in the light of new, puzzling stimuli. Like both Lyotard and Foucault, Rorty is aware of the unavoidable link between knowledge and power:

> "...any academic discipline which wants a place at the trough, but is unable to offer the predictions and the technology provided by the natural sciences, must either pretend to imitate science or find some way of obtaining "cognitive status" without the necessity of discovering facts." (Rorty 1991 p. 35)

Notions of objectivity and subjectivity are abandoned in favour of the idea of greater or lesser degrees of unforced agreement. He describes the representationalist search for Truth as characterised by appeals to natural or universal rather than local criteria. For the representationalist, there is a notion of convergence about truth; truth is 'out there' awaiting discovery and more or less accurate representation. Rorty offers instead an idea of inquiry as proliferating rather than converging, giving rise to diversity rather than unity. Within his notion of inquiry there is no privileging of explanation over and above interpretation. In fact, he argues, there is no useful distinction between these two terms and no distinction between objects constituted by language and those which are not. For him, all are. He argues that once we rid ourselves of the idea of different methods appropriate to the natures of different objects, we

give our attention instead to questions concerning the purpose which a particular inquiry is supposed to serve and value different tools for different tasks (Rorty 1989).

He argues that there are two principal ways that human beings try to give sense to their lives and describes these as quests for solidarity or objectivity. By objectivity he means a community's attempts to "describe themselves as standing in immediate relation to a non-human reality. This relation is immediate in the sense that it does not derive from a relation between such a reality and their tribe, or their nation, or their imagined band of comrades.... but rather by attaching herself to something which can be described without reference to any particular human beings" (Rorty 1991 p. 21). A sense of solidarity, on the other hand, can be found by aligning oneself with a community, either one's actual historical community or some other historical or mythical community. Rorty locates the Western tradition from the Greek philosophers through the Enlightenment within the objectivist tradition, as the idea of searching for Truth *for its own sake* rather than because it will be good for oneself or one's community. During the Enlightenment, argues Rorty, and as I have outlined earlier in this chapter, the Newtonian physical scientist became the embodiment of the individual with the capacity to gain access to such Truth—the Truth of Nature. And if the physical scientist had gained that access, then according to many 19th century thinkers, social, political and economic institutions should be founded in accordance with that same nature.

Rorty goes on to identify two groups; "realists"—those who wish to ground solidarity in objectivity and devise an epistemology which makes possible a natural and not merely social justification for beliefs, and "pragmatists" who wish to reduce objectivity to solidarity. For "realists", truth is the result of the application of those 'genuinely' rational procedures of justification, correspondence to reality, to the intrinsic nature of things. Pragmatists view

truth as 'what it is good for us to believe' and do not require a correspondence account of the relationship between beliefs and objects. "From a pragmatist point of view, to say that what is rational for us now to believe may not be *true*, is simply to say that somebody may come up with a better idea. It is to say that there is always room for improved belief, since new evidence, or a new hypothesis, or a whole new vocabulary, may come along" (Rorty 1991 p.23). Instead of objectivity, the pragmatist searches for as much intersubjective agreement as possible. The only distinction between knowledge and opinion made by pragmatists is between topics on which agreement is relatively easy or hard to get.

Is the pragmatist a relativist?

In this traditional debate (between the realist and pragmatist), Rorty identifies three meanings behind the term relativism: that every belief is as good as any other, that 'true' is an equivocal term with as many meanings as procedures of justification and that "there is nothing to be said about either truth or rationality apart from descriptions of the familiar procedures of justification which a given society—*ours*—uses in one or another area of inquiry" (Rorty 1991 p.23). The Rortian pragmatist holds only the third view. For her, "true" is an expression of commendation that means the same in all cultures but in the same way as such terms as 'here' or 'there'. Identity of meaning is compatible with diversity of reference. Importantly, Rorty says, the pragmatist thinks her views are better than the realists' but she does not think that they correspond to the nature of reality. In other words, the pragmatist does not devise a theory of truth and her valuing of co-operative human inquiry has not an epistemological but an ethical basis. From the pragmatist point of view, an inquiry into the nature of knowledge can only yield a sociohistorical account of how various groups have attempted to reach agreement on what to believe. Rorty recommends that we

begin to adopt proliferation rather than convergence as our metaphor for human inquiry.

A number of consequences follow from the pragmatist's decision to abandon epistemological groundings for inquiry, for culture, or for any area of human activity. One is that the link between knowledge, or rather widely accepted procedures for justification, become more apparent:

> "I think that putting the issue [of relativism] in such moral and political terms, rather than epistemological or metaphysical terms, makes clearer what is at stake. For now the question is not about how to define words like "truth" or "rationality" or "knowledge" or "philosophy", but about what self-image our society should have of itself. The ritual invocation of the "need to avoid relativism" is most comprehensible as an expression of the need to preserve certain habits of contemporary European life. These are the habits nurtured by the Enlightenment, and justified by it in terms of an appeal of Reason, conceived as a transcultural human ability to correspond to reality, a faculty whose possession and use is demonstrated by obedience to explicit criteria." (Rorty 1991 p.28)

Another consequence is that it is possible to value institutions and practices such as those of science or religion, or notions such as liberalism, but at the same time reject their metaphysical groundings, and propose instead a better non-metaphysical grounding. Rorty explains the privileged (in both senses) position given to science as a cultural lag that allowed an older religious language and aspiration to be attached to the emergent natural sciences during the Enlightenment.

Communication with others

If Rorty rejects an ahistorical touchstone of truth located outside of culture to which appeals can be made to settle disputes between groups—and such appeals were made both by nurses and managers in this study—how then can these different groups communicate and, to use Rorty's example, on what grounds can liberals criticise or express outrage at Nazism? This is a central dilemma in this research. Rorty uses the term ethnocentric to convey his belief

that communities can only work by their own lights. He argues that the realist is just as ethnocentric as the pragmatist but that the realist draws comfort from universalising her own culture's values and aspirations in a way that the pragmatist does not; the ideal human society will always look suspiciously like the one *we* identify with.

> "I have been arguing that we pragmatists should grasp the ethnocentric horn of this dilemma. We should say that we must, in practice, privilege our own group, even though there can be no noncircular justification for doing so. We must insist that the fact that nothing is immune from criticism does not mean that we have a duty to justify everything. We Western liberal intellectuals should accept the fact that we have to start from where we are, and that there are lots of views which we simply cannot take seriously." (Rorty 1991 p.29)

All we can do is to argue, albeit passionately, from our own community's point of view, without claiming or aiming for objectivity. Often, there are enough shared beliefs for dialogue to take place between different communities. In this situation we may attempt to justify our beliefs to others whose beliefs overlap ours to some appropriate extent, but conversion to or from another point of view will not be a matter of inference from previously shared premises. It is unhelpful, he argues, to be "scientific" about our moral and political lives.

Rorty and the process of inquiry

Rorty offers an understanding of the notion of inquiry as a continual recontextualising of beliefs. As inquiry causes us to add or subtract a greater number of beliefs to our existing stock, the possibility, or necessity, for rearranging them within a new context arises. This new context may be a new explanatory theory or a new descriptive vocabulary or any number of other new contexts. Rorty then questions the idea that a distinction can be drawn between two types of recontextualising; a new attitude toward sentences existing already within one's repertoire and the acquisition of attitudes toward sentences to which we previously had no attitudes, a distinction roughly coincident with that

made between inference and imagination. An example of inference might be adding up a column of figures; a situation where logical space remains fixed. An example of imaginative inquiry would be, for example, one that involved the invention of neologisms, such as "gene" or, to refer to Derrida's recontextualisation of Western metaphysics, "phallogocentrism". Rorty suggests that this distinction, like many distinctions, is more a matter of degree. He offers the example of the accountant completing some corporate income tax return as an example of inference, possibly tinged by imagination, as is suggested by the term "creative accounting". I take Rorty to be questioning, for example, the kind of distinction between the 'measurements' and 'descriptions' of morale and strategy aimed at in the RCN study from which this work grew, and the 'interpretations' offered in this thesis.

Rorty moves another step by noting a traditional association between "rationality" and the process of inference on the one hand, and (what he calls) "something else" and imagination on the other. Before Kuhn and Feyerabend, the physical sciences were generally considered paradigms of rational culture. Being scientific was a matter of staying within a logical space which forms an intrinsically privileged context. Rorty suggests that although "enlightened post-Kuhnians" may be free from this notion, they have yet to escape the idea that inquiry is a matter of "finding out the nature of something which lies outside the web of beliefs and desires. There still lingers some sense in which the object of inquiry... has a context of its own, a context which is privileged by virtue of it being the object's rather than the enquirer's" (Rorty 1991 p.96). He detects this belief among not only those who prize the "absoluteness" of natural science's descriptions, but among some anthropologists and literary critics. The pragmatist's position, as formulated by Rorty, recognises a relation of *causation* between beliefs and other items in the universe but not one of *representations*. Beliefs may be *about* non-beliefs but only in a loose sense; the sense in which,

for example, Shakespeare's play is about Hamlet. Aboutness is not a matter of pointing outside the web of beliefs but of drawing attention to beliefs relevant to the justification of other beliefs.

In reply to questions about objects and their contexts, Rorty's pragmatist claims that all objects are always already contextualised. They all come with contexts attached. He rejects claims that sociology differs from the natural sciences in that it deals with a pre-interpreted world and that everyday experience, because it is already symbolically structured, is inaccessible to 'mere observation'. Rorty suggests that it is because of the very 'theory-dependency of data description' spoken about by Habermas (Habermas 1984 p.110). that the notion of 'mere observation' is *equally* redundant in the natural and social sciences. Once this long standing opposition between context and thing contextualised is dropped, it is no longer possible to divide the universe up into things with intrinsic properties or natures and things which are dependent on context for what they are, no distinction to be made between "hard lumps and squishy texts" (Rorty 1991). From such a move other traditional distinctions become redundant; that between essence and accident and between fact and language. The essentialist may counter that there must be an original context-independent "it" which inquiry puts into some context but the anti-essentialist insists that all is context:

> "[The anti-essentialist argues this] by saying that we can only inquire after things under a description, that describing something is a matter of relating it to other things, and that "grasping the thing itself" is not something that precedes contextualisation, but is at best a *focus imaginarius*,... inquiry does not consist in confrontation between beliefs and objects, but rather in the quest for a coherent set of beliefs." (Rorty 1991p.100-101)

However, the anti-essentialist believes that there are objects which are *causally* independent of human beliefs and desires. In response to the attack that this understanding of inquiry means that the inquirer never gets outside their own head, Rorty argues that all anybody can do is to reweave a web of beliefs in the

light of new stimuli: however this is not as bad as it might sound (to the realist) as the anti-essentialist admits that objects she does not control cause her to change her beliefs, sometimes drastically, with the result that "she is no more free from pressure from outside, no more tempted to be arbitrary than anyone else. She may be free from the concern for representing things as they *really, intrinsically* are, but not from the need to fit in unexpected events into the rest of her beliefs.

One implication of adopting an anti-essentialist view is the belief that *all* inquiry is recontextualisation. The distinction between interpretation and the supposedly harder, more reliable, explanation disappears. From this, in turn, would follow the belief that the only difference between sociologists and physicists would be a sociological one, not a methodological or philosophical one. Rorty argues that even objects which we might consider reassuringly solid and free of symbolic meaning may well turn out to be very different entities; such as the rabbits that were, according to Quine, worshipped by the inhabitants of one particular culture (Rorty 1991 p.103-4). It may be that "two groups are not talking about the same things if they talk about them very differently, if wildly different beliefs and desires are aroused in them by these things" (Rorty 1991 p.103).

Two points remain to be made in this summary of Rorty's picture of inquiry. The first concerns another traditional distinction, that between *observing*, for example a native culture, and *participating* in it. Rorty suggests that we learn to understand those in another culture in largely the same way that we learn to understand atypical members of our own culture, by asking questions and listening to the answers, including answers to questions about what they mean by particular expressions. We guess what they might be saying, check out our guesses and gradually gain the knack of understanding, in some cases without conscious puzzlement. "If doing this sort of thing counts as participating," asks Rorty, "rather than 'observing', then Habermas' idea of a 'mere observer' is a

straw man" (Rorty 1991 p.108). The second consequence of abandoning the notion of truth as accuracy of representation or correspondence to how things are is that we get rid of the idea of different methods appropriate to the natures of different objects (one for objects constituted by language and one for those not so constituted). The inquirer switches her attention from the "demands of the object" to the demands of the purpose for which her inquiry is supposed to serve.

To summarise, the above text has offered an introduction to the thought of Richard Rorty and in particular to his recasting of the process of inquiry in the light of the abandonment of the grand narrative of Enlightenment truth.

Another writer, Michel Foucault, tussles with the Enlightenment which he argues, offers the promise of human emancipation yet has given rise to the domination of totalising views or discourses.

Knowledge, power, surveillance and the birth of the individual

From *Madness and Civilisation* (1961) to *The History of Sexuality* published in 1976, Michel Foucault explores the historical contingency of knowledge; "the epistemological space specific to a particular period" that establishes "what ideas can appear, what sciences can be constituted... what rationalities can be formed, only, perhaps, to dissolve and vanish soon afterwards" (Bellour 1966) (cited by Miller 1993). What Foucault offers the postmodern claim of contingency, is a series of historical accounts of how 'regimes of truth' arise from, and give rise to, such knowledges and rationalities, how such contingent entities come to be constituted. Madness, the body and humanity itself, he argues, have no intrinsic nature outside of the forms of sensibility of their periods. Furthermore, each system of thought, of understanding and classification creates its subjects,

whether the classifications of madness or of disease or of the body that are subjected to penetrating and scrutinising gaze.

We can take two strands from Foucault's writing to apply to the issues raised in this research. The first is the notion of systems of knowledge or discourses as ways in which power is gained, exercised and transmitted. The second is the place of surveillance as an integral technology of an increasingly 'disciplinary' society and an embodiment of the Enlightenment quest to dispel the areas of darkness in humanity and make all things knowable through the procedures of observation, recording, measurement; a particular form of rationality. We can understand and explore both Western society at large and the individual modern organisation using this image.

Knowledge and power

Foucault saw the 1960s as a period in which there was an increasing sense of the vulnerability to criticism of 'institutions, practices, discourses'. 'A certain fragility', he claims, 'has been discovered in the very bedrock of existence' (Foucault 1980 p.80). This criticism came from a variety of 'dispersed and discontinuous offensives' such as certain anti-psychiatric discourses. But against the activities of particular, local theorising, he sees the inhibiting effect of totalising theories—for example those of Marxism, psychoanalysis or functionalist and systematising theory in general. Foucault argues that systematising theory masks or silences local knowledges so that they become subjugated and 'disqualified'. Such contingent knowledges have been set against and surrounded by 'the tyranny of globalising discourses' (Foucault 1980 p. 83). His historical method, his 'genealogical' approach, has been to:

> "...entertain the claims to attention of local, discontinuous, disqualified, illegitimate knowledges against the claims of a unitary body of theory which would filter, hierarchise and order them in the name of some true knowledge and some arbitrary idea of what constitutes a science and its objects." (Foucault 1980 p. 83)

Science, or to be more precise, 'the effects of the centralising powers which are linked to the institution and functioning of an organised scientific discourse,' was, for Foucault, one such 'globalising discourse'. From a genealogical point of view, health policy and practice in Western societies can be seen as controlled by and extending the control of globalising discourses of science. Genealogies are 'anti-sciences' in that they expose the historical contingency of universal principles. He responds to the frequently asked question of whether Marxism (or psychoanalysis or semiology of literary texts) is, or is not, a science by asking:

> "...about our aspirations to the kind of power that is presumed to accompany such a science... What types of knowledge do you want to disqualify in the very instant of your demand: 'Is it a science?' ... When I see you straining to establish the scientificity of Marxism, I do not really think that you are demonstrating once and for all that Marxism has a rational structure and that therefore its propositions are the outcome of verifiable procedures; for me you are doing something altogether different, you are investing Marxist discourses and those who uphold them with the effects of a power which the West since Medieval times has attributed to science and has reserved for those engaged in scientific discourse." (Foucault 1980 p. 85)

However the disinterment of these knowledges runs the risk of their re-colonisation:

> "...those unitary discourses, which first disqualified and then ignored them... are, it seems, quite ready now to annex them and take them back into the fold of their own discourse.. are we not in danger of ourselves constructing, with our own hands, that unitary discourse to which we are invited, perhaps to lure us into a trap." (Foucault 1980 p. 83)

Foucault claims that the complex relations of power that permeate a society could not exist without the activity of 'discourses of truth'. 'We are subjected to the production of truth through power and we cannot exercise power except through the production of truth' (Foucault 1980 p. 93). He argues that a discourse of kingly 'right' has, since the Middle Ages, masked, or effaced, the domination at its heart. Foucault's project has been to expose both the brutality and latent nature of its practice, and investigate the multiple forms of

subjugation found within society. This subjugation is found at its extremities, in specific institutions (for example, health care organisations) and is investigated in its particular instances (at our particular point in political, economic and intellectual history). He explicitly turns away from a concern with intention and motivation, away from asking 'who then has power and what has he in mind?' to an examination of how things work at the level of on-going subjugation, how subjects are progressively formed by all the mechanisms of subjection. Radically and in a much quoted and sometimes criticised (Hartsock 1990) passage, Foucault refuses to understand power as a possession of particular groups:

> "Power... is not that which makes a difference between those who exclusively possess it and retain it, and those who do not have it and submit to it. Power must be analysed as something which circulates, or rather as something which only functions in the form of a chain. It is never localised here or there, never in any body's hands, never appropriated as a commodity or piece of wealth. Power is employed and exercised through a net-like organisation. And not only do individuals circulate between its threads; they are always in the position of simultaneously undergoing and exercising this power. They are not only its inert or consenting target; they are always also the elements of its articulation. In other words, individuals are the vehicles of power, not its points of application." (Foucault 1980 p. 98)

Far from crushing individuals, power actually has given rise to, constitutes the individuality which some have seen as the antithesis of power. I will argue that nurses in this study forged a subjectivity out of their experience of workplace exploitation. Foucault argues not for a 'descending' analysis of power—an analysis of how it is distributed—but an investigation of particular, specific manifestations of power, each with its own mechanisms and history. It is after this that the analyst must show how local techniques and technologies of power 'are invested and annexed by more global phenomena and the subtle fashion in which more general powers or economic interests are able to engage with those technologies' (Foucault 1980 p.99). (This is the approach of the present research.) An analysis that starts and finishes, for example, in terms of class

domination lacks specificity. We need to investigate the processes of power and describe them in detail and then go on to show how they have become 'economically advantageous and politically useful... colonised and maintained by global mechanisms'. It is not the fact of exclusion from society of, for example, madness, that needs to be investigated but the mechanisms of that exclusion, for example the medicalisation of sexuality or madness.

Foucault offers a theory of society that we can attempt to bring to bear on the present study of organisations; a theory of counter-movements, of the entrapping effect of two different discourses. In contemporary democratic society we hear a discourse and experience a legislation based on public right, the social body and each citizen's delegative status which has come to function so as to conceal the actual procedures of a second, 'closely linked discourse of disciplinary coercions whose purpose is in fact to assure the cohesion of this same social body' (Foucault 1980 p. 106). Disciplines engender their own discourses, not, today, discourses of kingly sovereignty and right but of normalisation. The first step in the creation of such a disciplinary society is the formation of apparatuses of surveillance.

Surveillance

In *Discipline and Punish* (Foucault 1977), Foucault documents the transformation, during the 17th and 18th centuries, of the exercise of power and control over populations. Spectacular exhibitions of kingly sovereignty and terror characteristic of 17th century Europe had turned, one hundred years later, into the efficiency of meticulous observation effected by continuous visibility or its ever-present possibility. I will argue that the organisations under study in this thesis can be understood as exemplars of the disciplinary institution. The highly visible torture of the single transgressor is replaced by a silent and invisible gaze directed at the many. The development of the idea of a social

contract can be seen as a step between these two. Through such a contract 'the right to punish has been shifted from the vengeance of the sovereign to the defence of society' (Foucault 1977 p.90). The offender has become the common enemy.

Military training was one manifestation of a new focus on the body as an object to be analysed, manipulated and trained to infinitesimal degree:

> "The human body was entering a machinery of power that explores it, breaks it down and rearranges it. A 'political anatomy', which was also a 'mechanics of power', was being born; it defined how one may have a hold over others' bodies, not only so that they may do as one wishes, but so that they may operate as one wishes, with the techniques, the speed and the efficiency that one determines." (Foucault 1977 p. 138)

The practices of enclosure, whether of the military compound, the school, the hospital or the factory, along with such surveillance, create what Foucault terms 'disciplinary space' which involves a science of partitioning individuals in an optimal way to facilitate 'knowing, mastering and using' them (Foucault 1977 p. 143). By assigning each individual its place, the supervision of the individual and the simultaneous work of all are made possible. Such partitioning, whether achieved through architectural, conceptual or temporal means—through the time-table—reflected the 18th century interest in the problem of classifying the myriad diversity of things, zoological, economic or bodily. Classification brought order and mastery. The regulation of time became more important and, in certain circumstances, more closely linked to the maximisation of profit:

> "How can one capitalise the time of individuals, accumulate it in each of them, in their bodies, in their forces or abilities, in a way that is susceptible of use and control? How can one organise profitable durations?" (Foucault 1977 p. 157)

In the sense that 'strict training' creates from a confused multitude of bodies, well-ordered individuals 'discipline 'makes' individuals.'

One major mechanism for the effecting of such a discipline was the technology of hierarchical observation. The art of ever more penetrating seeing became a characteristic of the seventeenth and eighteenth centuries. Our attention has been attracted to the metaphors of light and seeing associated with the Enlightenment project of human understanding; Richard Rorty speaks of Western notions of knowledge as dominated by "Greek ocular metaphors" (Rorty 1980 p. 11) and Derrida of Cartesian images of "natural light" as the light that makes manifest the truth (Derrida 1982 p. 267). Managers in this study made much use of visual metaphors for understanding. Foucault speaks about 'observatories' of human activity:

> "Side by side with the major technology of the telescope, the lens and the light beam, which were an integral part of the new physics and cosmology, there were the minor techniques of multiple and intersecting observations, of eyes that must see without being seen; using techniques of subjection, and methods of exploitation, an obscure art of light and the visible was secretly preparing a new knowledge of man."

The military camp and the school building became exemplary 'observatories' of the human body whose key characteristic was that 'a single gaze [should] see everything constantly' (Foucault 1977 p. 173).

> "A central point would be both the source of light illuminating everything, and a locus of convergence for everything that must be known: a perfect eye that nothing would escape and a centre towards which all gazes would be turned."

The effect of surveillance would not have been possible without a realisation of the power of the realm of ideas. The Idéologues claimed that power over the body can best be effected through the realm of ideas. "[T]he 'pain' at the heart of punishment is not the actual sensation of 'pain', but the idea of 'pain'" (Foucault 1977 p. 94). Foucault summarises 18th century criminologist, Servan who suggested that the ideas of crime and punishment must be strongly linked and:

> "...follow one another without interruption... When you have thus formed the chain of ideas in the heads of your citizens, you will then be able to pride yourselves on guiding them and being their masters. A stupid despot may constrain his slaves with iron chains; but a true politician binds them even more strongly by the chain of their own ideas...on the soft fibres of the brain is founded the unshakeable base of the soundest of Empires." (Foucault 1977 p. 102-3)

Systems of hierarchised, continuous and functional surveillance were extended during the eighteenth century as such mechanisms brought with them hitherto unexploited technologies of power. The spectacles of power that were enjoyed one hundred years before, gave way to the anonymous and silent networks of surveillance which traversed whole institutions and societies and in which the supervisors themselves were perpetually supervised. Foucault argues that hierarachised surveillance joined with a practice of 'normalising judgements' to form a technique central to modern society, that of the examination. Examination establishes over individuals a 'visibility through which one differentiates them and judges them' (Foucault 1977 p. 184).

> "The superimposition of the power relations and knowledge relations assumes in the examination all its visible brilliance." (Foucault 1977 p. 185)

The hospital came to be organised as an 'examining apparatus'. Inspecting visits from physicians became much more regular, in-depth and highly timetabled. This altered the internal hierarchy of these institutions, with the result that their religious staff became relegated to particular roles. This is the age, argues Foucault, of the birth not only of *la clinique,* clinical medicine, but of the 'nurse'. The hospital, once little more than a poorhouse, became transformed into a site of knowledge, with the 'well-disciplined hospital' reflecting the new 'discipline' of medicine. Disciplinary power imposed on its subjects a principle of compulsory visibility:

> "It is the fact of being constantly seen, of being able always to be seen that maintains the disciplined individual in his subjection. (Foucault 1977 p. 187)

The examination became the practice that held individuals in a mechanism of objectification, where power became manifested only by its gaze. The documentation associated with this practice introduced a previously unknown fascination with individuality, the writing of a whole archive of 'bodies and days'. The writing that accompanied the examination enabled the constitution of the individual as a describable, analysable object, constantly available to the gaze of a fixed body of knowledge. The individual became 'captured and fixed' in a mass of documentation. It also made possible a system of comparisons involving the measurement of overall phenomena and the variation between groups and the distribution of individuals within a 'population'. Thus towards the end of the eighteenth century, Foucault notes the entry of the individual as opposed to the species, into the emergent clinical sciences. The individual became 'a case' whose individuality was brought across the threshold of describability by the techniques of disciplinary surveillance, what Foucault terms the 'turning of real lives into writing' (Foucault 1977 p. 192). In that it emerged from this disciplinary practice, the individual became an effect and an object both of knowledge and of power.

> "We must cease once and for all to describe the effects of power in negative terms: it 'excludes', it 'represses', it 'censors', it 'abstracts', it 'masks', it 'conceals'. In fact power produces; it produces reality; it produces domains of objects and rituals of truth. The individual and the knowledge that may be gained of him belong to this production." (Foucault 1977 p. 194)

Individuality was a 'positive product' of disciplinary surveillance.

One architectural 'discovery' facilitated at once constant surveillance and individualisation. This was the so-called 'Panopticon'. Its champion, if not its actual inventor, was Jeremy Bentham (1748-1832). Bentham's Panopticon, with its architecture whether of a prison or hospital ward enabling total visibility of its subjects, stood out for Foucault as the emblem of "subjection by illumination". "It was just what [doctors, penologists, industrialists and

educators] had been looking for. [Bentham] invented a technology of power designed to solve the problems of surveillance" (Foucault 1980 p. 148). It was an emblem of a disciplinary age :

> "...at the periphery, an annular building; at the centre, a tower; this tower is pierced with wide windows that open onto the inner side of the ring; the peripheric building is divided into cells, each of which extends the whole width of the building; they have two windows, one on the inside, corresponding to the windows of the tower; the other, on the outside, allows the light to cross the cell from one end to the other. All that is need, then, is to place a supervisor in a central tower and to shut up in each cell a madman, a patient, a condemned man, a worker or a schoolboy. By the effect of backlighting, one can observe from the tower, standing out against the light, the small captive shadows in the cells of the periphery...each actor is alone, perfectly individualised and constantly visible." (Foucault 1977 p. 200)

Its ultimate effect was that:

> "An inspecting gaze, a gaze which each individual under its weight will end by interiorising to the point that he is his own overseer, each individual exercising this surveillance over, and against, himself."(Foucault 1980 p. 155)

As with the panoptic hospital ward advocated and described in detail by Nightingale (1883), the arrangement enables the chief inspector to watch over subordinates as well as inmates and for the inspector him or herself to be watched over by a superior. There are striking comparisons with the modern organisation under central control:

> "The Panopticon may even provide an apparatus for supervising its own mechanisms. In this central tower, the director may spy on all the employees that he has under his orders: nurses, doctors, foremen, teachers warders; he will be able to judge them continuously, alter their behaviour, impose upon them the methods he thinks best; and it will even be possible to observe the director himself. An inspector arriving unexpectedly at the centre of the Panopticon will be able to judge at a glance, without anything being concealed from him, how the entire establishment is functioning." (Foucault 1977 p. 204)

Since the 17th and 18th centuries, the electronic, over and above the optical, has lowered unimaginably further the 'threshold of describability'. The quest is still for ever clearer visibility. Many nurses in the present study appeared poised on

the brink of interiorising this gaze through regular self-recording of the details of their activities.

I will complete the philosophical context for this research by offering an account of an approach to textuality known as deconstruction. This will prepare the ground for the detailed description of my approach to the texts constructed by this research that I give in the next chapter.

Deconstruction, metaphor and intention

Deconstruction, associated most notably with French literary theorist Jacques Derrida, effects a methodological disorientation that resembles that experienced within postmodernism. Derrida's work undermines metaphysical givens and lurks on the limits of rationality.

Deconstruction began as a response to structuralism and is sometimes referred to as poststructuralist criticism. The project of European structuralists was to discover underlying laws or structures behind and beneath the whole range of human sign making. Semiology, or the study of such signs, was proposed as a scientific basis for such a quest. Anthropologist Claude Lévi-Strauss, for example, suggested that all myths may be aspects of a single great myth being produced by the collective mind of humanity. Like the writers discussed above, Derrida was sceptical of the search for universal laws governing human sign making. He argued that the search for such a unity amounted to a new version of an ancient quest for the lost ideal, "whether that ideal be Plato's bright realm of the Idea or the Paradise of Genesis or Rousseau's unspoilt Nature" (Peterson 1992 p. 363). The structuralist search for 'centres of meaning' within texts, for him, derived from the logocentric belief that there is, somewhere, a reading of a text that accords with a 'God's-eye' reading. There are clear echoes here of

postmodernism's critique of the Enlightenment pursuit of context free knowledge.

Deconstruction explores and exploits the discovery that a single text can be used to support seemingly irreconcilable positions. In offering an explanation or account of any text, one primary meaning for a work, the reader or critic necessarily (and perhaps conveniently) overlooks certain passages. J. Hillis Miller, American literary theorist, has suggested "Deconstruction is not a dismantling of the structure of a text, but a demonstration that it has already dismantled itself" (Miller 1976). It is this exploitation of counter-texts, the deliberate subversion of the initial reading of a text, that informs my treatment of textual data produced within this research. Such subversions may involve an analysis of metaphor and its place in argument, an examination and overturning of a text's dualisms and a radical approach to the question of intention and context. A full account of their use in action is given in the next chapter. Here, however, in presenting deconstruction and summarising some of the work of Jacques Derrida, I introduce the theoretical orientation guiding these approaches.

Dualism

Derrida argues that as Westerners, influenced and shaped by the traditions of our philosophies, starting with the Greeks, we tend to think and express thought in terms of dualisms such as presence/absence, speech/writing—something is masculine and therefore not feminine, the cause rather than the effect. Edward Said, though not a name one might associate with deconstruction, makes a similar point; "No identity can ever exist by itself and without an array of opposites, negatives, oppositions: Greeks always require barbarians..." (Said 1993 p. 60). According to Derrida, such dualisms tend to contain implicit or explicit hierarchies as one element of the dualism is

privileged, according to the world view of Western cultural tradition. Both the managers and nurses involved in this research erected such dualisms involving, for example, the rational and the irrational or human care and financial concern.

The hierarchical opposition between speech and writing which is of particular interest to Derrida will be discussed later. Involved in such a hierarchy is the privileging of presence, "the belief that in some ideal beginning were creative *spoken* words, words such as "Let there be light," spoken by an ideal, *present* God" (Peterson 1992 p. 361). Within a logocentric tradition, these original and originary words can now only be represented in speech and writing that is unoriginal, unreliable, open to misinterpretation and 'parasitic' on the original utterance. Derrida's approach to such hierarchies is not simply to reverse them and so perpetuate the same oppositional mode of thought, but to 'erase the boundary' between such oppositions in a way that fundamentally questions the order and values upon which they are based:

> "...an opposition of metaphysical concepts (for example, speech/writing, presence/absence, etc.) is never the face-to-face of two terms, but a hierarchy and an order of subordination. Deconstruction cannot limit itself or proceed immediately to a neutralisation: it must, by means of a double gesture, a double science, a double writing, practice an *overturning* of the classical opposition *and* a general *displacement* of the system. (Derrida 1982 p.329)

Deconstruction works by demonstrating that the privileged element in a dualism, for example speech over writing, can equally plausibly be seen as secondary. For example, deconstruction can show how cause can become effect and the marginal, central. The result is not a simple reversal of the old order but a more fundamental dislocation or displacement that undermines the metaphysical privilege given to the prior element. The "literal and the figurative can exchange properties so that the prioritising between them is erased" (Peterson 1992 p. 365).

Metaphor at the root of metaphysics and metaphor in science

Derrida's uncovering of the activity of metaphor lurking within and behind that most abstract of sciences, philosophy, is a pattern for its disclosure in the purportedly rational argumentation of NHS managerialism.

In Derrida's approach to the writing and arguments of Socrates and Plato, in which he examines the role of metaphor within the argumentation of metaphysicians (Derrida 1982), the distinction between the disciplines of philosophy and literary criticism are seen to dissolve. In his treatment of Aristotle and, in another essay, of linguistic philosopher John Austin (Derrida 1982), he works to uncover the text working against the grain of the text's argument. Even the question he poses at the outset of *White Mythology: Metaphor in the Text of Philosophy*, becomes fractured, inverted and endlessly reflective:

> "Is there metaphor in the text of philosophy?.... Our certainty soon vanishes: metaphor seems to involve the usage of philosophical language in its entirety, nothing less than the usage of so-called natural language *in* philosophical discourse, that is, the usage of natural language *as* philosophical language." (Derrida 1982 p.209)

Derrida argues, as Nietzsche had done before him, that language is radically metaphorical in character. The metaphorical basis of philosophy, he argues, had been disguised and forgotten since the Socratic dialectic style of debate had monopolised all claims to reason and truth. For Socrates' student, Plato, the rhetorician-philosophers known as the sophists came to stand for "verbal ingenuity mixed with persuasive guile" and were depicted as easily defeated by Socratic logic (Norris 1991 p. 60). Nietzsche, and later Derrida, argue that, in spite of his claims, Socrates was himself a "wily rhetorician" and that:

> "Behind all the big guns of reason and morality is a fundamental will to persuade which craftily disguises its workings by imputing them always to the adversary camp. Truth is simply the honorific title

> assumed by an argument which has got the upper hand..." (Norris 1991 p. 61)

Furthermore, Derrida argues that metaphysics can only be spoken of metaphorically and metaphysicians, in their attempts to express abstract ideas, are constrained to live "perpetually in allegory", with the faint imprint of the ancient fables appealed to by pre-Socratic Greek philosophers, still detectable in their most abstract of writings. "[T]hey dim the colours of the ancient fables, and are themselves but gatherers of fables. They produce anaemic [or white] mythology" (Derrida 1982 p.213). This approach enables Derrida to undermine the universalist claim of Western philosophy and its claim to have purged reason and logic of the deceptions of rhetoric:

> "Metaphysics—the white mythology which reassembles and reflects the culture of the West: the white man takes his own mythology... for the universal form of that he must still wish to call Reason...metaphysics has erased within itself the fabulous scene that has produced it." (Derrida 1982 p.213)

Searching for a metaphysical truth about metaphor inevitably leads us to metaphor; metaphor is like a coin, standing for something else. Thought continually "stumbles upon metaphor" (Derrida 1982 p.233). Making metaphor belongs to the *mimesis* (imitation) and language-making considered by Aristotle in his *Rhetoric* as the characteristic of humankind. Yet if it is proper and appropriate to humankind, it is a means to knowledge that is, for Aristotle, a subordinate one. Derrida paraphrases him:

> "...it is not as serious as philosophy itself.... metaphor, when well trained, must work in the service of truth, but the master is not to content himself with this, and must prefer the discourse of full truth to metaphor." (Derrida 1982 p. 238)

If Aristotle and other Greeks considered metaphor ancillary to philosophy, closer to the present, Derrida draws our attention to historian Bachelard, who argues in a similar fashion when writing about metaphor in science. For Bachelard, "metaphors seduce reason" (Bachelard 1938) (cited by Derrida 1982

p.259) and tend to take over thought with their own autonomous life and imagery. Derrida notes, however, that in the field of the natural sciences, animistic or cultural metaphor may be so appropriate that "one might be so tempted *to take the metaphor for the concept*". Drawing on the work of Georges Canguilhem, Derrida examines the development of cellular theory, "over which" according to Canguilhem, "hover, more or less closely, affective and social values of co-operation and association" (Canguilhem 1969 p.49). Biologist Hooke when first having observed the cell through a microscope, named it thus under the influence of an image of the honeycomb. But also, asks Canguilhem, "...who knows whether, in consciously borrowing from the beehive the term cell in order to designate the element of the living organism, the human mind has not also borrowed from the hive, almost unconsciously, the notion of the co-operative work of which the honeycomb is the product?" (Canguilhem 1969 p. 48-49).

In short, metaphor cannot be consigned to the margins either of philosophy, of science or of language itself. Metaphor can be used to prize apart the layers of argument upon which is based the tyranny of totality and rationality.

Presence/absence and the question of intention

A consideration of intention as the final authority regarding the meaning of a text is vital to my treatment of the interviews and comments in this thesis. To begin this consideration, we must see how Derrida approaches the theories of Austin, for whom intention was a central concern.

In *Signature Event Context*, Derrida critiques Austin's speech act theory (see Chapter 3 for more detail about the work of John Austin) and explores, in the process, theories of meaning and traditional distinctions between speech and writing, which he finds untenable. He argues that within the Western tradition

of what he calls "logocentrism", since Plato, with its "metaphysical longing for origin and ideals", speech has been privileged and writing has been seen as a kind of corrupt activity, parasitic upon speech. According to this philosophical tradition, speech and writing are successive but transparent stages in the representation of 'thought' and 'ideas' whose various structures do not influence the content of those original thoughts. The invention of writing, while enabling people to make their thoughts known to 'absent persons' (Derrida 1982 p. 312), gave rise to its dangerous yet inevitable 'drifting' in meaning, its separation from the present consciousness of its originator as the final authority of this meaning. Derrida places Austin within this tradition of thinking because of his attempt to anchor the meaning of an utterance in the conscious intention of its speaker so that different types of speech act, for example those utterances he termed performatives, such as the giving of promises, can be classified on the basis of intention. Derrida argues that the absence of the addressee and, indeed, of the addressor in writing is in need of more critical examination:

> "For the written to be the written, it must continue to "act" and be legible even if what is called the author of the writing no longer answers for what he has written, for what he seems to have signed, whether he is provisionally absent, or if he is dead, or if in general he does not support, with his absolutely current and present intention or attention, the plenitude of his meaning, of that very thing which seems to be written "in his name". (Derrida 1982 p. 316)

Part of the *very structure* of the written word is that it is separable from the present, the context of its inscription and is citable in new contexts. However, having said this, Derrida also claims that even speech is subject to similar 'drifts' in meaning through the possibility of its placing in different contexts:

> "Every sign, linguistic or nonlinguistic, spoken or written.., as a small or large unity, can be *cited*, put between quotation marks; thereby it can break with every given context, and engender infinitely new contexts in an absolutely nonsaturable fashion. This does not suppose that the mark is valid outside its context, but on the contrary that there are only contexts without any centre of absolute anchoring. This citationality, duplication, or duplicity, this iterability of the mark is not an accident or an anomaly, but is that.. without which a mark could no longer even have a so-called

> "normal" functioning. What would a mark be that one could not cite? And whose origin could not be lost on the way?" (Derrida 1982 p. 320-321)

"Meaning is context-bound, but context is boundless" summarises Culler (1983 p.123). But what of intention? Intention cannot be considered as a single fixed point of origin:

> "When questioned about the implications of an utterance I may quite routinely include in my intention implications that had never previously occurred to me. My intention is the sum of further explanations I might give when questioned on any point and is thus less an origin than a product, less a delimited content than an open set of discursive possibilities... intentions do not... suffice to determine meaning; context must be mobilised." (Culler 1983 p. 127-128)

In other words, an utterance acts in different ways depending on the context in which it is placed. Intentional, original and metaphysically privileged meaning, if such a thing exists, cannot set a boundary around all future or possible meanings. How then can we understand the task of the reader of literature, historical documents, the transcripts of interviews with NHS managers or the status of any human utterance or mark? Deconstruction offers the suggestion of an aporia, or impasse, a double movement between two opposed yet simultaneous approaches:

> "If we say that the meaning of a work is the reader's response, we nevertheless show, in our descriptions of response, that interpretation is an attempt to discover meaning in the text. If we propose some other decisive determinant of meaning, we discover that the factors deemed crucial are subject to interpretation in the same way as the text itself and thus defer the meaning they determine." (Culler 1983 p. 132-133)

Finally, and crucially for this research, deconstructive literary critics reject the traditional distinction between the literary text and the critical work which comments upon that text (de Man 1979). For them, the poetic or literary work has no sacrosanct and unique autonomy. Conversely, they also deny the notion that the work of criticism has a privileged status over and above the works it comments upon. The critical enterprise itself is bound to use the same

persuasive techniques as the texts it attempts to unravel. In the same way, this research claims no privileged access to truth about the texts it analyses and attempts to deconstruct. This work is ultimately rhetorical, as is the case, I would argue, for any inquiry that, unlike this one, claims access to a metaphysical grounding, whether that grounding be located in scientific methodology or in the privilege of direct experience or insight. The status I would wish to claim for it is neither more nor less than a cultural production alongside the novel or the prophecy.

Summarising

So do these deconstructions explain texts, show what they mean? Derrida would argue that anyone seeking a single, correct meaning to a text is imprisoned by a structure of thought that would oppose two readings and consider one as correct and right, and not incorrect or wrong. Deconstruction argues that literature defies the laws of Western logic, laws of opposition and non-contradiction. Texts don't say "A and not B"; they say "A and not A" (Peterson 1992). To my critic who finds my readings later in this thesis implausible, improper or perverse, I reply that the text is not a bearer of stable meanings. Our task is not to faithfully seek the truth in texts, but to place them in new, perhaps uncomfortable contexts, to wrest their meaning out of the hands of powerful groups.

Literature will always evade any theory we attempt to encompass it with. J. Hillis Miller asserts that this does not make way for a critical free-for-all. He maintains that it is possible to present a reading which is demonstrably wrong (Miller 1976) (cited by Peterson 1992 p. 375). What he argues is that critics are mistaken in any assumption that the meaning of a text is going to be single, unified and logically coherent. The best readings give the best account of the heterogeneity of a text.

> "...It is the very incompatibility of discourses within literary texts that makes literature mysterious, problematic, worthy of attention." (Peterson 1992 p. 362)

When we go on to consider the post-structuralist maxim, 'there is nothing outside of the text' (Derrida 1976 p. 158), in other words, a world understood by us and given meaning by us can be considered textual, we may be tempted to replace Peterson's 'literature' with 'NHS research'.

This chapter has presented the arguments of postmodern writers who have questioned the truth claims of science, philosophy and certain approaches to textuality. It has also summarised the work of those who have made the relationship between knowledge and power explicit. The next chapter explores disruptions between fields of inquiry and goes on to expound more carefully some details of the analysis of discourse and deconstruction as they apply to this project.

3
Erasing the boundaries— speech into text, comment into text: policy study into literary criticism, social science into philosophy

Two erasures can be performed which open up a space within which certain redescriptions can be offered. The first is the freeing of words from the context of research data—interview transcripts, written survey data, field notes—into a context of text; the freeing of words from the context of authorial intention, of manifestations of a thinking, knowing, speaking subject (Foucault 1972) into 'tissues of meaning' (Parker 1992 p.6), into objects of inquiry with meanings in themselves that go beyond individual intention. Rather than existing solely as examples of self-expression, these texts create their own speaking and writing subjects.

The second erasure is of the boundaries between long standing, yet arbitrary fields and styles of inquiry; for example, between sociology and philosophy, between literary theory and policy studies. A novel space is available in which these disciplines can be plundered with the aim of making the familiar problematic.

The blurring of literary criticism and other disciplines

Since the 1980s, there has been an expansion in critical explorations that have straddled the boundaries between disciplines such as sociology, anthropology and philosophy. Literary theory, psychoanalysis and biblical studies have also been drawn into this new space. In some ways, the precursor to this tendency

has been structuralism which, from the mid-1970s for a decade or so, became a term that called together endeavours aimed at detecting underlying structures, particularly linguistic structures, beneath the phenomena that were traditionally studied by workers in a range of disciplines (Bell 1985 p.94-101). More recently, this quest for commonality has given way to a sense that such knowledge is impossible to arrive at. Nevertheless a focus on structures and on language remains.

Perhaps another strand is to be found in what has become known as critical theory. According to Kinchelow and McLaren, critical theory, 70 years after its development in Frankfurt in Germany, still manages to "disrupt and challenge the status quo". Its approach is characterised by a belief that "all thought is fundamentally mediated by power relations" (Kinchelow and McLaren 1994 p. 138-9) and by an emancipatory aspiration. Inquirers who espouse this approach can be found working in the fields of literature, law and a whole range of social and cultural studies. Jocalyn Lawler, in her examination of 'somology', a study of the body, comments that the body in its totality has fallen between the discourses of academic disciplines, disciplines that themselves to a large extent reflect the lives of Western white males (Lawler 1991).

However, what we are witnessing is more than a movement that has swept across academic disciplines but a distinct disrespect for existing demarcations. Jacques Derrida, philosopher and literary theorist, critiques Freud (Derrida 1978). Harold Bloom, another literary theorist offers biblical exegesis (Bloom 1987); so does feminist philosopher Helene Cixous (1993). Philosopher Richard Rorty writes in depth about literature and anthropology (Rorty 1991) while Michel Foucault offers detailed art criticism (Foucault 1970, 1983). A recent collection of essays exploring the dialogue between feminism and postmodernism contains contributions from writers with backgrounds in philosophy, communication studies, modern language and political science,

offering critiques of these subjects as well as of issues more traditionally the terrain of psychologists, psychotherapists and sociologists (Nicholson 1990). while a blend of semiology, sociology, ethnography and management studies has recently emerged as the movement known as organisational symbolism (Turner 1990). In 1993, Edward Said (1993), writing about how cultural productions have been implicated in imperialism prefaces a quotation from poet T.S. Elliot thus:

> "..although the occasion as well as the intention of his essay is almost purely aesthetic, one can use his formulations to inform other realms of experience." (Said 1993 p. 1)

Later he comments:

> "The tendency for fields and specialisations to subdivide and proliferate... is contrary to an understanding of the whole, when the character, interpretations, and direction or tendency of cultural experience are at issue." (Said 1993 p. 13)

Literary theorist, Jonathon Culler, writing in the early 'eighties, detected the emergence of a field of inquiry within an as yet unnamed domain. It could not be labelled 'literary theory' because many of its works did not address literature explicitly. It could not be called 'philosophy' either because it included attention to Saussure, Marx, Freud, Erving Goffman and Jacques Lacan as well as Hegel and Nietzsche. 'It might be called "textual theory"', ventured Culler, 'if *text* is understood as "whatever is articulated by language"' (Culler 1983 p. 8). Works from this genre act as 'redescriptions that challenge disciplinary boundaries'. Richard Rorty also had a sense that in England and America, literary criticism had taken the place accorded to philosophy, 'as a source for youth's self-description of its own difference from the past' (Rorty 1980 p.168).

At such a time, the autonomous existence of disciplines is challenged. Christopher Norris sees Derrida as undermining the privileged status accorded to philosophy as sovereign dispenser of reason (Norris 1991 p.18). Derrida

approaches this by critically examining metaphorical and other figurative devices at work in the texts of philosophy. Doing this, he challenges the notion that reason can somehow transcend language and arrive at 'a pure, self-authenticating truth or method' (Norris 1991 p.19). Norris goes on to write:

> "In this sense Derrida's writings seem more akin to literary criticism than philosophy. They rest on the assumption that modes of rhetorical analysis, hitherto applied mainly to literary texts, are in fact indispensable for reading *any* kind of discourse, philosophy included." (Norris 1991 p.19)

Jonathon Culler explores a little further this deconstruction of the hierarchy between 'serious' philosophical texts and 'non-serious' literature. However, a whole range of discourses; sociology, health legislation, research reports can be grouped with the 'serious':

> "The notion of literature or literary discourse is involved in several of the hierarchical oppositions on which deconstruction has focused: serious/nonserious, literal/metaphorical, truth/fiction...philosophers, to develop a theory of speech acts, construct a notion of "ordinary language" and "ordinary circumstances" by setting aside as parasitic exceptions all nonserious utterances, of which literature is the paradigm case. Relegating problems of fictionality, rhetoricity and nonseriousness to a marginal and dependent realm—a realm in which language can be as free, playful and irresponsible as it likes—philosophy produces a purified language which it can hope to describe by rules that literature would disrupt if it had not been set aside. The notion of literature has thus been essential to the project of establishing serious, referential, verifiable discourse as the norm of language." (Culler 1983 p. 181)

Foucault finds parallels between literary and scientific text when he draws attention to the complex relationship between a statement, its author, and the subjects that the statement create (Foucault 1972). The relationship between an enunciating subject (created by a text) and the author is not one of simple correspondence. He rejects the view that this ambiguity is peculiar to, and characteristic of literature. A mathematical text, for example, may evoke at various points, a number of different subjects, making statements of different kinds, adopting different stances toward the text. These kinds of shift of subject that are understood implicitly by the reader as she reads, become an area of

scrutiny for Foucault. The point is that Foucault would subject "books, texts, accounts, registers, acts, buildings, institutions, laws, techniques..." to the same approach (Foucault 1972 p. 7).

In contrast, others have observed similarities between the activities of those engaged in the pursuits characteristic of different disciplines, but without questioning the epistemological status of the two. For example, Phil Strong observes similarities between the activities of the sociologist and the writer of fiction but he still leaves unquestioned, in a way that Derrida does not, a certain privilege granted to science. For Strong, science is, or at its best can be, 'disinterested', a commenter, showing a 'unique rigour', 'a collegial pursuit of independent truth' in which 'ideological, practical and aesthetic aims...constantly threaten the distinction between' sociology and fiction. (Strong 1983 p.71-73). Paul Atkinson also looks at the blurred boundary between the telling of "fact" and "fiction". He examines the persuasiveness of the ethnographic account and the often unconscious use ethnographers have made of literary devices in "their constructions of reality" (Atkinson 1990).

Speech etc. into texts

A brief history of a 'turn to language'

The influence of structuralism and post-structuralism manifest since the 1960's and '70s has led to workers within a range of disciplines including philosophy, sociology and psychology to place a concern with language at the forefront of their inquiry. Part of this reorientation has been the realisation that language is structured in a way that reflects existing power relations. Dale Spender (1980), looking at women and Edward Said (1978; 1993), writing about peoples colonised by white Western powers have argued that such groups not only have their identity but the structure of existence defined for them by powerful outside

groups. Colonisation, writes Said, gives rise to 'structures of feeling' created by the coloniser for the colonised (Said 1993 p. 9) so that there is an 'inability to conceive of any alternative' (Said 1993 p. 14). Part of this defining is achieved through the structures of language made available that systematically silence and estrange marginalised groups and leave them with few alternative ways to live in, feel and describe a world that becomes ever more alien to them. 'There is no use looking for other, non-imperialist alternatives; the system simply eliminated them and made them unthinkable' (Said 1993 p. 26).

One manifestation of the 'turn to language' is discourse analysis.

Discourse analysis

An extremely broad range of theoretical perspectives underpin activities that go under the name of discourse analysis (Potter and Wetherell 1987 p. 184), from explicitly technical, measurement orientated analysis of the structures of a text (Renkema 1993), through analysis of conversation and turn taking (Sacks, Schegloff et al. 1974) to more broadly ideological studies (Thompson 1984). To avoid confusion, it is vital to make clear what kind of discourse analysis we are *not* developing in this thesis. We are not creating an analysis of the structure of conversation, with its turn taking and other sequences, nor with primarily linguistic approaches to talk, nor with producing "models" of argumentation or numerical accounts of the reading process. These approaches, I suggest, do not do justice to the inevitable ambiguity of texts. It will become clear that what we are concerned with is the link between knowledge, language and social and political power made manifest by analysis of the philosophical positions implicit in the talk of managers and nurses, and the use that both groups make of rhetoric, the use of discourse to persuasive effect.

Potter and Wetherell (1987) locate the foundations of this range of activities in the speech act theory of British philosopher John Austin (1962), the discipline

of ethnomethodolgy, semiology, 'the science of signs' proposed by Ferdinand De Sausure (1974) and developed by Roland Barthes (1972; 1985), and the rise of post-structuralism associated with the writings of figures such as Michel Foucault, Jacques Derrida, Jean François Lyotard as well as Barthes.

Austin's contribution lies in his perspective on speech which constituted a radically new departure in the philosophy of language in 1955. Austin deflected attention away from the truth or falsity of statements, the discovery of which had exercised the logical positivists; instead he asks us first to consider whether some types of utterance are principally important for what they *do* rather than for how they describe things. He called such written or spoken utterances *performatives* while descriptive utterances were termed *constantives*. Potter and Wetherell summarise his general theory of speech acts, in which he went on to blur this distinction: "*all* utterances state things *and* do things" (Potter and Wetherell 1987 p.17). In other words utterances have force as well as meaning. Language is a tool to get things done. Ethnomethodologists such as Garfinkle (1967) use a similar approach in studies of how 'ordinary people' make sense of life. Although broadly concerned with how social life is put together, these studies explore, in social settings, the 'reflexive' nature of talk, in other words how language does not just describe actions or situations but, in part, constitutes or formulates these actions and situations. Ethnomethodologists look at what speakers are *doing* with their talk.

The third theoretical tradition identified as forming the ground out of which discourse analysis has grown is semiology. Swiss linguist Ferdinand De Saussure (1857-1913) explored the distinction between any particular concept such as a dog, which he termed the *signified*, and the speech sound associated with it, the *signifier*. The combination of both are termed the *sign*. His central principle concerns the arbitrary connection between signifier and signified. Not only are the speech sounds associated with certain concepts arbitrary—they

vary from language to language—but the concepts themselves are indeterminate. Again, using examples from various languages, Saussure demonstrates that certain distinctions and categories are available to speakers of some languages but not to the speakers of others. "The world can be conceptually partitioned in endless different ways" (Potter and Wetherell 1987 p. 25). What gives meaning to a sign is not some intrinsic quality but its place within a particular system. It is this idea that lies behind his notion of a science of the signs used within societies. In this science, 'signs' would include not only language, but any realm to which meaning has been applied, such as fashion or buildings.

Roland Barthes developed the notion of signification to include 'second level signification', or myth, where a sign can become signifier to a new signified. For example, Barthes writes about the travel guide known as the *Blue Guide*,"[t]he picturesque is found any time the ground is uneven" (Barthes 1972 p. 74). The *Guide's* '"overstress[ing] of hilliness", according to Barthes, is linked to a nineteenth century Protestant morality which combined the cult of nature with Puritanism, "regeneration through clean air, moral ideas at the sight of mountain-tops, summit climbing as civic virtue, etc." "*'The road becomes very picturesque (tunnels)'*" he quotes, "it matters little that one no longer sees anything, since the tunnel here has become a sufficient sign of the mountain".

The example of myth given by Potter and Wetherell is of the term 'Jaguar XJ6' signifying the concept of a particular car. 'Jaguar XJ6' can become part of sign that goes on to signify such concepts as wealth, luxury or glamorous living. In the present study 'manager' is, in as far as a manager exists as a concrete human being, rather than a disembodied collection of roles, a signifier for the concept of an individual employed in a particular capacity with particular responsibilities and duties within an organisation. At another level 'manager' might signify, for different groups, concepts such as 'leader/saviour' or 'waste

of space' i.e. a character who produces nothing tangible while consuming resources. See Chapter 8 for nurses' descriptions of management.

Finally, Potter and Wetherell look to post-structuralist writers, such as those named above, as theorists who have avoided the possibly idealised and static approaches of semiologists and speech act theorists and offered more dynamic and radical analyses of text, language and discourse (Potter and Wetherell 1987 p.31).

Discourse analysis can be considered a structuralist pursuit if we understand structuralism as "an investigation of a text's relation to particular structures and processes..[in which]..Languages and structures, rather than authorial self or consciousness, become the major source of explanation" (Culler 1983 p.21), or post-structuralist if we consider the following distinction: "Structuralists are convinced that systematic knowledge is possible; post-structuralists claim to know only the impossibility of this knowledge" (Culler 1983 p.22). Perhaps discourse analysis can be usefully located within the "critical postmodernism" sketched out by Kincheloe and McLaren (1994), a frame of reference that combines critical theory's concern for political action resulting in emancipation with postmodernism's philosophical suspicion. Some of the possible contradictions inherent in the proposition of this category are discussed in Chapter 9. For example, Deborah Lupton discusses some of the characteristics of "critical discourse analysis" in the light of poststructuralist thinking (Lupton 1995). These feature, in particular, a fluid sense of the subjectivity of the speaker.

What is a discourse?

Citing Foucault's analysis of how 'madness' as a medical category came to exist (Foucault 1965), Parker suggests that:

> "Discourses do not simply describe the social world, they categorise it, they bring phenomena into sight. ...once an object has been elaborated in a discourse, it is difficult *not* to refer to it as if it were real. Discourses provide frameworks for debating the value of one way of talking about reality over other ways." (Parker 1992p.4-5)

He offers seven criteria for distinguishing discourses:

1. A discourse is realised in texts
2. A discourse is about objects
3. A discourse contains subjects
4. A discourse is a coherent system of meanings
5. A discourse refers to other discourses
6. A discourse reflects on its own way of speaking
7. A discourse is historically located

and in addition, three auxiliary criteria:

8. Discourses support institutions
9. Discourses reproduce power relations
10. Discourses have ideological effects

Where are discourses found? In texts. Where and what are texts?

Parker, who is keen to move discourse analysis beyond perhaps narrow linguistic concerns, searches for discourse in texts and finds texts virtually everywhere:

> "I want to open up the field of meaning to which discourse analysis could be applied beyond spoken interaction and written forms by saying that we find discourses at work in *texts*. Texts are delimited tissues of meaning reproduced in *any* form that can be given an interpretative gloss." (Parker 1992 p. 6)

He goes on to offer the intricacies of a small electronic game (a 1980s predecessor of Gameboy) as an example of a text. Crucifixes, descending ghosts, graves, flames and an award of ten points for each successful salvation describe, according to him, a Christian discourse. The events of such a text can

be translated into written or spoken form and become the object of analysis. He goes further:

> "All of the world, when it has become a world understood by us and so given meaning by us, can be described as being textual. Once the process of interpretation and reflection has been started, we can adopt the post-structuralist maxim *'[t]here is nothing outside of the text'* (Derrida 1976 p. 158)" (Parker 1992 p. 6-7)

What is meant by objects and subjects?

According to Parker, "the reference to something, the simple use of a noun, comes to give that object a reality" (Parker 1992 p.8). For Foucault, discourses are "practices that systematically form the objects of which they speak" (Foucault 1972 p.49). Foucault's work has looked, for example, at the constitution of sexuality as such an object (Foucault 1984). Other objects within the present research might include 'dead wood', the members of an organisation who fail to achieve their potential (see Chapter 7), or a 'patient/client', a person who has a certain relationship with professional care givers.

There is a particular kind of object—the subject. For Parker, the subject either 'speaks, writes, hears or reads the texts discourses inhabit'. He goes on:

> "A discourse makes available a space for particular types of self to step in. It addresses us in a particular way. When we discourse analyse a text, we need to ask in what ways, as Althusser (Althusser 1971) put it when he was talking about the appeal of ideology, the discourse is hailing us, shouting 'hey you there' and making us listen as a certain type of person." (Parker 1992 p.9)

For example, a discourse on 'dead wood' invites us to listen as responsible, tax-paying, organisational members committed to effectiveness. A discourse about 'patient/clients' inclines us to respond as compassionate, human individuals. Not only this, but the person or institution giving expression to a discourse may place themselves in a number of subject positions including the two above. However, this subject need not be a consistent one; it can change during the course of a discourse and can even appear to inhabit a number of

spaces simultaneously. Just how this trick is accomplished depends, among other things, upon use of language and particularly upon its non-rational qualities. This will be explored later.

Potter and Wetherell suggest that discourse analysis challenges the supposition of a unitary, autonomous self and focuses attention on how the self is talked about and on the 'grammatical and metaphorical self' (Potter and Wetherell 1987 p.106-7). Since semiology and post-structuralism, has come the realisation that psychological models of the self are historically and culturally contingent ; these writers cite the shift in dominant theories of self from 'trait' to role'. In fact, Foucault suggests that it is the discourse that constitutes the subject and not the other way round. For him there is no individual unified subject lying at the origin of a discourse (Foucault 1972). The political relevance of such an awareness is that the self may be articulated in a discourse aimed at maximising the chance of its version of events being taken seriously. This, according to Potter and Wetherell, may have significant consequences for the positioning of people in society. In other words, some articulations of the human subject establish and maintain patterns of domination and subordination.

How can we approach these texts? Deconstructing the author and his/her intention

So far we have seen that there is a precedent for approaching the whole range of cultural production as texts, that is, places where discourses may be situated and analysed. We have also seen that a full analysis of a text should include attention to the effects of language. Yet it might still be asked how far research 'data' can be approached in the same way as literary texts. Surely the considered lines of the poet are entirely different stuff to the nurses' hurried comments written on the last inches of a questionnaire or to the spontaneous, hesitant or politically astute words of a health service manager captured by the

tape recorder? What justifies approaching them in a similar manner? Three points need to be made.

The first is that, as we have seen in this brief introduction to discourse, language, through allusion, metaphor and other rhetorical effects always contributes to the received meaning of a text—rhetorical effects are part of discourse. This argument will be expanded below. The second point is concerned with and undermines the privilege given to the metaphysical notion of the conscious intention of the speaker. This has been discussed in Chapter 2 in the section on deconstruction and is explained further below. Thirdly, as we shall see, in a brief exploration of the work of Derrida over the following pages, there is always some aspect of a text *working against itself.*

Rhetorical effects are part of discourse

In the comments and transcripts, no less than in literary production, language contributes to the totality of meaning but it is doing more than acting as the unremarkable, neutral and fleeting building blocks out of which rational meaning is built. It is also doing another kind of work. It may accomplish this other work through a range of rhetorical devices such as rhythm, alliteration, through more complex allusion, or by metaphorical means. The analysis of discourse as described by Parker and Potter and Wetherell acknowledges the role played by language but perhaps emphasises broad interpretative processes, rather than close attention to such rhetorical effects. However, as Culler says of deconstruction, "when [analysis] concentrates on the metaphors in a text or other apparently marginal features, they are clues to what is truly important" (Culler 1983 p.146). This attention to metaphor is linked to deconstruction's habit of overturning hierarchies, metaphysical oppositions and dualisms:

> "to deconstruct a discourse is to show how it undermines the philosophy it asserts, or the hierarchical oppositions on which it relies, by identifying in the text the rhetorical operations that produce

> the supposed ground of the argument, the key concept or premise." (Culler 1983 p.86)

The result of this approach to texts is not an elucidation of their unifying concept or meaning but the production of a "double, aporetic logic", (Culler 1983 p. 109) an impasse, an account of the words of managers and nursing's leaders, for example, that offers a counter-interpretation to their widely accepted, "authentic" meaning. What emerges from this aporia is a loss of privilege for what was considered basic, foundational, authentic or pure. This leads us on to the issue of demonstrating ways in which a text can work against itself.

Intentionality and text against itself

The issue of intentionality is debated both within literary theory and within the study of discourse in such a way that there is little useful distinction left between the two types of text. Parker suggests that the analysis of texts goes beyond the realm of conscious, individual intention into explorations of connotation, allusion and implication (Parker 1992). He also wishes, however, to preserve a sense that there may be an "author" behind a text as "source and arbiter of a true meaning". This point is strongly disputed. Some literary theorists have seen criticism as "essentially an elucidation of an author's purposes" (Culler 1983 p.31). A proponent of the New Criticism of the 1940s and 50s, Cleanth Brooks, based his critical approach on the principle that "the poet knows precisely what he is doing" (Brooks 1947) (cited by Culler 1983 p.218). However, more recently others, like Barthes, have argued that the location of authentic meaning lies within the reader:

> "[T]he text is not a line of words releasing a single 'theological' meaning (the 'message' of an Author-God) but a multi-dimensional space in which a variety of writings, none of them original, blend and clash...[however]... there is one place where this multiplicity is focused and that place is the reader, not, as was hitherto said, the

> author.... a text's unity lies not in its origin but in its destination." (Barthes 1977 p. 146, 148)

It is between these two poles that Derrida places his aporia.

Eagleton summarises some of the debate over literary intention and the extent to which it is fixed, discoverable or even existent:

> "What is the meaning of a literary text? How relevant to this meaning is the author's intention? Can we hope to understand works which are culturally and historically alien to us? Is 'objective' understanding possible, or is all understanding relative to our own historical situation? There is... a good deal more at stake in these issues than 'literary interpretation' alone." (Eagleton 1983 p. 66)

Eagleton rejects the idea that meaning is something prelinguistic that an author (or speaker) wills, which is then 'fixed' in the form of material signs. Literary works, and the same can be said, I would argue, of the texts of the interviews in this research, are not the 'private property' of the speaker for the very reason that they are the products of a language that is social before it is personal. As Saussure suggested, the categories and practices of thought reflect the structures of language available to any speaker. It is discourse as textual practice rather than as a clue to thoughts, themes or preoccupations (Foucault 1972) that will be of interest in this study. Elsewhere in this thesis, I have referred to the notion of language having its own independent life, "speaking through" the positions of various subjects (Chapter 6) or of certain discourses being so "available" to the nurses and managers involved in this research that they almost cannot help but adopt them, particularly under the pressure of having to defend positions they feel under threat (Chapter 7).

When Derrida considers intentionality as exceeded by the text, I take him to mean that the text's own explicit declarations can be subverted by the text itself. His detailed examination of Aristotle's writing on metaphor and philosophy

(Derrida 1982) discussed in the previous chapter could be considered to achieve such an end, and again, this is an approach I will adopt in this thesis.

To summarise, a close attention to language can support the analysis of discourse and reveal in detail how certain discursive accomplishments are achieved. To this end, a number of exploratory approaches to the text will be adopted. These approaches owe much to deconstructive literature. They include an examination of:

- metaphor and rhetorical effects,
- dualism,
- multiple subject positions,
- the parasitic—how certain instances of a phenomenon are set aside as being marginal and dependent upon mainstream instances

In addition to these approaches that focus closely on the text, two broader strategies should be outlined. The first reflects Jonathon Culler's summary of deconstructive activity:

> "(A) one demonstrates that the opposition [set up by a text] is a metaphysical and ideological imposition by (1) bringing out its presuppositions and its role in the system of metaphysical values—a task which may require extensive analysis of a number of texts—and (2) showing how it is undone in the texts that enunciate and rely on it. But (B) one simultaneously maintains the opposition by (1) employing it in one's argument (the characterisations of [various oppositions] are not errors to be repudiated but essential resources for the argument) and (2) reinstating it with a reversal that gives it a different status and impact." (Culler 1983 p.150)

The second is Foucault's suggestion for three questions to pose when examining the diversity and kinds of statement that can be found within a discourse:

> "(a) ...who is speaking? Who, among the totality of speaking individuals, is accorded the right to use this sort of language? Who is qualified to do so? Who derives from it his own special quality, his prestige, and from whom, in return, does he receive if not the assurance, at least the presumption that what he says is true?" (Foucault 1972)

For example, who derives their prestige and authority from and who has claimed ownership of terms such as 'financial accountability', 'strategic planning', 'professional preciousness' or from terms such as 'intuition', 'expert' or 'professional care'?

> "(b) We must also describe the institutional *sites* from which the doctor [speaker] makes his discourse, and from which this discourse derives its legitimate source and point of application."

Foucault considers the hospital, private practice, the laboratory and the (medical) library as sites from which the discourse of modern medicine has developed, each site constituting its own particular type of authority. Possible sites for managers in this research might be the board room, the document—trust application, business plan, annual report or, for the nurse, the site is close to the patient.

> "(c) The positions of the subject are also defined by the situation that it is possible for him to occupy in relation to the various domains or groups of objects..." (Foucault 1972 p.50-52)

Foucault sees the doctor occupying a number of positions; the observer, the questioner or the listener and that technology allows the doctor to change the perspective that he is able to take. In the present research it is above all the computer that enables or promises to enable the manager to scrutinise the activity of his or her staff and so to speak as observer; it is human resources expertise that enables him or her to speak as one who has access to "what makes the worker tick" and financial accounting procedures that enable him or her to speak as responsible actor in the public interest.

The rest of this chapter offers examples of approaches to the close analysis of text outlined above.

Some Examples of Analysis

Rhetorical effects

The following comment was added to a job satisfaction questionnaire. It adopts a range of rhetoric to support its argument that nursing is in danger of being wrested away from dominant human values:

> "I'm dissatisfied with 'simple is best' attitude in nursing being replaced by 'Let's complicate, 'high tech' attitude coming in. Empathy, bedside manner, care. These words are being replaced by customer, computer, audit, budget. Why don't we start looking down at our hands with our thoughtful eyes and using common sense and intelligence use those hands practically, to care for our patients." Staff nurse in community hospital)

Although this comment could be categorised as dualism, it is its use of metaphor and rhetorical effects that is of interest in this context. The first part of the comment sets the context for the second, more mysterious movement. The comment is introduced by the word 'dissatisfied', carried over, perhaps ironically, from the response format of the numerical part of the questionnaire. Taken out of the context of one of a range of purportedly emotionally neutral responses, here it regains its character as a blunt and direct adjective. The first two sentences set the scene, telling of the intrusion into nursing of a contrasting and alien set of values, a barrage of characteristics that sound pedantic and insensitive when listed one after the other, "customer, computer, audit, budget". While not intrinsically undesirable, the way this commenter lists them, along with their alliteration, 'customer, computer', makes us experience them as such, particularly when contrasted with strongly human, comfortingly traditional terms, "empathy, bedside manner, care". The term 'replace' is an understated, rather abstract verb that suggests quiet, perhaps chilling rationality. Also, her use of the passive mood, "being replaced by..." rather than "are replacing..." enacts a passivity and powerlessness that the speaker perhaps feels within her profession. This enables or encourages us, the reader, to see nursing

as the victim in this situation. Nursing is having something done to it. "[C]oming in" suggests at once something of a fashion or fad identifying this business orientation as superficial but also suggests an intrusion or penetration, both with suggestions of inappropriateness or violence. Although all these effects are, in a logical sense, contradictory, they work together because they have a persuasive effect on the reader in an accumulative way.

The third sentence is unusually figurative. Appropriately, for a discourse about personal care delivery, its metaphor is one of the body. It can be understood in a number of ways but a possible reading is as a plea for a body (nursing, or perhaps the Trust) that is at the moment divided against itself to become integrated, for eye and hand to work together in a way that figures a combining of 'intelligence' and 'common sense'. (A well-known biblical passage, Paul's 1st letter to the Corinthians (1Cor. 12.15) uses the same image of disagreement between the parts of the body as an image of a disunited organisation.) In a common approach to the body (Walsh and Middleton 1984 Ch 7), its upper organs are associated with rationality, 'thoughtful eyes'. In this case, however, it is the lower organs, hands, which are given a privilege. They are associated with the physical world of practical action 'caring for our patients' which is at once the end (purpose) of nursing and of the statement. That this can be understood as a statement calling for balance and integration is surprising from its context because the first part of the statement strongly prefers the values of simplicity and direct practicality. One way of reading this is to see it as a desire to reconnect and reground the rational, non-physical aspects of an organisation, profession or society that are becoming dominant and disconnected from physical, practical concerns. However, the vigour with which the 'new attitude' is rejected makes such a resolution problematic.

In summary, we can see that the details of language can be linked to broad political issues and give an insight into the subject position being adopted by the speaker/writer.

Dualism

In the present study, nurses describe how they see management as having different priorities and values to themselves. A great many comments erect a series of 'us-them' dualisms. This is done by collecting together a range of attributes or concepts and contrasting them with another range, either explicitly or implicitly. This dualism becomes the given, unquestioned ground for arguments about values and moral themes. Looking at one such dualism, caring (with which nurses identified) is given a moral privilege while financial concerns, associated with management, are characterised as morally suspect. From within this system, irony and punning can be drawn upon with relative ease to enact and reinforce the moral posture of the commenters.

> "What price can we put on care?" (Nursing auxiliary)
>
> "Money seems to be the thing [senior management] want to CARE about most of all." (original emphasis) (Nurse manager)

However, the moral purity of the caring ethos is infected by financial consideration; it is offered by some nurses as the basis of the entitlement of their patients and clients to nursing services (National Insurance contributions)

> "...[I]...give the patients I visit the care they are entitled to..." Clinical Nurse specialist (CNS))

and it is also involved in the establishment and maintenance of the nurses' expertise and credibility, their authority to care, in the form of occupational training and continuing membership of a professional group. The rhetorical question asked by the first speaker thus can be answered in specific terms. The

clear distinction between the components of the opposition is blurred and the hierarchy loses its power.

Multiple subject positions

Possible contradictions within a discourse are a source of interest for the analyst. In the present study such contradictions can even be located within the utterances of individuals. The following speaker, a nurse in an 'upper-middle' management position, like many whose words have contributed to this research, makes contradictory utterances within even the same sentence. Speaking about the possible impact of the NHS reforms on her staff she said:

> "There has been a sort of deliberate policy that we shouldn't get people worried before they had to be worried." (Community manager)

A meaning can only be forced out by examining the tension between a number of logical contradictions: a policy that is at once a 'policy', a 'deliberate policy' and a 'sort of deliberate policy' and a reference to the management of information that carries contradictory suggestions of both caring and concealment. In another passage from the same interview there is a similar contradiction:

> "I mean its a big responsibility with the numbers of staff that we've got and people dependent on *their* professions [i.e. their livelihoods] and not only [?this] first and foremost, always, comes our patients and clients of our service, but next, very closely after that comes our staff and that actually is an even greater responsibility lying on my shoulders."

This short section of the interview transcript was sent to the manager who uttered it for permission to include it in a report. The manager asked for the passage not to be included as it stood because it included a suggestion that her priority was her staff's welfare rather than the welfare of the clients they served. "If I did say that, I didn't mean it" was her explanation. It could be argued that this manager is attempting to occupy two subject positions simultaneously, one

as an individual (a nurse) who cares for and feels a high degree of responsibility for her staff during a period of extreme uncertainty, the other as a manager who is working at a time when the rhetoric of consumer led service has priority. She appears to feel that to even be suspected of expressing any other priority (i.e. that her staff's welfare could be more important) would be considered politically unacceptable in her organisation. Her 'impossible' language in which patients and staff are *both* her top priority, reflects the 'impossible' situation she appears in and forces her to adopt a number of subject positions simultaneously. This and other passages enact the decentred self said to be characteristic of the postmodern condition (Potter and Wetherell 1987 p.106-7).

Parasites

As we have seen, part of a deconstructive task has been close analysis of a text's structures of argument, particularly its reliance on metaphor and hierarchy. The maintenance or imposition of hierarchy often depends on the treatment of the special case. For example, in a text (or a culture) where speech is privileged above writing, writing is set to one side as a particular instance of speech, an impure and corrupt exception that relies for its existence and its definition upon its speech in such a way that an opposition emerges. In this sense writing can be constructed as parasitic upon speech. A deconstructive reading of an argument releying on parasites would involve demonstrating, possibly by using only the resources available in the original argument, that the opposite conclusion (in this case that speech is a particular case of writing) is equally, if not more tenable. In the present study it could be argued that the norms and consensus appealed to by many managers are achieved by acts of exclusion. This echoes Rorty's observation that objectivity or rationality has been generally conceived of in terms of the level of "general agreement among sane and rational men" (Rorty 1980 p. 337). "In other words, objectivity is constituted by excluding the views of those who do not count as sane and

rational men: women, children, poets, prophets, madmen" (Culler 1983 p. 153). In the present study managers could exclude or treat as a special case the views of, at least sections of, their nursing staff on the grounds that "they trained at a time when the world was a very different place" (Trust 4 Local Services Manager) or that they belong to a fearful and insecure profession (Trust 4 Chief Exec), or were suffering from a "mega-neurosis about skill-mix" (Trust 4 Chief Exec), or that they believed senior management was "Machiavellian" with a "hidden agenda", or were "worried" by new language (Trust 1 Nurse Exec) or belonged to the "5%" of staff who represented an "intractable problem" (Trust 1 Nurse Exec) or were "threatened by management concepts" (Trust 1 Chief Exec). For all of these reasons, the views of a great many nurses could be made marginal to a mainstream objectivity which, by contrast, characterised itself as modern, rational, confident, open, founded on consensus, flexible and corporate.

An alternative reading of some of these statements can overturn this dualism and reveal staff as realistic, perceptive and 'canny' and management as operating from an irrational system of beliefs. According to many managers, staff believed, without good cause, that skill mix changes would involve cost-cutting and a reduction in the quality of service. There is evidence to support the fact that skill mix adjustments are widely considered by managers as methods of cost reduction (Buchan and Ball 1991) and also arguments that quality of care can be compromised by such measures (Audit Commission 1991; Car-Hill, Dixon et al. 1992). Indeed, suspicion that managers have a particular agenda for cost containment cannot be considered far-fetched in the light of the managers' own aim of maximising capital return and reducing unit costs. Finally, regarding the supposed irrationality of the nursing workforce one manager suggests that he and staff have a different relationship to language:

> "I think people are worried by language like that—a competitive edge, competing in the market place and customers. We've never

> talked of any of that stuff before. I actually think we are more efficient an organisation because we've addressed those kinds of issues." (Trust 1, Nurse Exec)

He appears to be claiming that the 'new' language like that he quotes, gives rise to irrational fear for many nurses while for the organisation, the talking of such notions into existence is a channel for rationality and efficiency. However, it could be argued that the same phrases that alert staff to changing times stand as icons for those committed to the ideologies of competition and operational efficiency and that managers stand in exactly the same non-rational relationship to such language. This is precisely the operation of discourse.

I have given examples of the ways that texts can be approached that offer alternatives to either summarising or searching for 'authentic' intention. They are approaches with origins in deconstruction, first associated with literary criticism and theory, and in the analysis of discourse that locates its own foundations in speech act theory and semiology, structuralism and post-structuralism. These approaches show how the (always contingent) structures of language can lend authority to certain ways of talking while disqualifying others. They highlight the struggles for power that are enacted in a rhetorical battleground.

Before looking in detail at the texts of managers and the nursing workforce, we shall look at some of professional nursing's 'official' discourses as a background and (contrasting) context in which to place the comments of nurses who participated in this research.

4
Locating nursing within the discourses of the Enlightenment[1]

> For more than three decades, it has been my theoretical posture that caring is the essence of nursing and the explanadum for health and well-being. It is also the explanadum for the survival of human cultures and civilisations.
>
> (Leininger 1990 p. 19)

> Simplifying to the extreme, I define *postmodern* as incredulity toward metanarratives.
>
> (Lyotard 1979 p. xxiv)

Introduction

The issues of power and knowledge are central to nursing. As a predominantly female occupation existing not only in a patriarchal society but working in close association with the medical profession which has successfully maintained a formidable power base, it would be astonishing if it were otherwise. As part of its identity and basic power structure, any professional group seeks to establish a body of unique knowledge. This involves first, either implicitly or explicitly distinguishing between what counts as a valid knowledge claim and what is spurious, and second, placing the activity of its members into a particular context, be it moral or scientific.

This chapter explores some of the "official" nursing discourses adopted by nursing's leaders from the days of Florence Nightingale to the present. Contingent upon the times and cultures in which they were voiced, they reflect

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1 The title of this chapter, though not its contents or argument, is taken from a paper delivered with enviable aesthetic style by Kim Walker at the conference "The adventure of nursing practice through research" held at the University of Sydney, Australia, June, 1994.

the dominant or at least promising-looking language and values of their day. As will be seen, there are notable differences between the discourses of nursing's leaders and those of nurses involved in this research.

I argue that nursing has searched for epistemologies that maximise its professional and cultural standing—a difficult task as, after quasi-religious beginnings, it had to steer between the Scylla of bio-medicine and the Charybdis of 'caring as women's work'. At times the rhetoric of nursing's leaders speaks of radical departure from Enlightenment and scientific paradigms but their arguments often produce the same quest for a defining power over others or for power through association with the language games of powerful groups.

Nursing's history

Histories of nursing have been told and retold. Nowadays Florence Nightingale is as likely to be heaped with blame as revered. Although she has been described as responsible for the "early feminist roots" of nursing (Chinn and Wheeler 1985), her reputed emphasis on tasks and procedures is blamed for the slow emergence of a knowledge base for nursing (Jolley and Allan 1991). Early nursing's failure to separate "autonomy from altruism", according to Reverby, has resulted in nurses accepting a duty to care but without contributing to how that care was constituted (Reverby 1989). Nightingale's characterisation of nursing, and nurse training, as character development, a calling with strict adherence to orders passed through a female hierarchy, has been seen to lead to an unempowering posture and to the reinforcement of the notion of a separate sphere of activities for women. Reverby appeals to a feminist discourse:

> "Duty remained the basis for nursing and under these conditions [of receiving 'a diet of watered-down medical lectures'] nurses found it difficult to achieve the collective transition out of a woman's culture of obligation into an activist assault on the structure and beliefs oppressing them."(Reverby 1989)

Such a collective attitude has been seen to "legitimise men's right to supervise and superintend the behaviour of women" (Rafferty 1993 p. 51). Nurses' moral performance seems to have been subject to intense scrutiny, not just from men. The principal of efficient surveillance lies at the heart not only of Bentham's Panopticon but of Nightingale's ward design. She argues that poor ward design contributed to lack of hospital discipline. In Nightingale's *Notes on Hospitals*, (Nightingale 1883) discussed by Baly (1986 p. 5), she records meticulous details of a ward lay out which allows not only the penetration of the maximum of fresh air and light but also enables nurses to be under constant supervision. Even nurses' meals, she writes, ideally should be eaten in the ward scullery unless attended by the superintendent.

> "The whole establishment must be so constructed that the probationers' dining rooms, day rooms, dormitories and the matron's residence and office must be put together and the probationers under the matron's immediate hourly direct inspection and control." (Nightingale 1865)

In fact Sir Joshua Webb, architect of the new model prisons advised on the structure of the nurses' home in Liverpool (Baly 1986).

Ann-Marie Rafferty describes how in the last 40 years of the nineteenth century the emphasis in training objectives shifted from moral to professional. The new nursing elite looked to medicine for its inspiration in developing a model of professional organisation (Rafferty 1993). Although new nurses, she argues, were influenced by the women's movement and by expanding employment opportunities for women, "assuming the mantle of medicine meant...identifying closer with medical interests, values and practices" (Rafferty 1993 p. 55). Pro-registrationist Mrs Bedford Fenwick wanted nursing to be legally recognised as a distinct profession with a central controlling body of its own but Nightingale thought that registration by the state would interfere with the 'conventual discipline' enabled within hospitals. Opponents of registration rejected claims for similarity and by implication, intellectual and social parity with medicine.

They argued that the medical emphasis was scientific and intellectual while "by contrast, nursing was qualitatively different and 'good' nursing could not be tested by examination" (Rathbone 1892) (cited by Rafferty 1993 p. 56). Similar claims for an unquantifiablity about nursing are sometimes raised today, though since the days of contracting, the 'internal market', and 'clinical effectiveness' such a discourse has become less legitimate.

Nursing registration was being discussed in a context where women's suffrage was high on the country's political agenda. "The nurse question is the woman question," said Mrs Bedford Fenwick (Rafferty 1993 p. 195). Nursing reformers saw their profession's struggle to be differentiated from, and stand alongside, the male bastion of medicine as part of women's wider struggle for equality. However, Rafferty argues that groups keen to secure certain privileges may adopt the same traditions advocated by those perceived as already having achieved success (Rafferty 1992, p. 33). She gives examples of how the organisation of nursing history began to mirror that of medicine, for example in its appeal to exemplary figureheads and foundational principles. Nutting and Dock (1907), early historians of nursing, attempted to construct an illustrious history by appealing to the legitimacy of science to argue for the supreme status of 'caring'. According to Russian zoologist Kropotkin, whose work was drawn upon by Nutting and Dock, Darwin was mistaken; it was in caring and co-operation, not combat and competition, where the key to evolutionary success lay. Using this approach, they attempted to form an association between a universal—and supremely important—characteristic and the professional activity of a particular group. More modern versions of this kind of move will be discussed later.

Today's legacy

The view of nursing as an essentially moral activity has been seen as giving rise to a heritage of anti-intellectualism, leaving nursing today as "a field of practice without a scientific heritage... a profession without the theoretical base it seems to require" (Johnson 1974). From this point of view, the development of nursing theory can be seen as a duplication of a characteristic approach of the medical profession and itself becomes a means of professionalisation (Jolley and Allan 1991). However, Rafferty argues that the application of a medical form of organisation to further the autonomy of nurses has created a legacy from which contemporary nurses have arguably yet to break free. The contrast of the recent "new nursing's" stress upon individualism and the personal characteristics of the nurse (Salvage 1985) echo the moral emphasis of an earlier period (Rafferty 1992). It is as if the same tension between the moral and the professional repeats itself today.

Chandler appears perhaps more questioning than many nurses when writing about professionalisation (Chandler 1991). She argues that the greater and more apparent is the theoretical and abstract pool of knowledge claimed by a group, the greater the social status accorded to that group. Although she sees the UKCC's Project 2000 (in which nurse training moved into a higher education context) in terms of a strategy for professional betterment, she notes that others, such as Jane Salvage, characterise it more as a survival strategy (Salvage 1988). For Chandler, nursing's wish to move away from a bio-medical theoretical justification is problematic. The danger in this distancing is a reinforcement of the principle of 'caring as women's work'. Nursing's strategy, therefore, has been (and perhaps this has changed recently) to make its closest alliances with other theoretical disciplines, the social and behavioural sciences and in this way still maintain theoretical and academic credentials. Chandler senses however, like philosopher Richard Rorty, that the epistemologies associated with these

disciplines are still considered 'softer' and incurring less status that those of biomedicine (Rorty 1991). However, critiques of scientific development by Kuhn (1970) and Capra (1983) have become foundational texts for those, like the theoreticians of nursing examined below who wish to move away from restrictive notions of inquiry and truth while retaining equally valid claims to truth.

Nursing theories and models

In the 1980s, a number of American nursing academics published reflections on the profession's theoretical enterprises of the previous decades. By that time an array of theories and conceptual models of nursing practice were available for examination, comparison and evaluation, and there was a concern to clarify the intellectual origins of this theorising. I will not attempt to catalogue the models and theories here. Rather my purpose is to explore the character of their presentation in the context of philosophical modernity. I will look first at two major, but in many ways contrasting, American reflections from the 1980s and then at one further contribution from the UK, from the early 1990s.

My central argument is that these writers place the possibility of autonomous professional practice upon a newly elaborated and scientifically derived theoretical foundation and describe this as a coming of age of the profession. I would argue that this move parallels modernity's accounts of its own advance, for example Kant's telling of the history of humanity in his essay *Was ist Aufklärung?* (What is Enlightenment), both in its celebration of a newly acclaimed human reason, and its promise and challenge of emancipation from traditional authority (Foucault 1984). The development of nursing theories is placed explicitly within the context of Kant's account of human understanding by one writer. The narratives woven by Fawcett (1984) and Meleis (1985) about the efforts of nurse theorists over the past decades appear strongly

influenced by evolutionary theory and are at points almost triumphalistic. They relegate, I would argue, certain groups within nursing to the role of hindrances to its proper fulfilment and they present the ascendancy of their own aims as the 'development' of the profession.

They describe the 1960s and 70s as a period characterised by elaboration of nursing theories and models. The impetus for such an enterprise was the desire to forge a range of 'concepts' that were distinct from those employed within medicine and to disentangle them from those of other disciplines. This change in nursing is presented as a 'journey' with 'stages' and 'milestones' (Meleis 1985 p. 7), as a development, an advance, an 'evolution of nursing' and its champions are lauded as 'pioneering' (Fawcett 1984 p. viii). The establishment in 1955 of the journal *Nursing Research* is described as nursing's first significant 'milestone' after Florence Nightingale, offering "confirmation that nursing is indeed a scientific discipline and that its progress will depend on whether or not nurses pursue truth through an avenue that respectable disciplines pursue, namely research" (Meleis 1985 p. 13). Indeed, the era of theory building is seen as the culmination of nursing's history. It can even be understood as a Platonic return to an original but lost realm in the shape of Nightingale's environmental model, forgotten since the days of the domination of illness-orientated medicine.

Regarding science, these documents are ambiguous as perhaps is nursing's history itself. The authors of these accounts offer critiques of the 'positivistic' science of "reductionism, quantifiability, objectivity and operationalisation" (Watson 1981) and suggest that nurses have been hampered in their theorising by paying allegiance to these notions. They argue that nursing practice, in contrast, has been more "open, more variable, relativistic and subject to experience and personal interpretations" (Meleis 1985 p. 74). Nursing knowledge became the battleground upon which adherents of these views

fought for influence. However, in spite of this, the authors appear to have little reservation about claiming the status and disciplinary benefits ascribed to the authority of science. Indeed, science is presented as the new, or rediscovered, foundation for nursing.

The benefits of developing conceptual models of nursing are all too clear; "The thinking of Karl Marx, Albert Einstein and Sigmund Freud is paramount in the shaping of the 20th century world. Each had a conceptual model" (Lippitt 1973) cited by Fawcett, 1984). The close links between the 'scientific' ability to 'predict consequences', and professional autonomy and power are clearly spelled out:

> "The autonomy of a profession rests more firmly on the uniqueness of its knowledge, knowledge gathered ever so slowly through the questioning of scientific inquiry. Nursing defined by power does not necessarily beget knowledge. But knowledge most often results in the ascription of power and is accompanied by autonomy." (Fuller 1978)

Additionally, in focusing such power, conceptual models offer a disciplinary potential because they can bring unity to the myriad "private images" held by nurses (Fawcett 1984). Theorising and model building, therefore, can be a means of turning power inwards and exercising control over nurses themselves. Both Fawcett and Meleis acknowledge the presence of different groups within nursing who hold conflicting interests. Some of these groups were either actively sceptical of theoretical activity or were uncommitted to the profession and its projects. Although Meleis is able to present nursing's theoretical enterprise as one that enhances the professional and academic standing of women, certain women are excluded; "non-career-orientated individuals, those who were looking for an occupation that allowed them to get in and out conveniently as their families demanded" (Meleis 1985 p. 37). Commitment to a 'professional career' is equated with 'scholarly productivity' and the theoretical realm:

> "...women in general, have been conditioned to consider a professional career as secondary to family and home. It is a situation that has not allowed the energies of women to be released for more creative endeavours such as theory development and theory testing." (Meleis 1985 p. 41)

These women, then, are excluded from the theoretical and pioneering realms in Meleis' history of nursing's achievement. Her own group of nursing career academics appears to be privileged in the role it played and in its access to the power that can flow from the theoretical enterprise. This is a further aspect of modernity, that certain groups can claim access to reason and its manifestations and present reason and rationality as the basis for their own interested position.

Considering these models from the perspective of UK nursing in the 1990s, Kitson suggests that they "explain what nurses do" (Kitson 1993). Her recent catalogue of nursing theories is introduced by a problematic encounter with medicine, in the form of a doctor's wife, also a nurse, who voices, with a gaucherie worthy of farce, one of nursing's deep fears:

> "I don't believe in all of that nonsense. I'm just an ordinary nurse. Anyway you don't need a lot of brains to be a good nurse. It's just basic care and common sense. I don't know why all these nurses want to go to university... why didn't they do medicine the first place?" (Kitson 1993 p. 26)

Kitson's discursive project is to beat what she describes as the "task duty-doctor's assistant" model into a "patient-centred ethically driven collegiate activity". The social context and project appears to have changed little over the last one hundred years. Kitson cites the three categories of theory developed by Meleis: needs based theories, interaction theories and outcome (or holistic) theories (Meleis 1985). Each looks to different fields of established theory for their development, for example interaction theories are said to draw upon Roger's psychotherapeutic theories and phenomenology. Three stages in what is termed the evolution of concepts of caring are then introduced. The first stage—caring as duty is traced to Nightingale's desire to protect the vulnerable

from 'unscrupulous women masquerading as nurses'. This is characterised as primitive and unhelpful: its moralistic and religious overtones do not square well with more intellectualised and professionalised conceptualisations. As well as this, it is said to have had a detrimental impact on nurses' emotional life as studies such as that by Menzies (1960) are said to demonstrate.

A discourse of caring as therapeutic relationship—the second phase—emerged in the 1970s and '80s. Within this view, nurses develop more emotionally focused aptitudes such as empathy, respect, love, compassion and bring them to bear by practising techniques such as touching, instruction and other stress-alleviating measures. Proponents of this view include Leininger (1978) and Martha Rogers (1980). The third and most recent form of discourse associated with caring is 'caring as an ethical position'. Watson's work sees the goal of caring as to help those cared for to "a higher level of harmony in mind, body and soul" (Watson 1985) while Benner argues for nurses to care for patients "as they see fit". Benner seeks to move away from rules bounding care towards the individual, autonomous judgements of practitioners in particular circumstances. The nurse's good decisions depend upon her ethical stance which also equips her to perform caring functions. For Benner, caring is not altruism but rather an evolutionary stage in human development (Benner and Wrubel 1989). Kitson then superimposes these two frameworks to give rise to a table showing nine possibilities. The resulting range of possible positions seems to represent at once pragmatic ways of thinking between which the practitioner can move and intellectual and ethical developments. It is interesting to observe that the technology of the table, as Foucault has argued regarding its emergence in the 19th century, is used as a mechanism of representation and organisation (Foucault 1989), as well as of surveillance and control:

> "These small techniques of notation, of registration, of constituting files, of arranging facts in columns and tables that are so familiar to us now, were of decisive importance in the epistemological 'thaw' of the sciences of the individual... one should look into these

> procedures of writing and registration, one should look into the mechanisms of examination, into the formation of the mechanisms of discipline, and of a new type of power over bodies. (Foucault 1977 p. 190/1)

Practitioners unfortunate enough to be caught in 'traditional' theories and values can, according to Kitson, be 'moved' through the matrix. The most valued intersection is that between caring-as-ethical position and holistic nursing. The needs based/caring-as-duty model is, according to the author, "definitely passé", although it finds many heartfelt echoes in the comments of nurses involved in this research. It is left very much open to question how such thoughts and conceptualisations 'influence the way we interact with our patients' as it is suggested they should.

While the models are discussed in terms of their differences, they share a common quest to locate the activity of nurses within an authoritative discourse, and, in turn, to exercise authority over those nurses by defining them in terms of these places on the table. In a sense, the fact that there are conceptualisations at all and that these conceptualisations can be and have been further conceptualised is also sign of a thoroughly modern, abstracting endeavour. Perhaps we can respond with Foucault when he considers the question of whether Marxism is, or is not, a science by asking of these conceptualisations "about aspirations to the kind of power that is presumed to accompany science" (Foucault 1980 p.85). Perhaps the "inconsistencies" that are said by Kitson to inflict those nurses who have not clarified their conceptualisations represent such disqualified forms of knowledge spoken of by Foucault.

Nursing and research

Goodman describes the early days of research in nursing and its emergence after the Second World War. The foundation of the first UK university nursing departments in the sixties and research units, in the early seventies, appear as a

milestones. The purpose that research was expected to serve is revealed by the key question: "is nursing research generating and validating the knowledge necessary for clinical nursing practice?" (Goodman 1989 p. 100-101). It was intended to be scientific and, above all, applied. However, the promotion of nursing research and nursing education as a whole became central to nursing leaders' attempt to move the profession away from a stereotypical female image of 'intuition' and lack of question, an approach for which Nightingale has been credited. Macleod Clark and Hockey open their collection *Research for Nursing: A guide for the enquiring nurse* with the metaphor of combat:

> "Nurses must develop the ability to defend their decisions and actions on a scientific rather than intuitive or conventional basis. It is on this ability that their claim to professionalism rests." (Macleod Clark and Hockey 1981 p. 6)

Part of its quest for distinct identity involved the search for a research methodology that was appropriate to the issues as well as values of nursing. Fawcett held that many nurses had been heavily, and unhelpfully, influenced by the philosophy of other disciplines (Fawcett 1983), while Leininger forcefully argued that would-be nurse researchers had been held in tyranny by the 'unassailable rightness' of quantitative approaches to research. Greenwood suggested that action research was a better alternative to the experimental method because it reflected the real constraints of nursing life (Greenwood 1984) and Melia felt that her qualitative study of student nurses enabled her subjects to "tell it like it is" (Melia 1981). Goodman attempts to pour oil on these troubled waters by suggesting that it is a sign of nursing's increasing professional self-confidence that its researchers can adopt methods "on the basis of their appropriateness for a given situation" and not on adherence to one approach. For her, qualitative and quantitative approaches "lie along a continuum and do not occupy opposing camps" (Goodman 1989 p. 108). She ignores, however, the issue of academic and professional status and the political power that is associated with particular kinds of knowledge claim.

Madelaine Leininger does not ignore such issues. Her strongly committed argument for nurses to embrace the previously considered 'second rate' qualitative research approaches is framed in terms of a political, professional and epistemological liberation. Her dedication to anthropologist Spradley in her 1985 *Qualitative Research Methods in Nursing* (Leininger 1985) emphasises the revolutionary claims of such an approach. Together with former colleague Spradley, she worked on "fresh breakthroughs from traditional norms.. spearheading new ways of generating knowledge...[with] pioneer zeal...[we] dared to be different...challenged dependency upon quantitative methodologies" (Leininger 1985 p. v). If nursing is to become "a fully recognised profession and discipline", she argues in the book's preface, then there is a need for "exploring and examining new and different types of research and theories to explicate the nature and essential features of nursing." Qualitative methods reflect nursing's values. Leininger sets up a dualism between quantitative and qualitative approaches. The meanness of the characteristics credited to the former approach would find few champions:

Table 4.1 Leininger's characteristics of quantitative and qualitative research

Quantitative approach	Qualitative approach
"people as reducible and measurable objects independent of historical cultural and social contexts	"nursing's traditional values: personalised, intimate, holistic, human services"
"mainly statistical figures or data"	
"known in finite ways"	"elusive, vague unexplored nature of human care"
"reduced to parts or machine like operations"	
"sensual empirical data"	
"measurement, control and objectivity"	"knowing and understanding people"

If it might be expected, however, that Leininger turns away from the Enlightenment quest for the Truth of Nature, she goes on to privilege her approach with an ambitious metaphysical claim:

> "Qualitative methodologies are, indeed the true and sound way to know the nature of human beings, their lifeways and health conditions." (Leininger 1985 p. xiii)

Her justification for such methodologies are founded upon the same universal claims about the nature of human beings that she appears to reject in her summary of positivistic research. There are hints, indeed, that she wishes not to question but to intensify the Enlightenment's penetration into the human object of knowledge ever more deeply. This method, a convert is quoted as saying, "has helped me to see the informant's world in ways I have never seen by quantitative methods" (Leininger 1985 p. xiii). The anthropologist's term 'informant' is used but an informant reminds us of the underworld figure who is persuaded to betray their fellows to the authorities, revealing intimate and vital details. The language may be different, but the desire still appears to be for objectification and control. She urges nurses to move from 'scientific' legitimation to legitimation by association with the disciplines of anthropology and philosophy. Although presented in radical terms, authentification for her truth claims are still to be found within the Enlightenment science associated with the academic enterprise but with styles of inquiry found within different disciplines.

Others have echoed the same call, opposing (falsely, I would suggest) on the one hand a "positivistic, natural science centred approach" to nursing knowledge and self understanding which would keep nursing "in the thrall of medicine" with on the other a "genuinely holistic, person-centred approach" which is seen as the route to "real professional autonomy" (Holmes 1990 p. 196). If science really is threatening nursing identity, it is attacking on two fronts; not just through doctors but, as Holmes, writing before the global

introduction of 'market forces' into health care detects, from "controlling authorities". For him, the nursing profession has to decide whether:

> "...the growing demand from controlling authorities for practice that is rational and scientifically defensible is reconcilable with the emergent belief that nursing is a human process in which the methods of measurement and quantification based on natural science epistemologies is inappropriate?" (Holmes 1990 p. 194)

Although Holmes' question is both appropriate and urgent, I would suggest that science vs. nursing knowledge dilemma is a false one for two reasons. First because of its totalising ambition, its assumption that one theoretical paradigm can be called upon to sufficiently explain human action and provide a knowledge base for the diverse range of activities undertaken by people accorded the title of 'nurse'. Second because of its striving for autonomy, a desire to act authoritatively, guided only by its own professional version of universal reason. This merely repeats the modern move attributed to medicine by seeking a theoretical and hence universalising (rather than an ethical or cultural) foundation for its actions and using this theoretical position to reduce and dominate the heterogeneity of appearances and practice.

Feminism, Research and Nursing

Some, from a feminist orientation, have grappled with the issues of power relationships within research or have looked at the construction of nursing knowledge and its relationship to 'scientific knowledge' from the point of view of such knowledge as women's knowledge. Hagell speaks of nurses as an 'epistemic community', a group with a particular frame of reference and a particular kind of knowledge that is:

> "...based in part on their situation as women in a patriarchal society and in part as women involved in a specific gender-defined occupation—nursing, which is given little value in society." (Hagell 1989)

She recounts the now familiar argument that nursing adopted the male constructed values of (medico)scientific knowledge as its model for knowledge development in an attempt to gain autonomy and social status. In this way, in the area of knowledge, women have been colonised by men. She argues that caring is both the central activity and key value for nurses and she constitutes this caring orientation as diametrically opposed to scientific knowledge and values: "science cannot conceptualise caring nor can caring be measured, only experienced" (Hagell 1989 p. 231). Unfortunately, she argues, the adopting of such a scientific frame of knowledge has caused nursing's very essence to vanish. For her, if nurses (as women) can reclaim and revalue their experiential knowledge, and explore and define the 'nature of caring behaviours' then the profession's direction could be changed. The goal still seems to involve professional aggrandisement but its attainment is somehow made more likely by an exploration of caring knowledge:

> "If nursing is concerned about the strength of its voice in decision making regarding improvements in health services then it would do well to evaluate carefully the limitations placed on this ability by a positivist conception of the constituents of proper science." (Beaton and Tinkle 1983)

The knowledge that is said to spring from experience, intimacy and caring appears idealised by Hagell and set in an untenable contrast to "medicine and many other male dominated groups in the health field, which are based on the non-capacity to care..." (Ashley 1980). Hagell erects a series of dualisms: 'caring/science, women/men and nursing/medicine'. At present, she argues, power belongs to the second category. Hagell privileges caring as an essence from which can flow both knowledge and power. If the nursing profession as a whole were to share her view, she suggests, knowledge and power would then fill the first category. However, the analysis repeats the structures it is analysing so that the preservation rather than the dissolving of these dualisms is vital for her critique and strategy. On closer inspection the dualisms dissolve themselves;

'scientific' knowledge infects caring knowledge and vice versa, nursing and medicine become professional groupings with historically and culturally contingent borders rather than ontological givens and gender in terms of values and behaviour, becomes a continuum rather than an ultimate opposition. In other words, these are not fixed and mutually exclusive categories and to offer them as a philosophical foundation for a political strategy is to simplify and make static a shifting and contingent situation.

The claim that caring is nursing's unique essence is a source of vulnerability perhaps more than a strength (whether nurses have successfully defined this undefinable characteristic or not) if other groups effectively lay claim to it or if in society at large it remains an unvalued activity and orientation. A further problem seems to reside in a failure to see a tension between the desire, on the one hand to improve the position of women as a whole, and on the other to raise the occupational status of the nursing profession by claiming access to a particular kind of knowledge. Does this knowledge arise from the supposed biological given of gender, the social condition of women as unwaged or poorly paid carers, from systematically gained occupational and theoretical learning or from experience of the possible intimacy of caring? This desire to privilege one group of female carers is perhaps one of the most significant tensions that lies beneath the whole issue of knowledge and nursing.

Others such as Davies (1995) and Salvage (1985) have attempted to recast the notion of professionalism to challenge its implicit gendered and elitist basis. Davies argues that traditional professional values are in some ways similar to those of bureaucracies in that they emphasise the adherence to generalisable principles of decision making even though the encounter between the professional and his or her client appears to be highly individual. She also argues that it is precisely this kind of 'intellectual puzzle' approach to decision making that has been suggested as characterising the development of young

boys while girls are said to draw upon more contextualised and personal awareness (Gilligan 1982). To the extent that these arguments are persuasive, they raise questions for a profession wishing to draw its authority from a theoretical knowledge base. Recent campaigns, such as the UK Royal College of Nursing's *Value of Nursing* campaign have attempted to re-constitute an alternative knowledge characterised by complexity, Benner's 'expert practice' (Benner 1984) and perhaps even intuition (Royal College of Nursing 1992).

Finally, Judith Parker approaches the issue of nursing's role and identity in a way that possibly echoes environmental nursing models through the links that she forges between nursing and ecofeminism. For her, nurses have a unique access to the healing powers of nature that flow most readily through women (Parker 1993). She evokes a picture of nursing as a humanising force in the dehumanising environment of technicist health care, a force that is fundamentally *embodied* in an increasingly theorised and abstract realm.

Today's health service discourses

The 1970s 'oil crisis' coupled with 'world recession' have in part lead us to the political and cultural situation we find ourselves in today. The New Right's faith in economic rationalism and so-called market forces have become coupled with a belief in managerialism, which has at least some roots in the 'scientific management' advocated by Taylor in the early part of this century (Taylor 1911) and has been discussed briefly in Chapter 1. Today's health care discourses emphasise, in one way or another, the more efficient use of limited resources. This is its legitimised language which those seeking influence in health care ignore at their peril. It is then little surprise to find nursing discourse today speaking, for example, of the need for the development of 'outcome measures' (Alexander, Sandridge et al. 1993; Zlotnick and Gould 1993) and 'evidence-based practice' (Ball 1991). Of course, in one sense, these are appropriate

things to be talking about. What is of interest is the way that this discourse has become incorporated within, or one might say has colonised, the construction of 'professional development'. One aim, at least, of professional development is the nurse who can articulate her objectives, demonstrate and measure her impact using particular criteria, possibly legitimised by managers (Bloomfield, Coombs et al. 1992), can manage a team of lesser skilled workers, and who is constantly questioning whether the same effect can be achieved more efficiently (Johns 1995). This discourse may take on the language of professional development but this tends to mask its contingent nature as a response to particular economic circumstances, suggesting that such an approach is desirable in an acontextual way.

To summarise the argument of this chapter, I would argue that nursing's leaders have continually reshaped discourse about the profession—the way it is talked about and how it is valued—in response to changing discourses in society at large, for example discourses of morality, science, feminism and most recently economic rationalism. These discourses have also influenced nursing education and research issues. This can be seen reflect the profession's concern for political and professional power. Such discourses often have functioned in a way that has marginalised particular values or groups within nursing. Chapter 8, which presents the comments of the nurses involved in this research, perhaps gives voice to some of those 'disqualified knowledges'.

The next chapters will go on to explore the words of managers and nurses in the light of issues of claims to knowledge, the basis of legitimacy and power.

5
The origins of the texts: management interviews and nursing questionnaires

As previously outlined in Chapter 1, the Royal College of Nursing undertook a longitudinal research study to examine the impact of the NHS 1991 reforms upon community health services. A sample of four first wave NHS Trusts which had responsibility for the provision of community nursing services were recruited to the research. In one of the areas (Trust 1), health visitors, who play an important preventative community nursing role, were employed by an acute hospital trust within a child health directorate. They were included in the study along with their own small team of managers and were designated 'Trust 1a'. The study initially, therefore went into five separate organisations. For a full account of the sampling procedure see the Appendix.

The study comprised three, yearly rounds of administration to the nursing workforce of a questionnaire assessing job satisfaction. More details of this are given in Chapter 8. This part of the study started in April, 1991 and was repeated once in each of the two subsequent years. In order to elicit management views and responses to the reforms, it was decided to interview a range of managers, taken from different levels within each of the organisations under study, at similar yearly intervals. However, these interviews started some months after the questionnaire surveys, in 1992, and the last round was completed in 1994. This delay was due to the constraints of the size of the research team i.e. one person carrying out all the field work, data entry, report writing and most of the clerical duties. A serendipitous outcome was that it was possible to ask managers to respond to some of the results of the satisfaction survey of their staff. The research was designed for it to be

possible to compare the views of managers in the different organisations, managers with different backgrounds e.g. administrative or nursing, managers at different levels in the same organisation and their views over time. The management structure and size of the trusts varied. Five of the 29 managers involved were men. The aim of the interviews was to gather information about employment practices, local strategies in relation to the reforms and other organisational issues. (See Appendix for the aims and objectives of the RCN study and Chapter 8 for more details of the questionnaire survey.)

This dual approach made a comparison of the views of the workforce and management possible, although initially a perhaps naive assumption was made in the research unit that various 'management styles' could be identified within the study and linked to differing levels of workforce job satisfaction that might emerge.

A possible issue concerns the different types of 'data' that the interviews and questionnaires produced. Certain types of comparison between them would clearly be inappropriate, however, for the purposes of this thesis, a distinction between the foundational values upon which each group based its subjectivity could be made, in spite of the fact that the nurses' texts were short written comments and the managers' were the product of more expansive interviews.

At the time scheduled for the interviews in Trust 2, its management team was considering withdrawing from the study. Its senior managers had received the research unit's confidential report of its workforce's job satisfaction during the first year of the study. Nurses' satisfaction was low and later turned out to be by far the lowest in the study. Trust 2 managers suggested that the research had a 'hidden agenda' to present NHS trusts in a poor light and the location of the research unit within a nursing trade union contributed to this suspicion. Interviews that I had arranged with its 10 locality managers were cancelled by

the trust senior management, who offered instead one group interview with all of these locality managers together with the nurse executive and in the presence of a manager from their personnel department. This interview was carried out although the group declined my request to tape record the meeting. An analysis of this session is not included in this thesis (although it might have made an interesting study of the managed encounter). In the event, and after four months of non-response to our correspondence, the trust's management informed us that it was withdrawing from the study because it was undertaking its own internal communication study and therefore did not need to participate further. Perhaps job satisfaction and this insecure, closed management style might, after all, be linked. In the first year, I interviewed 24 managers from across the three remaining trusts.

For the second year of interviews, undertaken during the summer of 1993, a sub-sample of two managers from each trust was derived from an analysis of the first year transcripts. One manager was selected from each trust as appearing to adopt views generally representative of a 'mainstream' view in that trust while another was chosen who, in some way, expressed atypical views for the trust. For example, in a trust where there was much emphasis on explicit definitions and quantification of the effect of nursing work, one manager went to great pains to express concern that the less tangible aspects of nursing may be forgotten. Sampling in this fashion, it was possible to gain access to a wide range of views in the most economical way.

The third year interviews were carried out between March and October, 1994, using the same sampling approach as the first year. Because of restructuring within the trusts, 21 instead of 24 interviews were carried out. The bank of questions are listed in the Appendix. A summary of the interviews carried out is given in Table 5.1.

Table 5.1. Interview Timetable; all years

Year 1 April - September, 1992

Trust 1	Trust 1a	Trust 3	Trust 4
Chief Executive Nurse Executive Nurse Advisor Locality Manager 1 Locality Manager 2 Locality Manager 3 Locality Manager 4	Senior Manager-Health Visiting 1 and Senior Manager-Health Visiting 2 together	**Chief Executive Nurse Executive** Director Primary Care Directorate **Assistant Director Primary Care Directorate** Locality Manager 1 Locality Manager 2 Locality Manager 3 Locality Manager 4	**Chief Executive Nurse Executive** Director of Local Services Nurse Advisor Locality Manager Neighbourhood Manager 1 Neighbourhood Manager 2 (chosen at random from 11 Neighbourhood Managers)

Year 2 May - September, 1993

Trust 1	Trust 1a	Trust 3	Trust 4
Nurse Executive	Senior Manager-Health Visiting 1	Locality Manager 1 Locality Manager 3	**Nurse Executive** Nurse Advisor

Year 3 March - October, 1994

Trust 1	Trust 1a	Trust 3	Trust 4
Chief Executive Nurse Executive Locality Manager 1 Locality Manager 2 Locality Manager 4	**Senior Manager-Health Visiting together with 3 Locality Managers, Health Visiting ***	**Chief Executive Nurse Executive** Director of Clinical Services (was previously Director of Primary Care Directorate) **Director Primary Care Directorate** (was previously Assistant Director Primary Care Directorate) Locality Manager 1 Locality Manager 2 Locality Manager 3 Locality Manager 4 (new in post)	**Chief Executive Nurse Executive** Director of Local Services **Nurse Advisor *** (retiring) Neighbourhood Manager 1 **Neighbourhood Manager 7 *** (not previously interviewed) Neighbourhood Manager 8 (last two purposively sampled and not previously interviewed)

Note: Trust 2 withdrew after the first year of the job satisfaction study, therefore no interviews were undertaken in this trust.

The interviews

These semi-structured interviews lasted approximately 50 minutes each, were tape recorded and transcribed in full either by myself or by an audio-typist contracted to the research unit. The questions addressed were extremely wide-ranging and involved personal background, employment issues which might reveal differences over time and between trusts such as numbers employed, nursing skill-mix, conditions of employment and in-service training. There were also questions concerning information systems, management structure, policies and practices for communication within the organisation, relationships with other organisations such as the major purchaser of its services (the Health Authority or Commission), Social Service Departments and General Practitioners, about contracting, the difference trust status had made to individual managers, management qualifications and views about the nursing profession and its future. Interview transcripts were coded with the aid of The Ethnograph V. 3.0 (Seidel 1988) computer software.

For the purposes of this study which is concerned with close textual analysis rather than a summary of content, I decided to concentrate attention upon 19 interviews. These interviews are indicated in bold type in Table 5.1. They comprise interviews carried out with 9 individuals and one small group interview with a team of three managers of health visitors. Two of this sample of twelve managers were men. The individuals include; all three nurse executives, all three chief executives and one senior community manager from the trust where community nurses were managed in a separate directorate. These people were chosen because of their leading positions in their organisations. They were likely to present the 'official' views of the organisation. In addition certain interviews with managers who expressed clearly sceptical views about the reforms and certain aspects of their organisations were also selected for close analysis. These were a nurse adviser

and a locality manager from one of the trusts and the small management team of three health visitors from another trust. Interviews with the "sceptics" are indicated by asterisks in Table 5.1. Analysis of the smaller sample of 19 interviews was greatly helped by the use of another, much more flexible, computer program, NUD•IST (Richards and Richards 1994). A range of differences that were expected at the outset of the research between the discourse of, for example, executives with nursing and those with administrative backgrounds, between the male and female managers and between the three years of the study were, in practice, hard to detect with any confidence. Differences between the organisations were more obvious. The managers of trusts 1 and 4 appeared to adopt a more charismatic style of managerial discourse (Rafferty 1993) and a more innovative approach to the organisation of care delivery while management talk in Trust 3 tended to feature disappointment that the reforms had failed to deliver an expected range of freedoms and attention to remedial organisational action. Quotations presented in the following chapters identify the trust and the job title of the speaker. They do not identify the year of the comment unless it is important for a specific point of argument. Although the content of managers' arguments changed during the course of the study, the structures and strategies of their argumentation did not appear to.

An approach to the texts

As explorations of the literatures that were detailed in Chapters 2 and 3 progressed, it became clear that the analysis of the interviews and questionnaire comments could be taken in an entirely different direction to that of the original purposes of the RCN research. Rather than concentrate on the 'factual answers' to the questions, on the intentional 'meaning' of those interviewed, I sensed that an analysis of the language that flowed through their arguments, almost as if it had independent existence of its own, might provide

some knowledge of the discourses at work in contemporary UK healthcare. Heckman expresses a similar view of the life of language when discussing the notion of individual intentionality as the basis of meaning:

> "..it is not precisely correct to say that an 'I' speaks. Rather.... using the social medium of language, social actors participate in the meanings supplied by language." (Heckman 1986)

Analysis of this kind was facilitated by becoming familiar with the content of the texts over the period of producing RCN reports. In the case of the first year management interviews this involved returning to the texts for up to three years. An initial coding frame based upon the topic discussed by the speaker was used for the RCN study, but set aside for the purposes of this analysis.

Examples of the possibilities of this approach to analysis have been given in Chapter 3. Overall this analysis concentrates on the *textuality* of the data by adopting some of the techniques and concepts of discourse analysis alongside the more literary and philosophical approach associated with deconstruction. It examines the way discursive effects are achieved by looking at the strategies and structures of discourse. Analysis includes an alertness to the following:

- descriptions and examples of various kinds of rationality at work such as financial rationality,
- the creation of the 'objects' of discourse such as a 'new technocratic nurse',
- the adopting of various subject positions,
- the work of metaphor and the part it plays in the construction of argument,
- dualism in argument
- the reifying of autonomy.

These areas, particularly those relating to types of rationality, knowledge and autonomy, were chosen for investigation because they appeared to have a

place within the notion of modernity critiqued by the postmodernist writers reviewed in Chapter 2.

Table 5.2 represents the final state of the coding categories devised during the use of the NUD•IST program in the textual analysis for this study. This program allows the creation of a taxonomy of categories, which the program refers to as *indexing categories*, that can be linked to certain passages in the texts, and presents them graphically as an inverted tree-like diagram. While envisaging indexing categories in hierarchical relationships is potentially limiting because it may shape (possibly unconsciously) the process of thinking about the texts, it proved to be a good enough, pragmatic framework within which to organise the beginning of analysis. Indeed, the imposition of categories *at all* upon these texts, as upon any other object of inquiry, reduces their heterogeneity under the domination of the inquirer who determines, in this case, whether any given passage falls either inside or outside of the criteria of any particular category. The following table of indexing categories includes a brief definition of each category. The principal categories are shown in bold type; subcategories in plain type, an oblique stroke representing a subcategory.

Table 5.2 Indexing categories used in the analysis of texts

Rhetoric
Definition:
rhetorical effects; alliteration, repetition, irony, 'high rhetoric', punning, dialogue

Subject position
Definition:
the speaker strikes a subject position

subject position/public interest
Definition:
subject position adopted 'responsiveness to the public'

subject position/visionary

Definition:
subject position adopted of visionary

subject position/therapist
Definition:
acting in the best interest of staff's desires and welfare

subject position/democrat
Definition:
subject position as open, devolving, democratic leader

subject position/revolutionary
Definition:
working against traditions and traditionalists

subject position/risk taker
Definition:
the speaker describes themselves or their actions as risk taking

subject position/Balancer
Definition:
1. finds from text search for 'balance' 2. other references to this idea

subject position/Professional
Definition:
a professional discourse, perhaps set against something else

Parasite
Definition:
the exclusion of a 'special case' as parasitic upon a mainstream case

Dualism
Definition:
contains a whole or part dualism, either part of a whole system or a single occurrence

Rational
Definition:
The parent of all types of rationality in the study

Rational/measurement
Definition:
a type of rationality that is to do with measurement sometimes as opposed to "subjective" impressions

Rational/financial
Definition:
financial rationality as an ontological given

Rational/surveillance
Definition:
watching/measuring/shaping by holding accountable what staff are doing

Rational/thinking
Definition:
rational thinking as opposed to irrationality e.g. fear, tradition

Rational/ 'computer'
Definition:
Search for 'computer', how people talked about this.

Object
Definition:
an instance of an 'object' created by a discourse

Object/stress
Definition:
stress among staff or managers

Object/modern world
Definition:
an appeal to modernity, the new or to today's world, triumphalism, technology

Object/Dead wood
Definition:
the people in an organisations who are not seen to be performing adequately

Object/good worker
Definition:
talk of the group or individual worker who is progressive/ shares the management ethos

Object/traditional nurse
Definition:
the nurse who is not corporate, rational, but who is individualistic, unquestioning etc.

Metaphor
Definition:
a piece of text that uses metaphor: the following categories

Metaphor/visual 1
Definition:
visual metaphors part 1 looking (at), perspective, overview

Metaphor/visual 1/looking
Definition:
text searches from, look(ing) overview and perspective

Metaphor/not visual
Definition:
a huge range of metaphors that are not visual metaphors

Metaphor/Boardroom
Definition:
business/ managerial world metaphors

Metaphor/Boardroom/"agenda"
Definition:
"agenda" used metaphorically

Metaphor/Boardroom/"business"
Definition:
Search for 'business'

Autonomy

Definition:

where autonomous action is desired, claimed for the organisation or individuals

"tradition"

Definition:

results of a text search for "tradition" plus talk of traditionalism

Transcript or speech....or text?

The subject of analysis and what the reader now approaches is not "the speech itself" but the written word now presented out of the context of the interviews. Derrida's challenge to the view that writing is unoriginal, unreliable, open to misinterpretation and 'parasitic' on the original utterance has already been summarised (Chapter 2). The very iterability that is at the heart of language means that, in a sense, the interviews do not provide the original context for the utterances that appear there. The words of the managers, and the written words of the nurses, can be understood as a continuous stream of quotations, each placed in a different context to its previous appearance. (What is striking about their words, as will be seen, is their *un*originality.) Nevertheless, the characteristics of spoken language have a certain charm, the appearance of which poets and playwrights have been at pains to contrive since the beginning of literary recording. It is therefore for this sentimental reason, rather than through any desire for naturalism that I have resisted the temptation to improve the grammar of the spoken language, to cut redundant phrases, hesitations, false starts or in other ways sanitise the texts for their presentation here. This has not been without its problems. Part of the RCN research has involved presenting participants with intended quotations before their inclusion in reports. This was done so that unnoticed identifying information might be removed. Many managers at that stage insisted that repetitious or otherwise unattractive sections be altered. "It makes me sound

silly.... I say 'actually' 100 times...I must have had a word of the week and that week it was 'actually'" (from telephone conversation with a CEO). Partly to maintain the goodwill of participants and partly because of the broader aims of the RCN project, these wishes were usually acceded to. However, here the texts are presented in unexpurgated form. The one convention followed has been the introduction of sentence-like structures i.e. the insertion of punctuation and sometimes this has involved difficult judgements at the transcribing stage. Even this has necessarily imposed an external structure on the texts.

A sub-group of sceptics

From an overall reading of all of the interview texts it became clear that within this group of managers who were generally highly committed to the reforms and to developing particular forms of rationality, sat, uneasily, a small group who were far more troubled by the changes they were witnessing. Although it is possible to argue for a reading of the texts of even the highly committed that includes some ambivalence, some residual conflicting discourse, the conflict of values is nowhere more apparent than in the texts of the group of 'sceptics'. This group have taken on certain features of a new discourse, the need for accountability, for more reflective practice, for a more 'consumer centred service' but they tended to suggest either that these drives had been taken too far by senior managers or that a rhetorical rather than practical change had taken place and would use the very discourse of, for example, sensitivity to the consumer, to criticise the policies of management or of the Government.

Impressions of the managers and their organisations

Before the main part of the analysis, I include three vignettes taken from field notes made during the research. They evoke some of the atmosphere within the organisations under study, with their mixture of activity, conscious self-presentation, excitement and suspicion. These characteristics reflect not only the ambience of these three organisations but, perhaps the whole atmosphere within the UK health service in the immediate wake of the reforms.

15th June 1992 Waiting at the [District General Hospital] I notice cleaning staff arriving in brand new uniforms. Once inside, down the shabby 'Administration' corridor and I'm shown into an empty office with an open door to wait in. The Finance Director [FD] (dour and rather depressed man in his late forties I had lunch with the other week in the canteen here) is waiting rather grimly in the main office for the Chief Exec [CEO] to arrive. It's just before 9 on a Monday morning and the atmosphere is rather edgy probably because its the start of another week. PA to the Chief Exec comes in and says to the FD "I think the whole issue has been misunderstood - he wanted to make it easy not difficult..." For some reason the FD goes off to see the Director of Nursing Practice. From the room where I am waiting I hear (but don't see) the CEO arrive. I hear him say to his secretary as he is walking into his office, "Had a good weekend?" then disappears. His staff ring through to him to tell him I am here. His PA refers to him by his first name. Before me, the Finance Director (who has managed to squeeze in to see him) comes out of his office still looking rather grim. I am waiting in the Chairman's simple but neat office, too neat to be true. On the wall are three graphs, one displaying a falling line entitled 'Waiting Lists' and another with a steadily rising line called '[Trust name] Contracts' and another showing similarly rising 'Hospital Separations'. These graphs strike me as theatrical props. My feeling is the atmosphere is very busy here. I think the CEO will have his mind on other things when I get in there. Afterwards: He has been the only victim so far to ask about me about my background before we started. I'm surprised the others haven't. He seemed to be genuinely concentrating on all this while I was there but I got the feeling the moment the interview was over he immediately disengaged. Why shouldn't he?

6th August 1992 At [Trust 4 name] - asked to wait in the Chairman's office by bright PA to the chief exec [CEO]. It occurs to me that the chairman's role is to provide a waiting room facility for the CEO. Like in Trust 3, this office is like a theatre set - VERY neat, an "Our Corporate Contract" chart from the Regional Health Authority pinned on the notice board, a small table with neatly fanned back numbers of Health Service Journal and back copies of the local trust publicity also 1 copy (only) of the yearly report which PA suggested "I might like to read" while I was waiting. Up above, half of a bookshelf of caricature management books:

In Search of Excellence

Personnel Management

Daring to Connect

When Giants Learn To Dance

Statistics for Business

A Woman in Your Own Right (strange as the chair is a man)

....and some others.

Afterwards: The interview was disappointing. The CEO kept me waiting so that we had little time to develop a conversational feel. She said there had been 'a crisis' (there is always a crisis) and as I was leaving she was already onto a different planet, dealing with her PA and secretary. I had the feeling she wasn't terribly into this. Before she agreed to be taped, she asked whether she could see the interview schedule and looked it through briefly. I had the feeling she was looking for a particular, probably controversial topic which clearly she didn't find. What ever it was, I should have been asking it.

February 1993 I am sitting outside the office where they [Director of Nursing and Locality managers] are meeting, waiting to be asked in. Mostly it's quiet but there are occasional bursts of laughter. Eventually the Director of Nursing [DO] comes out. We shake hands and he asks me in. Three of the four locality managers are sitting round a small table; the fourth locality manager, the only man, has sent his female assistant so the DO is the only man. He is chairing this meeting. I have met three of the locality managers before and am surprised that these normally vocal people are so quiet here. It's a planning meeting and the DO comes up with plans that are breathtaking with their simple rationality; "with our planned admission program we can actually match our skill-mix on duty at any time to the expected workload". They are all into it, but he is clearly best at it or at least the most articulate. The others are like a chorus, uttering supporting exclamations or observations of how irrational nurses are: "Just because Florence Nightingale made beds in the morning means we've got to do it like that" (irony) or "Nurses are terrible at time-management". One locality manager who was assistant when I last met her is in her late fifties. (Later, reading between the lines of her secretary's careful comment to me, I learnt that she became seriously ill.) I feel she is a late convert to all this and, like religious converts, seems to continually celebrate her conversion with testimonies of her former life; "We used to be saying that we were overworked forty years ago and they're still complaining about it now." The DO comes in with "What we ought to do is, if they *don't* complain, take staff away because they must have too many." I thought he was making a joke, but nobody is laughing."

The next chapter offers an analysis of various forms of rationality in the texts. The subsequent chapter to that concentrates upon accounts of subject positions adopted within the texts, the objects of discourse and constructions of autonomy and tradition. As an exploratory tool, the discourse of the sceptics has generally been compared to that of the mainstream managers. The subsequent chapter (Chapter 8) considers the texts of nurses' comments.

6
The interviews part i: discourses of rationality

"RGM: I went to see Roy Griffiths in his office at Sainsbury's and while I was talking to him, his secretary handed him a piece of paper. He looked at it and said 'OK'. I asked him, 'What do you mean , "OK"?' and he said, 'My organisation is OK today'. It turned out he had just six measures on that piece of paper and from those he could tell what the state of Sainsbury's health had been the day before; things like the amount of money taken yesterday, the freshness quotient - the amount of stuff still on the shelves - the proportion of staff on duty, and so on."

(Strong and Robinson 1990 p.81)

"An inspector arriving unexpectedly at the centre of the Panopticon will be able to judge at a glance, without anything being concealed from him, how the entire establishment is functioning."

(Foucault 1977 p. 204)

Types of rationality

A characteristic of modernity is that it describes itself as replacing tradition with rational thinking and activity. For example, Weber saw bureaucracies as mechanisms and embodiments of impersonality, impartiality and functionality in contrast—and such definitions are always dependent upon some act of exclusion—to relationships based on individual privileges and bestowal of favour which were said to characterise traditional structures. 'Above all there is a separation of the public world of rationality and efficiency from the private sphere of emotional and personal life' (Pringle 1988, p. 86). The managers in this study spoke about their approach in a way that often contrasted aspects of rationality with a previous or more primitive state that

they encountered within their organisations. Indeed, it might be ventured that the two gifts they came baring were culture and rationality; culture whether of 'risk-taking' or of 'valuing one's workers', serving the ends of rationality. However, a discussion of ultimate purposes is premature. The traditional society that the managers came to reform was manifest in the ancient and arcane secrets at the heart of the Professions, knowledge that afforded them a privilege almost anachronistic in an age of reason. Paradoxically, medicine and, during particular stages in its history, nursing, have presented themselves in the same light, as bearers of the rationality of science. Yet a subsequent wave of rationality, taking as its point of reference financial control has overtaken them and made them seem almost superstitious by contrast. The second tradition was of fear, ignorance and superstition embodied and traditionally associated with the womanly arts (Jordanova 1989), one of whose descendants in the modern world is the occupation of nursing. The third tradition is also associated with women; that of the realm of emotions and of the home, the site and crucible of so much emotional work. All these traditions, are pushed to the margins and excluded by managerial discourse.

It can be useful to talk about four aspects of such rationality; the rationality of measurement, the rationality of finance as an ontological given, the rationality of surveillance and control and a more overarching rationality that perhaps can only exist, be discussed and made visible when contrasted, as the managers did, with another mode of being such as fear, a partial picture, lack of objectivity, emotion, partiality. These are the modes of rationality referred to in the interviews.

Measurement

There was a sense in which knowledge was not trustworthy or legitimate unless it took a particular form that we might describe as 'measurement'. To

know what nurses were doing, to describe the organisation, the basis of interactions between organisations all required measurement of increasing sophistication. The metaphors most often associated with understanding were visual; "we are looking at.." As knowledge became more synonymous with information stored electronically as series of zeros and ones, measurement became the symbol of objectivity, of a metaphysical pursuit of the original, the trustworthy, the real. Numerical information represented the rejection of language-dependent knowledge and subjectivity. Yet no matter how strenuously this abstraction was sought, subjective and interested decisions about what activities to record, how they might be represented, what forces were allowed to remain invisible, financial pressures and incentives, "visions", grudges and beliefs all haunted its margins. The almost Socratic dialectical encounter between reason and ignorance staged at times by the managers dissolves into a much more evenly matched contest. The interviews demonstrated not so much the manager's command of verifiable information as their great skill at the art of rhetoric.

Numerical information was frequently contrasted with other types of knowledge. For example, in the early days of the reforms, rumour and incomplete knowledge appeared to abound within the organisations under study. Some managers believed much of this to be political in nature. This was excluded as invalid subjective knowledge. One way to counter this was with the facts; perhaps the chief executive would carry out a 'lecture tour' of staff bases to counteract these forces with some hard data. The aim might be to:

> "... tell people [staff] how we are doing, how we did last year, how many patients we saw, how that was better than the year before, what our financial position was at the end of the year, so that people actually know how the Trust did, so it's first hand, rather than sort of a jaded documentary on Channel Four." (Trust 1 Nurse Exec)

In this passage reliable knowledge is contrasted with another type of knowledge, a "jaded documentary on Channel Four". A television "documentary" might carry connotations of factual reportage and insight so the addition of "jaded" acts as an adjective to discredit this reading. "..sort of" alerts us that the speaker is searching, perhaps a little carelessly but with much cynicism, for an exemplar of a biased media report so that it is clear that the "jaded documentary" in question could either be a stereotype or an actual program. For the purposes of his discrediting act it does not matter which. "Channel Four" adds to the effect. The UK's avowedly unconventional radical TV Channel can be easily marginalised as biased and non-serious. The purportedly political motivation of the media report is contrasted with supposedly value free knowledge of numerical measurement of balance sheets, "our financial position", "how many patients we saw" and trends of increasing throughput, like the soaring lines on graphs seen on the walls of the Trust Chair's offices during this research. These are described as the verifiable facts of the situation.

Managers were keen that nurses should learn to adopt the same approach to knowledge so that their claims, for example about staffing inadequacies, might be taken as legitimate, rather than seen as the gendered workplace equivalent of nagging. This would involve learning to speak and think more numerically and in more detailed a fashion about the "information" on "patient dependency". Valid knowledge is therefore disembodied knowledge, a numerical account:

> "I met the Day Ward Sister on my rounds and she was *on about staffing* and I said 'you have evidence here of that[?]' and she'd done no record of patient dependency." (Trust 3 Nurse Exec - my emphasis)

This was seen by some as an aspect of advancing professional consciousness:

> "I think whereas every nurse will have a care plan in her head perhaps for the patients, it has to be better to actually have to be explicit about the care plan and if we're going to look at how effective we're being, we must be able to evaluate the care that is being given and we are encouraging our staff to become reflective practitioners. They must be able to evaluate their work and decide whether that has in fact been the most effective way of treating that patient." (Trust 3 Comm Man)

As in Weber's bureaucracies, privilege is bestowed through the impartial application of rules. Rational measurement was described as providing the just and appropriate means of achieving this. For a manager committed to performance related pay, this meant turning to a range of "indicators", which could be combined and used as the basis for bonuses.

Mechanisms were created for the detailed and constant measurement and recording of a particular kind of information. Again the emphasis is on quantities, levels, numerical patterns, disembodied knowledge. In the following passage, the speaker refers to the introduction of legislation that effected changes to the provision of nursing care in residential homes:

> "...what we are doing is monitoring very carefully the referral rate to our community nursing team. We did an awful lot of benchmark work prior to April 1st so that referral patterns, trends, volume we knew, the number of people who we were supporting in residential homes we knew so that we could pick up any increases, any trends." (Trust 1 Nurse Exec)

Accounts of changes in the skill mix of the workforce often involved a demonstration that a painstaking, rational procedure had been followed. In the following case, there is the added suggestion that the presence of a nurse at this procedure ensured fair-play and provided human ratification of the outcome. The rationality of the operation, constructed by the language of "analysis" and careful investigation involving the use of computers establishes a context which allows the speaker to describe the lesser qualified worker subsequently engaged as "a good nurse to undertake the work":

> "Now when we've analysed the work that was being done, we've actually looked at what needed to be done by trained nurses and not by the nurse. We've done it on a practice by practice basis, by actually printing out the caseload, looking at the work with the nurses and when we've needed to replace a member of staff we've actually realised that a staff nurse, or an enrolled nurse, would actually provide a good nurse to undertake the work that could be done." (Trust 3 Comm Man)

As mentioned above, Chief Executives from time to time presented their organisations to various groups. The detail with which the CEO quoted below was able to speak would perhaps have given a strong impression of intimate knowledge as well as finely tuned control, yet again this impression of being able to encapsulate the well-being of the organisation is achieved through numerical, and in this case, financially detailed calculation. It is here, toward these financial accounts that all these measurements point and have their meaning:

> "We had our AGM on Tuesday this week and the slides I showed, showed that we had brought our unit cost down each year by about 50 pence per case so it's gone down to an average of about £18.50, £18.52 to be precise, I remember it, to £17.40 or £17.50, so it's gone £18.50, £18.00, £17.50 and that's a lot of money across thirty odd thousand cases." (Trust 3 Chief Exec)

Having convinced an audience of the accuracy of his ability to measure, by being "precise" down to the nearest 2p, this manager can emphasise his point by switching to the rhetoric of grand imprecision by ending with "that's a lot of money across thirty odd thousand cases."

Managers were frank about the limitations of their knowledge of nursing work, yet computer based activity remained the "foundation" for knowledge and the most reliable way of grasping and describing so-called "quality" of care.

> "We've spent a lot of money... developing an information system that will collect information and we're really still at the stage of trying to implement that community system, which is the foundation to actually being able to report on quality outcomes and

> until that's in place it's going to be quite difficult to get any meaningful information." (Trust 1 Chief Exec)

At its most crude, there is an appeal to technological discourse that associates notions of dependability, authority and thoroughness with computers: "We've spent a lot of money developing" a "system". Talk about "quality" has become here methodical and impersonal yet reliable and trustworthy because of these very qualities; an "information system" that appears to "collect" its own "information". Understanding the quality of care is described in a way that equates it, or at least associates it, with computer activity, to "report on quality outcomes". The language is free from any suggestion of subjectivity or value which, within this discourse, would undermine the authority of the "foundation"; both are present, though erased from the discourse, in the very design of "the system", of what constitutes "information" and what "information" to request. Information is never simply collected. Yet, in spite of this foundation of impersonality, there is meaning to be found, and, if meaning-making is understood as inherently a value based activity, then the desired product is, in effect, an oxymoron, "meaningful information".

Managers often expressed a preference for formalised, numerically based information over and above knowledge gained through "going out with the nurses personally" and "being told by the nurses" even though the former was acknowledged as sometimes grossly inaccurate. This preference is supported by appeals to scientific discourse evident in terms such as "measure" and "indicator" with connotations of objectivity. These analytical tools are associated in the following passage, which deals with changing workload levels, with metaphors of penetration and deep knowledge, a dualistic getting beyond the appearances to the reality of the situation. "Meaning" is excluded rhetorically, chased off limits, in the language with which knowledge and measurement is described yet it haunts the managerial discourse.

> "...people might say that's an incredibly crude measure, it nevertheless is one measure we can use in terms of did it take two nurses an hour and a half to deal with someone rather than one nurse 10 minutes and you know that gives you some basic indicators to help you delve into the issues." (Trust 4 Nurse Exec)

In keeping with an emphasis on measurement and measurability, relationships between health care organisations tended to be numerically based, with formal verifiable agreements, the contracting at the heart of the reforms. For example service agreements might mean that every GP will "know exactly what input he's going to get" (Trust 1 Chief Exec) where the mechanistic "input" means the number of hours worked, by nurses graded at particular levels of skill. The regular and timely completion of generalised and abstracted "activity" recording on the part of staff is a vital first link in the contractual process and bears a direct relation to financial income for the trust:

> "Now, we're monitoring on a month by month basis and I get my information on monthly activity in ten days from the end of the month and we have an agreement with - a contract with the Commission that as soon as I identify a real increase in activity, then we will sit down and renegotiate the contract." (Trust 1 Nurse Exec)

Contractual agreements did not always appear to be purely numerically based yet the repetition of "evidence" in the reading from the "quality" document below and the description of the "monitoring" and "reports that... demonstrate" lead quickly into numerically presented "evidence". The language is intentionally of binary certainty, either the criteria have been met or they have not.

> "'Evidence that staff resources are targeted in areas where there is a high risk in child protection work; evidence that health service staff have been offered the correct immunisation by the occupational health department; evidence of appropriate staff update in current techniques and emergency procedures...' ...and what we do in our monitoring meeting is we provide reports that will demonstrate, for example, the numbers of areas of training, how many staff have been trained and in which specific areas.... " (Trust 3 Comm Man)

The outcomes, or at least, certain selected outcomes, of the service are the subject of apparently precise measurement and contractual agreement. However, in one sense, they tell us little about the detail and context of care delivery:

> "Target immunisation rates of 95% polio, diphtheria and tetanus by age 18 months; 91% pertussis by 18 months; 93% measles, mumps and rubella by age two." (Trust 3 Comm Man)

Even the conceptual framework within which nursing care is delivered is also a subject, at least in theory, for formalising and monitoring although it is difficult to imagine how this might be "monitored" in a way that actually has a baring upon care delivered. But perhaps that is not the point. The point is the gesture to formalise even such an abstract and widely questioned notion as a nursing model. Nothing, even (or perhaps, especially) the thinking processes of the nurse must lie outside the range of the formalised, the verifiable, the contractable:

> "[reads]....'Nursing care is based upon recognised nursing model.'" (Trust 3 Comm Man)

Only one nurse executive offered a detailed response to the problem of the quantifiability of nursing work. However, her politically pragmatic solution amounted to the recommendation that nurses adopt the dominant language and mentality of numerical measurement even though she distances herself from it at the beginning of the passage. She effects this by ascribing it to "men in the medical profession" and referring to measurement as if it were a meaningless or automatic activity "the numbers game" and "number crunching":

> "One of the things that happens in health care is that if you do all the stuff that is quantifiable, like the numbers game and number crunching then you definitely can prove something in the view, I have to say it, of men in the medical profession, who think they own science and research, not all of them, but some of them..."

Her response can be understood as a struggle between an organisationally dominant discourse of measurability and demonstrability on the one hand, and of the 'art' or unquantifiability of nursing work on the other. There are echoes of nursing's epistemological and political struggle with medicine which has often been identified with "science" by nurses. The result is an ambiguous text, an example, perhaps, of postmodernism's fragmented self attempting to take a position towards these two discourses simultaneously. The following passage, which occurs immediately after the previous one can be read as an expression of the speaker's own "dilemma" :

> "...and I think it actually puts nurses in a very difficult dilemma, when they are coming from a very different worldview of events. ...Immunisation is a classic one, it is a real number crunchy one which health visitors can get into. In a way they almost don't like doing it, they don't want, I think health visitors have got to make up their minds what it is they want to do... the trouble is that health care is so incredibly complex."

Having summarised a measurement discourse and opposed it with a description of the position of certain health care workers, the speaker goes on to offer a resolution:

> "... I think every nurse in the community, who ever they may be, if you are a district nurse you can measure a wound and you can measure if it is closing up or not and healing, and that is something very quantifiable. Immunisation for health visitors, I'm trying to think of something for school nursing, number of children that have less days of absenteeism from school perhaps, because they have actually dealt with the problem that was affecting their school attendance, there is all sorts of things they can use, less pregnancies...." (Trust 4 Nurse Exec)

However, in the process of grasping for these examples, the character of the work done by these nurses and health visitors suffers the very reduction or erasure that the speaker has been attempting to avoid in her acknowledgement of the "incredible complex[ity]" of health care.

As well as admitting that existing computerised systems did not at present capture enough detail of workforce activity, whether through incompleteness

or lack of sophistication, managers spoke about another more fundamental kind of limitation to formal measurement. This did not, however, appear significantly to shake their faith in the centrality of such an approach in the steering of their organisations. In one significant passage, a manager completely undermines the whole foundation of measurement-based contracting by suggesting that even this apparently objective approach could be arbitrary and open to manipulation:

> "The current method of face to face contact is not a good method. There is no quality aspect to it and you can actually manufacture face to face contacts to - we could almost say to the Commission, 'How many do you want us to make?' and we will make that. That's not a problem." (Trust 1 Nurse Exec)

If this manager, an evangelist for the reforms, can make such a view known with such confidence, we have to wonder why his view has only one echo in the interviews (Trust 4 Local Manager quoted on the next page).

The Sceptics

The sceptics were clear about the disadvantages of measurement based organisation. This group of managers were more likely to use frankly economic terminology, "earn money", "throughput" and "meeting the contracts", not because they were committed to economic rationalism but, perhaps, precisely because they distanced themselves from it. The blunter the language they could associate with a managerial project, the stronger the dualism they could form between that and the "human" values of "forming relationships" and "face to face contact" that they recognised as marginalised by the discourse of rationalism. The following speaker's repeated use of the verb "get" suggests the pressure of disembodied achievement; the reaching of targets appears to have become an end in itself because of the pressure of being called to "justify" any shortfall to senior management :

> "I think we're pressurised... within the trust to earn money when that's, I feel has come to the fore, much more than had before...

> we've got to get the patient throughput, we've got to get the numbers, get the mileage right.... I find it really stressful because on my desk every month comes this [document] done in terms of numbers. I have to go and justify them. ...Its very stressful..." (Trust 1a HVs)

Other managers spoke explicitly about how the recording of selective activity lent legitimacy to certain acts, while causing others to remain invisible, or about the insensitivity of numerical measurement to the deteriorating economic and social context within which many community nurses were targeting their work. The result of falling activity levels is described in the language of hostility "we are judged" and "threatened". As part of one argument, a manager juxtaposes another piece of recent government terminology the "total package of care" against activity level based contracting:

> "I think the way that the contracts are based now on activity, activity levels, it doesn't take into account all the sort of total package of care, face to face contact, and, for example, [contacting] St. Michael's, [hospice]... and our activity is dropping and we are judged on that. We'd be threatened that we are going to be losing some of our money because of it." (Trust 4 Local Manager)

Occasionally, managers were openly sceptical about the political use made of purportedly objective measures of efficiency and about how such measuring can be manipulated:

> "I mean, you get all these waiting-list things out but I mean, really, say for casualty, it's when you hit the triage nurse. They don't say how long you sit from then on in, so I think, actually, in a way, the public is slightly conned by all of this. I mean, I think it's a good thing to actually say what you are doing and look at your service in depth, because I think we are accountable, ...we've got to be accountable, but I think the methods of doing it are a bit of a con to the public, quite honestly." (Trust 4 Local Manager)

Managers told stories of how there were drives for particular kinds of numerical order within their organisations in spite of the fact that in the process, endless contingent and pragmatic knowledge was erased:

> "Now some time ago, I was asked to draw up a sort of list of priorities and I didn't. I said that the priority as far as I was concerned is that if a patient deteriorates because you don't visit, then that means that they've got to be visited and that it's very difficult to write a list of priorities... However, there is a list now of different priorities: 1, 2, 3 or 4. Ones where you actually must visit, ones which, OK, could be left a day or two or what have you ...

Nevertheless, as we read further, an authority invested in "science" is, according to one speaker, inappropriately ascribed to "rough rules of thumb" with an oppressive result that "frightens" the speaker and, as we can now see, is characteristically linked to a financial penalty. An impersonality and inflexibility appears to follow from this science of numbers as the authority of personal professional judgement is replaced by a managerial algorithm:

> "... what I'm concerned about is that they [the priorities] are quite broad and OK, do it as a rough guide, but what frightens me is when general management then take them as a scientific proof, you know, and I've heard someone say 'Oh well, you know their priority list is very low; they don't need as many District Nurses as that'... it is simplifying something that isn't simple." (Trust 4 Nurse Advisor)

To summarise, the sceptics described measurement as running against the grain of their own judgement and as being the mechanism for an oppressive power over them. Yet at the same time, it appeared to facilitate certain aspects of their subjectivity as they contrasted it with their own identification with the human, the imprecise and the unquantifiable.

Financial rationality

The rationality of finance was generally called upon as a virtually immovable structure giving rise to a law of cause and effect as simple and inescapable as any found in the physical sciences. This way of speaking of the constraints of finance, of the need to 'balance the books', as law-like could erase most traces of the realms of political or moral choice, for example Government taxation policy, and value base. This financial situation (the UK economic climate) or

financial awareness was often contrasted with a previous era or previous consciousness when such a law either did not operate or operated in some indirect and far removed way in NHS organisations. Managers often contrasted their own enlightenment to this state of affairs, this unavoidable truth, with the primitive and irrational attitudes of those in their organisations who had not or would not come to this realisation.

Passages dealing with such forces can be separated into those in which finance was appealed to as a foundational reality from which judgements and evaluations stemmed and those which made such a point but also occurred in close proximity to passages discussing rationality in its broader sense. As we shall see, in this proximity, a link was made by managers between financial rationality and any behaviour or approach that merited taking seriously.

Very occasionally, a speaker would appear to distance themselves from a financial basis of evaluation. As Swales and Rogers suggest in their study of company Mission Statements, "the profit motive can be rhetorically problematic since it can appear to conflict with high 'ethical' tone and 'human' values..." (Swales and Rogers 1995 p. 232):

> "It is our intention for this Trust to be successful and success means financially viable and that's a measure that's applied to us rather than one we would necessarily apply ourselves." (Trust 1 Nurse Exec)

> "[In the] three years leading up to becoming a Trust ...[we] had to become increasingly financially orientated because we were in a mess, a million and a half pounds overspent." (Trust 1 Nurse Exec)

More usually financial acumen was a skill which managers owned up to having with great enthusiasm, sometimes apparently eager to describe themselves and their activities with its terminology. In the following passages, there is a combination of financial jargon, "shifting investment", "rationalising assets" and a the language of detached almost gleeful problem solving,

"really, really interesting", "looking at" (see later discussion of metaphors of "looking at"):

> "The 'out of town' contracts [with GP fundholders] are really, really interesting because that's been around looking at skill mix, changing skill mix, shifting investment from straight community nursing to the supporting Physios, OTs..." (Trust 1 Chief Exec)

> "I don't approach the general management of psychiatric services any differently to the way I approach the community services. You know, we've gone through very much of the same debate about rationalising assets with, for example, our community hospitals that we are now looking at for the acute psychiatric facility, so we use very, very similar approaches, yes." (Trust 1 Chief Exec)

Most managers welcomed, or at least adopted the rhetoric of welcoming, the financial directness of so-called market forces as reinforcing the service ethos of the NHS. They effected a rhetorical reversal, an unusual identification between the moral rhetoric of "respect", "dignity" and "positive attitude" and the mechanistic "winding down" of staffing levels. It is the "staff's" ability to overcome their reluctance to deliver a caring service that becomes the dubious moral unknown in this equation. Market forces lend management a new authority over people—if *they* fail to perform adequately *we'll* respond:

> "...our staff will have to come to terms with it more and more. If they don't treat the purchaser and his patients with respect, with dignity, with positive attitude, they'll lose business and we'll wind down the number of staff." (Trust 3 Chief Exec)

The impersonality of financial forces enables managers to adopt a stance of neutrality, almost non-involvement, a disingenuous exclusion of the political context of decision making, as if "the market", like the science of measurement, has its own autonomous workings. Yet, at the same time as celebrating the disembodied existence of these forces, managers assert their own potency, as if they are acting with the flow of Nature, of an inner logic, an ontology of financial rationality:

> "Now what we did with the doctors last year was, they were, almost had, well, they had no job to do, Michael. It was just, the fact that GPs had taken over child surveillance, rightly or wrongly,

> I'm not there to comment on the politics of it, whether its a good idea. It had happened and they just were not fully occupied so we made them redundant and I've done the same thing with the dentists last week. I made six dentists redundant." (Trust 4 Nurse Exec)

Appealing to finance as a given enabled managers to adopt a rhetoric of offering freedom of choice to field staff while actually exercising detailed control:

> "My view is now that I should be able to say to the nurses you have this amount of money, and I don't mind how you use it, as long as you follow these types of criteria, focus on these priorities and we expect this quality of work and we expect these hours covered." (Trust 4 Chief Exec)

In another passage, the use of language suggests that decision making and power is exercised at the level of the individual client and health care worker. This is achieved by an appeal to notions of consumer empowerment and professional autonomy ("managing the care") and an erasing of the fact that financial decisions have already been made by chain of politicians and bureaucrats. This last act of rhetoric is effected through the use of the highly colloquial and metaphorical "bottom line" and "money in the pot" suggesting commonplace and unalterable realities:

> "The bottom line is that there is only so much money in the pot so they [health visitors] and the client have to decide together the best way of managing their care." (Trust 4 Nurse Exec)

In another passage, a middle manager forged a similar link between patient choice and financial forces. In this case "thinking about the viability" of her directorate and an ever vigilant concern for "what our clients need" are linked rhetorically rather than logically. What is clear and enacted in the text is the element of personal pressure and responsibility. What is not so clear is the direct link between financial viability and sensitivity to local health needs. Given that one of the major planks of the government's market reforms was responsiveness to the needs and preferences of the public, it is not surprising

that this language is adopted by managers as they (are forced to) take a position towards what is assumed to be the impact of "market forces". In the following extract, the first person pronoun is used with activities associated with vulnerability and scrutiny. It is even switched to mid-sentence to emphasise the personal pressure yet the more distant second person is used to describe the element of "looking at" client need:

> "I have to spend a lot of time thinking about the viability of the Directorate... you've actually got to - I, myself, have to be very clear that there is no guarantee that our service has got jobs for life so all the time you have to be looking at what our clients need..." (Trust 3 Community Manager)

This passage includes what is by far the most frequently occurring metaphor in the interviews, that of "looking at" as a figure for considering or attempting to understand. At the very least it suggests a certain physical distance or a non-engaging overview or scanning but it also carries echoes of the Enlightenment's spectator subject surveying Nature. There are also ideas of dominance and control associated with this conception of knowing because of the way the object of knowledge is equated with what is available to, or present to, or grasped by the consciousness of the subject. This conception reduces the heterogeneity of appearances into whatever is present to the subject and in turn creates the possibility of their control by that subject (Benhabib 1990). We are reminded of Foucault's descriptions of the art of ever more penetrating seeing that he argues was a characteristic of seventeenth and eighteenth century European disciplinary societies (an extension to which can be found in the development of computerised and other methods of recording and regulating activity referred to in the interviews). Furthermore Richard Rorty speaks of Western notions of knowledge as dominated by "Greek ocular metaphors" (Rorty 1980 p. 11) and Derrida of Cartesian images of "natural light" as the light that manifests the truth (Derrida 1982 p. 267).

In a similar passage to the one quoted above, financial consciousness is linked, dubiously perhaps, with improved patient care. A managerial initiative to "push.. forward" cost-consciousness and time management practices among field staff is associated with better care through the ambiguously worded suggestion that nurses will "be able to do more for their patients" within the resource and time constraints that they have:

> "... people are becoming more conscious of the money, and I think that is very important..... And people need to start thinking like that because then they will be able to do more for their patients by using their time more effectively, so we are pushing all of that forward." (Trust 4 Chief Exec)

In the following passage, the financial framework of life in the NHS is described as a foundational reality. The self-conscious bluntness of the language helps to make convincing the marginalising of those who might question it, not only in a health care context but "in most things". The move to universalise this "reality" also acts to support the statement, although there is a characteristic withdrawing from too strong an utterance (perhaps because of the possible conflict with 'human' values alluded to above); money is only "one of the bottom lines":

> "We get 12 million pounds from the DHA and they say to us, 'that's to provide your total community health service'—that's it. Bonk! ... I - lets be blunt about it... There's no point in - you would be foolish to ever think that money wasn't one of the bottom lines in most things." (Trust 4 Nurse Exec)

In the context of this framework, part of the manager's mission in the new NHS is to colonise other workers who might not share the same worldview. Again, any view contrary to one in which finance is central is marginalised as foolish. Those who hold to this view are described as not understanding, needing education, seeing things in "very simple terms", suffering from naive delusions of believing "there are pots of money" or that "somebody's going to come and bail them out". Perhaps in order to reserve a position of overview, this speaker understates her criticism of such naiveté and describes it, not as

immoral or plain stupid, but as "interesting". Nevertheless the statement claims a final authority in its short unequivocal last phrase:

> "[We need to] educate them [GP fundholders]. We don't keep that a secret. We say that's real. If you want your health visitor to visit people 20 miles away you've got to realise you've got to pay her travel costs. Can you afford it? They don't understand some of those practical nitty-gritty issues. They see it in very simple terms quite often... people seem to think there are pots of money, its very interesting that they think if they overspend somebody's going to come and bail them out. But in fact they're not." (Trust 4 Nurse Exec)

Often managers referred to financial rationality and to a contrast between rational and irrational thinking in such close proximity (within 15 lines of transcript) that the two discourses became associated and mutually supportive in each other's presence.

For example, in one passage, part of running "good services" is described as being able to demonstrate that they are "cost effective" so that their value becomes verifiable and explicit. A contrast is then made between the notion of demonstrable value and staff irrationality and fearfulness and one aspect of 'professionalism':

> "...we have worked very very hard at getting everybody to work closely with their GP... and if we are running good services, more cost effectively because of the kind of benefits, cost benefits of scale, support, training, and 24 hour cover and things, then we shouldn't be worried about the fact that the GPs are going to have to budget for buying them.
>
> If we think that what we are doing is a good job, then we ought to be able to explain that to people. And if we can't explain that to people, then perhaps we are not doing a good job. There is an issue round in the health service, about what I call professional preciousness, and it is no good saying we are good, because we are good, you have to be able to say we are good because we do this, we do that, and we do the other, and look, if we don't do this that and the other then that happens. I mean GPs come out of school at 18 the same as you and I did, and by and large they are ordinary, sensible reasonable human being, there is the odd GP who is really difficult..." (Trust 4 Chief Exec)

'Professional preciousness' is constructed by contrast with a mainstream reasonableness characteristic of "ordinary, sensible, reasonable human being[s]", a quality that overrides professional boundaries and is possessed by anyone with moderate intelligence, who came "out of school at 18". The discourse explicitly addresses and includes the listener as a subject who shares this reasonableness.

Rationality contrasted with various forms of irrationality

Managers frequently defined and enhanced their own rationality by forming a contrast to their staff's suspicion, traditionalism, impermeability to information, fearfulness, tendency to complain rather than constructively problem-solve and reluctance to plan. In this respect they were everything that staff were not. It could be said that this difficulty, seen from the managers' point of view, characterised relations with care-delivery staff. If staff were unwilling to support management, it was because of a lack of understanding, rather than disagreement, and a sign that managers needed to "do more work" with these individuals or groups or devise or refine another "strategy":

For example, one manager spoke about staff's response to the suggestion of the introduction of team formation and changes in skill mix:

> "[When we told] the district nurses about [skill-mix/team formation], some were sceptical because our management changed, "that means they're going to save money and that means it's not going to be as good as it was before", or whatever. Some sort of said "yes", they thought it was a good idea, actually probably a chance for promotion and the vast majority weren't actually interested as long as it didn't affect them directly - and the intention was that it wouldn't." (Trust 1 Nurse Exec)

All of the responses are viewed as examples of different aspects of irrationality; those who are against change do so from prejudice, as the caricature of their (possibly perceptive) reaction suggests, those who are for it are self interested (hardly an entirely unworthy motive, one would imagine in

an organisation where managers wish to shake off negativity) and the vast majority are indifferent to change that does not impinge on them; again their indifference suggests that they are far from fully participative, motivated workers. However, the very indifference of staff has been taken into account by management when introducing sensitive measures like these skill mix changes - 'the intention was that [the change] wouldn't [affect them]'. As a result of this change, and as a ratification of the intrinsic sense behind it, 'a natural flow down, natural hierarchy within the team' appeared. In a sense, this manager describes his activity as allowing what is natural to emerge.

A key project among most managers was to change fundamental attitudes of their workforce. The difference between what could be called the caring orientation of qualified nurses and a newer managerial role was often described in terms of the difference between irrationality and systematic and intelligent planning: "we had to get them away from the 'I am the District Nurse and I must do everything for all my patients'" (Trust 1 Nurse Exec). Nurses were even described with the imagery of mental illness. Quintessentially irrational, nurses could react with a "mega neurosis" about skill mix. Senior doctors were seen to exhibit the same irrationality by "shouting": "...consultants in particular... shouting 'more of this, more of that'. Somebody has to stand back and say 'What gives us the most health gain?'" (Trust 3 Chief Exec). Metaphors privileging "standing back", "sitting down", "looking" abounded in this discourse emphasising physical distance and mental activity.

Another nurse executive constructed an image of nurses' irrationality. She described two responses from nurses in the predicament of witnessing unmeetable need that existed, apparently, side by side. Their logical incompatibility works to reinforce this argument about nurses' irrationality. The first response is frenetic, unreflective activity *par excellence*: Nurses may:

> "...go around like headless chickens the whole time, trying to fulfil so many roles and be everything to everybody, but I think that is the nature of nursing that that is the way that they feel they ought to behave." (Trust 4 Nurse Exec)

The second response she identified was more subtle but equally unreflective.

It was an unconscious rationing or covert priority setting:

> "All the research shows that they are the people who have been rationing for years and years at the front line. Nurses that work at the coal face have been doing it. They probably would find it quite interesting if people pointed out to them how they decided on their caseloads, who was going to be seen and in what order and why and how."

The problem with both these responses, according to this nurse executive, was their lack of reflection; they are not consciously adopted approaches that may lead either to effective working, reduced stress or a well-articulated professional strategy. More importantly, perhaps, they are not available for scrutiny and control because of their informal nature. It was here that this nurse executive felt there was an appropriate area for professional 'leadership'. In the face of health and social need that she acknowledges as 'infinite', management:

> "...actually have to be able to say very clearly to nurses what it is we expect of them within their current job, or within the resources they have, so that they don't go around like headless chickens.... and I suppose that is part of changing the culture of nursing slightly."

Changing the culture of nursing, whether slightly or fundamentally, would involve, she believed, developing a professional who can articulate her rationales for activity, objectives, outcomes as well as unmet need. A more collected, reflective practitioner (the metaphor of nurses "sitting down" was repeated) would be more confident and articulate, to the benefit of the profession and more monitorable by the organisation:

> "I think that health visitors nevertheless can't hide behind 'it is too difficult to prove what we are doing', and I think it is time that they sat down and thought very clearly..."

Here "hiding" undercuts any moral stance that may be taken by professionals by introducing a suggestion of lack of intellectual and moral nerve.

Although the language of the three nurse executives involved in this study differed, their diagnoses of nursing's ills and their prescriptions were similar; that nursing must become a more rationally focused activity. One nurse executive's unease with the term 'caring' as a description of nursing, in this light, was significant, along with her wish to reconstitute nursing in terms of its complexity:

> "I really hate the word 'care', but I don't know what other word to use really, cause it sort of smacks of something that isn't quite what nursing really is about ...it makes it sound like some rather shilly-shally job that anybody could do ....when it is one of the most complex jobs that any human being does in this world." (Trust 4 Nurse Exec)

Here again, it is possible to detect vestiges of a previous discourse relating to nursing as a moral calling, suggested subtly by the grand rhetoric of "any human being... in the world". Yet in this ambiguous statement "caring", the traditional watchword of the nursing profession is excluded as parasitic upon the more valuable notion of complexity.

Postmodernism alerts us to the language and technologies of power that are available within modernity to coercive institutions of various kinds. In this chapter, I have argued that managers presented themselves within a context of a rationality that both legitimised their own discourse and actions, and subjugated the knowledge of other groups. Describing their actions as rational or flowing from reason erases their own interested position and associates their decisions with the authority of some external given. In the next chapter we will go on to examine some of the main subjects and objects of managerial discourse along with their modernist constructions of autonomy and tradition.

7
The interviews part ii: subjects and objects, autonomy and tradition

Subjects and objects

In Chapter 3 we saw that Parker (1992) included in his summary of the characteristics of discourse that it contains both objects and subjects. We also saw how discourses have been described as "practices that systematically form the objects of which they speak" (Foucault 1972 p.49) and how discourse can be said to give rise to subjects who speak, write, listen to or read the texts discourses inhabit and that "a discourse makes available a space for particular types of self to step in" (Parker 1992 p.9). We called these spaces subject positions.

This chapter draws upon these notions in its analysis of the interview transcripts in order to examine the structure and strategies of argumentation of those interviewed. From readings of the texts of transcripts and as a result of being sensitised to issues of claims to knowledge and to Enlightenment notions of autonomy and tradition, I detected a number of such subject positions which speakers appeared to adopt as well as a range of 'objects' created by their discourse. An analysis of these subjects and objects is presented in this chapter. Where it is useful, I have separated the mainstream managerial approach to them from how the sceptics positioned themselves towards various subject positions or objects of discourse. (See Chapter 5 for an explanation of managerial 'sceptics').

Subject positions

Acting in the public interest

A central aim of the NHS reforms and a subsequent Government document, the Patient's Charter (Department of Health 1991), was to increase the service's responsiveness to its clients, or customers as they came to be known. The Charter, which was quickly followed by a number of local and organisational 'charters' defined, for example, acceptable and unacceptable waiting times and standards for the provision of information to clients and patients. As previously mentioned, in Chapter 1, it has been argued (Pollitt 1993) that with this move the government could achieve three things; they could constitute themselves and their policies as caring, signal a move away from a left-wing impersonal state planning model to a consumerist model and steal the high ground from the professions whose position traditionally rested upon a claim that they act in the public's interest. Nevertheless, it would be inaccurate to suggest that these initiatives amounted to little more than a cynical exercise in public relations. It seems likely that the charter movement focused the attention of at least some of those involved in health care on issues of concern to its users such as waiting lists and waiting times.

At some stage of the present research most managers (as well as the nursing workforce in their own comments) offered this concern as a foundation for their actions. "Acting in the public interest" was a versatile position; it could be adopted to support the arguments and aspirations of community trusts who wished to win contracts for procedures from hospital rivals and "...break this hospital domination that we have in this country. Most people don't want to be in hospital." (Trust 4 Chief Exec); it could be used to justify financial control: "...all this public money we're spending and you and I are tax-payers and we [i.e. health professionals] should be more accountable." (Trust 3 Nurse Exec); to justify moves to blur traditional demarcations between professional roles:

"Mr Jones out there with multiple sclerosis could do with patient focused care—one professional who did everything. Now, we can do that with our support worker staff...." (Trust 4 Chief Exec) and to issue sideswipes at the professions:

> "In my view [the business ethos] is there to make us all aware of the importance of treating people as they should be treated and not merely in the clinical sense." (Trust 3 Chief Exec)

Thus, this was a subject position that speakers could take up and simultaneously further arguments in support of their interests, and be seen to be acting in harmony with Government policy.

During the course of the interviews, it was sometimes possible to suspect that rhetoric and the reality of practice became confused within the arguments of some managers:

> "Everything is done with the client's needs in perspective first, and the professional needs following up the rear, rather than worrying about what the professionals want and then deciding what the clients can have as a result, which I think has tended to happen in the past."
> (Trust 4 Nurse Exec)

At a point of unprecedented public financial stringency, when, due to pressure of work, some community nurses in the trusts under study were set a "core function", that is, a minimal range of interventions, the claim that "everything is done with the client's need" first, seems disingenuous. It is unconvincing that such a thorough break with the past has been achieved. This passage shows, I suggest, the persuasive and self-persuasive power of rhetoric.

At about the time of the third year interviews, there had been considerable publicity about Government claims that waiting lists for various hospital procedures had shortened as a result of its reforms. Its Patient's Charter had attempted to set explicit waiting targets. One of the "sceptics" took up the Government's own rhetoric and used it, albeit with attempts to soften the critical

edge of her words, to challenge the sincerity of its claims. Though the content of her comment is less comfortable than the previous speaker's because of its direct challenge to government rhetoric, her position is clearly orientated to the public interest:

> "...you get all these waiting list things out but I mean, really, say for casualty, it's when you hit the triage nurse. [a nurse whose job is to sort out the serious from the less urgent cases] They don't say how long you sit from then on in, so I think, actually, in a way, the public is slightly conned by all of this." (Trust 4 Local Manager)

The utterance of the following speaker offers a striking example of the struggle for dominance between the new NHS rhetoric of consumer-centredness that we saw in the first comment and a residual discourse that involves talk of a protective attitude toward staff, perhaps the sort of "nannying" that many managers appeared keen to distance themselves from. The following example of what can be described as a multiple subject position i.e. the simultaneous striking of positions that are logically incompatible, was discussed in Chapter 3. The passage features a repeated process of readjustment of meaning; first an assertion of the staff's vulnerability, then a more formal statement of patient priority and finally a re-emergence of a sense of responsibility towards the workforce:

> "...there's a lot of concern, I mean it's a big responsibility with the numbers of staff that we've got and people dependent on their professions [i.e. livelihoods] and not only [?]this first and foremost always comes our patients and clients of our service but next very close after that comes our staff and that actually is an even greater responsibility lying on my shoulders." (Trust 3 Comm Manager)

This subject position was adopted, therefore, with different degrees of completeness; as a space from which to promote organisational ambitions, as a standpoint to claim a higher ground from which to question the government's intention or in a more troubled, contradictory way in which the realities of the staff's insecure employment compete with a patient-centred rhetoric. It is this

last marginal stance that alerts us to the transitional and incomplete dominance of managerial rationality.

Visionary

Some speakers adopted a language of visionary or charismatic leadership identified as characteristic of much recent management writing and a style of leadership that has been associated with workforce manipulation through the reconstitution of organisational realities (Rafferty 1993). This subject position featured reflective comments about leadership, couched in derivative language. In fact, the very unoriginality of the language is what gives it its associative and almost iconic power: "I'm very conscious now that I am a leader of an organisation. I certainly believe that one's got to lead from the front and that senior managers must take the initiative...I've got to keep the organisation moving forward, developing... A static organisation is a dying organisation" (Trust 1 Chief Exec), "I'm more part of this organisation and this organisation is part of me" (Trust 1 Nurse Exec), "I'm sort of one of life's eternal optimists that says 'make it work the other way. Make it work strategically'. You've got to take control of the process and make sure it happens and... galvanise [people].... let's be dynamic." (Trust 4 Nurse Exec). The position was also characterised by references to new opportunities made available, if not by the reforms themselves, by the new thinking that they brought: "I think becoming a first wave Trust, you are very aware that you are on a sort of leading edge of organisational development" (Trust 1 Chief Exec). References to shaping organisational culture emphasise the managers' description of themselves as potent with suggestions of the religious language of genesis: "We had the opportunity to start a culture... we have an opportunity to make things happen for the first time..... Culture is a state of mind. Its what you believe you can do" (Trust 1 Nurse Exec). The following speaker explicitly, and unusually for

the managers, drew upon "theory" to lend legitimacy to an explanation for staff's resistance to managerial initiatives:

> "The whole management of change stuff, would be, if you read the theory on this, talks about how people often resist change, because they feel that a change is implicitly saying that what they have been doing so far is bad. And you have to help people see that that is not true, what they were doing before is really good, but now the world is changing, there are new things that we can do, new ways of doing it and being good means doing it differently now. (Trust 4 Chief Exec)

This passage is notable for two major persuasive moves. First, is the suggestion of altruism and facilitation suggested by talk of "help[ing] people see", i.e. spreading a particular vision which masks a persuasive project. The second is the language of possibility and freedom used to constitute the new world "there are new things that we can do, new ways of doing it" which excludes any mention of constraint or compromise within which both managers and field staff are obliged to operate.

Some managers spoke of 'a vision' for community nursing which involved either its participation in health care previously undertaken in hospitals or a belief in the emergence of a new kind of nurse:

> "All the time the role of nurses is growing and the impact of nursing upon the health service, if channelled appropriately, is THE most significant factor of all. There are more of us, we are more articulate, the Project 2000 folks that are coming out now, what powerful weapon that is. You know highly qualified and lots of them, free challenging, articulate people who are not being trained to be a bed pan emptier which is great." (Trust 1 Nurse Exec)

The rising note of professional warfare and triumphalism enacted by the first phrases of the passage are brought into strong contrast to the "bed pan emptier" with its associations of the socially stigmatised activities offered by Lawler as an explanation for some aspects of nursing's invisibility and low status (Lawler 1991). This, and other passages, perform a reconstitution of nursing work as a technical challenge and marginalise of some of its so-called menial aspects.

No sceptics adopted this kind of 'visionary' language and neither did managers from Trust 3 which was characterised more by the language of problem-solving.

Manager as Therapist

Perhaps because of the influence of human resources management (Pollitt 1991), of talk of managers as creators of culture, or as facilitators and nurturers of their staff's abilities (Peters and Waterman 1982), some managers spoke of their strategies as having a beneficial impact on their staff's well-being. This often appeared to involve leading staff where they would not naturally want to go, curbing or shaping their desires, in their own interests. At other times, the therapy in the form of "showing staff that you value them" took a more overt form:

> "We've recently fixed a travel scholarship and that's £1,000 and that's new and the successful candidate is going to San Antonio in Texas for a couple of weeks to study rehabilitation of the elderly... We've introduced our staff recognition scheme which we have made, what we call, distinguished service awards to five staff... who were nominated by their colleagues—not by the managers—for exemplifying what we would expect a good employee to be, the people who stay late, arrive early, don't have any time off sick, are happy about their work all the time and, as I said, these are nominated by their colleagues.... The Board decided that we would honour one specifically with a particular award as being with the Trust's distinguished service award." (Trust 1 Nurse Exec)

Managers' attempts to shape the culture of the organisations they manage are not always successful because staff who may well inhabit a number of other "cultures" may show resistance (Drife and Johnston 1995). The speaker quoted above expressed surprise and frustration that staff were, for example, reluctant to apply for these awards and could not agree about the design of new uniforms that the board had decided they should wear; "I've 90 odd district nurses and I've 90 odd answers to what they wanted to wear. I sort of said, it's really boring, what do you want?"...not even the good things people will recognise". The priorities driving the "distinguished service award" described above appear

to be of such a managerial focus ("the people who stay late, arrive early, don't have any time off sick, are happy about their work all the time") that it is hard to imagine that any worker would put themselves forward for nomination yet they are emphatically presented as driven by the staff.

Another aspect of staff development involved a process that resembles 'coming of age' rituals found within many cultures:

> "...at the end of April, we're taking a group of 10-12 folks away for three days to actually work with them on identifying what their skills, abilities are, what their potential is and hopefully from that group of 12, we will select two, maybe three folks who have management potential. It's not a pass or fail thing - the others will be - well, perhaps you're a personnel manager, perhaps you're a teacher, perhaps you're a clinician and each person will get a personal development plan which we'll work out with them and then we will mentor them appropriately to achieve their career goal." (Trust 1 Nurse Exec)

This project, like the ones described above, involves aligning the personal development of individuals, or at least a particular view of this, with an organisational goal. In the role of therapist, managers, it can be argued, are claiming an almost total power over their employees to the extent that they can gaze deeply into their personal potential and as a result of what they see there, give them new names "perhaps you're a personnel manager, perhaps you're a teacher, perhaps you're a clinician". Both of the above passages are characterised by persistent use of the first person plural, an emphasising and reinforcement of a position characterised by potency, initiative and oligarchy.

The aim of much management activity, including 'management by walking about', road shows, newsletters as well as the schemes described above was to engender among staff "a feeling of belonging to a corporate organisation" (Trust 1 Chief Exec). This was mentioned repeatedly. Again, its ultimate aim appeared to be to harness the personal feelings of individual workers to the organisation's performance:

> "[Such initiatives are] about corporate image, corporate identity, corporate ownership and if you can find a way of making staff feel they belong even more, they're even more of a part of their organisation and even more proud of it. I think that's good for the staff, good for the organisation and good for the people who are being treated." (Trust 3 Chief Exec)

Sometimes, shaping the consciousness of workers involved giving carefully controlled messages of a less palatable kind:

> "...informing them about certain other issues but hopefully not letting it overwhelm them so that the messages have been quality, standards, look at—carefully appraise what you are doing with your work, why you are doing it the best way, how are we making the best use of all grades... There has been a sort of deliberate policy that we shouldn't get people worried before they had to be worried, doesn't mean that we want to sort of nanny them." (Trust 3 Comm Man)

Such economically driven urgings to continually examine work practices form almost a parody of the picture of the "reflective practitioner" made popular by Schön (1983) and taken up enthusiastically by many nurses. Part of "making the best use of all grades" involved all the participating trusts in moves to change the emphasis of the role of the G grade district nursing sister away from care delivery to a more supervisory role. The metaphor of "nannying" as in the passage above was used by some managers and also by a few nurses in this research. It has also notably been used as a derogatory description of what has been seen as a dependence encouraged by the existence of Welfare state provision. The sexist basis of the image and its privileging of independence have been commented on by Davies (1995).

Many managers were aware of the difficulty of instituting changes in patterns of skill mix and the change of mentality among their staff that they felt was necessary for the successful functioning of these new arrangements. The strategy they adopted towards this tended to be described in therapeutic language: "we try to support them [nursing staff] through that and give them the skills that they needed to make that change" (Comm Manager Trust 3), "help

people see that the world is changing", "changes are not things to be frightened of, changes are things to kind of use as opportunities. There is no such thing as a problem, only lots of challenges, or something." (Trust 4 Chief Exec) Other managerial initiatives, such as the introduction of performance related pay, which are arguably responses to financial imperatives could also be described in therapeutic language:

> "If you have a true and proper skill-mix as opposed to a cost cutting exercise, you actually end up with people who are happier because they are doing jobs that use their skills rather than jobs that are actually a bit boring." (Trust 4 Chief Exec)

In this quotation, the Chief Executive rhetorically distances herself and her activities from "[im]proper" skill mix by describing her approach as if it were the authentic "real thing". As none of the nurses in this study spoke of so-called basic care as "boring" and appeared to be orientated toward the personal encounter of caring, it seems likely that this manager has misunderstood the motivation of many nurses. Her view, however, is consistent with those of the nurse executives who, in their understanding of their nursing workforce, appeared to correlate sense of reward with technical complexity. Nevertheless, what is important about this passage is the claim that skill mix changes can have a therapeutic effect for staff.

The sceptics did not appear to adopt this position.

Revolutionary

Many, if not all speakers described themselves as involved in a unique period in the history of the NHS. It was a unique moment to challenge the authority of various immovable structures and positions. The reforms enabled local employers to determine their own rates of pay and to depart from nationally agreed levels set down by the Whitley Councils that were established in 1948 along with the National Health service (Hart 1994). One speaker described his

trust's initiatives set against the traditional-mindedness and poor imagination of his nursing workforce. He adopted religious imagery used as an ironic comment to parody this traditionalism: "We were challenging the fabric of what [nurses] understood, we were challenging Whitley. Well, Whitley was handed down with Moses" (Trust 1 Nurse Executive). None of the managers included in this analysis was from a medical background therefore, perhaps not surprisingly, they saw themselves as challengers of a long-standing medical dominance of health services. One chief executive asked, archly, and perhaps significantly, in the same interview that she had spoken of difficult relationships with new consultant psychiatrists employed within the trust, whether the government was right to stipulate the involvement of consultant medical staff in general management. She argued that doctors often had no management training and could only fulfil such a role to the detriment of their medical responsibilities. In another trust, the fact that its managers had made a number of community physicians redundant was offered as unmistakable proof that they had sufficient power and nerve to tackle doctors (although it could be argued that part-time community physicians hardly represent the main core of medical dominance):

> "We tackle the fact the doctors no longer had any work to do....People might not like it but we do but there's a lot of units who will not address those issues and won't tackle the consultant, won't ask them why one of them's got their hernia in bed for four hours and one of them's got him bed for four weeks." (Trust 4 Nurse Exec)

Managers in the community trusts that participated spoke of themselves as well placed to challenge "this hospital domination that we have in this country" (Trust 4 Chief Exec) and the traditional power brokers who were identified with hospital institutions:

> "England is terribly conservative, with a little c, about ever trying anything different and we needed something that broke the power of the traditional power holders who were the acute usually teaching hospitals and the consultants within them." (Trust 4 Chief Exec)

Managers with a nursing background could also call on this revolutionary position as part of their challenge to medical dominance:

> "I think in 10 years time, nurses will be providing quite a lot of the care that doctors currently provide. In fact I'm not sure quite what doctors are going to do, but you know that's their problem, *they're* going to have to worry about that." (Trust 4 Nurse Exec)

However, it was above all tradition of almost any kind that was being, at least verbally, assaulted. In many passages where the professions were discussed, traditionalism was constituted as entrenchment and reaction. Nursing was also seen to have its fair share of traditions and traditionalists. The "traditional nurse" as an object of discourse will be examined later. One nurse executive described her task, with characteristically strong language, as being to "break some of the traditional ways of working" (Trust 3 Nurse Exec)

> "It's about undoing years of bad habits. I think one or two of the old school people find it quite tough." (Trust 4 Chief Exec)

There were other ways in which managers spoke of themselves as revolutionary. For most, the reforms meant that intention and planning was now matched by cash, perhaps borrowed under new financial arrangements. This, some said, set them apart from any of their NHS predecessors, as men and women of action grounded in the reality of observable fact as opposed to the erstwhile idealists: "*we* can point to the facts. Now, before, we could point to ideals" (Trust 1 Nurse Executive). However, for some, the reforms were above all described as ushering in a new way of thinking or at least of talking, rather than additional finance: "getting people to realise that what we used to do is not acceptable, accepting poor standards, you don't have to, you can't say 'Well, we haven't got the staff or the money', I don't believe them" (Trust 3 Chief Exec). This characterising within Trust 3 of the past as not acceptable contrasts with the more carefully placed comment of a previous speaker who emphasised change as not disqualifying previous approaches (Trust 4 Chief Exec). This contrast is perhaps indicative of the overall differences in

management styles between these two organisations; in Trust 3 there was more remedial and less charismatic language.

Risk-taker

This subject position combines something of an entrepreneurial discourse with the learning-by-making-mistakes, or the "learning organisation" advocated by some management writers (Jones and Hendry 1992). It was directly referred to by virtually every senior manager. "It has meant making some investment at risk without being sure that we were going to have the revenue to support it" (Trust 1 Chief Exec). "We changed from a really traditional structure to one where its alright to make a mistake. In actual fact, if we don't make a mistake, how will we learn and develop and grow?" (Trust 1 Nurse Exec). Risk-takers contrasted their mentality with a previous one in their organisations where, they suggested, hierarchy, ingrained tradition, professional-centredness and the bureaucracy of central planning removed any chance of risk-taking. Many speakers said that because of this long cultural history, they urgently needed to influence their nursing workforce. Risk-taking was conjured up as desirable with a range of evocative positive attributes and metaphors: "It is all about being fluid, and enabling and judging and balancing rather than rigid and clear and direct and going into—in *that* direction" (Trust 4 Chief Exec).

Transparent

Many speakers described themselves in terms of openness, democracy, a lack of hidden motivation and eagerness to communicate frankly and frequently with staff and to be open to their comments and suggestions. This involved setting up structures with names that emphasised these transparent qualities "management by walking about", "road shows", "State of the Nation speeches" "Team Briefing", and "cascading" information but also a certain availability, an "open door policy", a closing of "the gap between top and bottom" of the management hierarchy. Their image of leadership was participative even though

at other times it had been more concerned with influencing the consciousness and action of staff:

> "So the more information people have about what's happening, the background and so on, the more they can understand decisions that are being made and the more it allows them to participate in those decisions and to give their thoughts and views. So we want communication to be upwards, almost more than it is downwards." (Trust 3 Comm Manager)

"Openness" was contrasted with the autocratic management practised either elsewhere in neighbouring organisations or by previous regimes in the same place "nobody blew their nose with out asking permission" (Trust 4 Chief Exec) yet there was the suggestion that sensitivity to staff, or information giving worked as a way of increasing the effectiveness of managerial decisions by the use of techniques that made them less likely to encounter opposition. One example would be skill mix changes, a management driven initiative which was arrived at, in one trust, through a series of meetings with staff, natural wastage and the acceptance of "early retirements". This careful approach was contrasted by managers with the nationally notorious approaches adopted in other areas of the country:

> "Certainly I didn't go out and say 'We've done a skills review, we know it's right and therefore it must happen and if there are casualties, well, that's the way it is.' " (Trust 1 Nurse Exec)

Paradoxically, perhaps, information giving was seen to add to the at times paternalistic authority of management:

> "Through communication, accurate communication and giving people that kind of accurate, honest inflow, hopefully confidence will come in management that we know what we're doing, you can trust us, you can rely on us, we'll hopefully come up with the goods on your behalf and your future is as safe as it can be in our hands." (Trust 1 Nurse Exec)

and to be a part of that authority as in negotiations over pay with union representatives:

> "[We were] quite happy to negotiate with them [the unions] but at the end of the day we would make the decision and they knew that because that's what we've done and that we wanted to be open with them too, that we didn't have any secrets through that process." (Trust 1 Nurse Exec)

Professional

This subject position, along with that of 'acting in the public interest' was one of the only two adopted by the 'sceptics'. I considered that a speaker was adopting this position in passages where they identified their interests or values with that of a particular professional group—in this case nursing. This position did not appear to be available to managers from administrative backgrounds. Unlike most of the other subject positions, this one was usually adopted quite self-consciously. Sometimes, for the nurse executives, moving into this position involved a significant shift of perspective signalled by metaphors such as "putting on a nursing hat..." (Trust 1 Nurse Exec). For the 'sceptics' it was no less self-conscious but far more an integrated part of their subjectivity. For all speakers, the professional position tended to be called upon in order to take a stance against some other outside and possibly threatening group, for example general practitioners or general managers:

> "What would concern me is if I lost all my district nurses to fundholding GPs, I have great concerns about that from a professional perspective, it's not because my Trust will fall apart if we lost them because it wouldn't, but from a professional perspective, putting a nursing hat on, I have great concerns about that." (Trust 1 Nurse Exec)

Occasionally, when the nurse executives spoke with "a nursing hat on", they revealed such ambitions for their profession that it was hard to see how these could be reconciled with their corporate responsibilities. It was almost as if there were vestiges of an older or contradictory discourse at work in the texts:

> "...what we could see is the eclipse of nursing as 'the senior profession'. If we are not promoting nursing and what nursing means, then nursing will become - nurses will become the handmaiden of all the other professions doing the very fundamental care whereas the more intellectually stimulating, more rewarding

> aspects of caring will be taken over by someone else" (Trust 1 Nurse Exec)
>
> "I suppose because of my professional nursing background it is about really seeing nurses come to the forefront and show what their expertise is, and being far more autonomous in the way that they practice." (Trust 4 Nurse Exec)

The first quotation reveals a particular image of nursing professionalisation. While the term "handmaiden" has been widely used in nursing literature, usually as a description of the profession's worst possible relationship to medicine, this nurse executive, like managers from administrative backgrounds, identifies the most "rewarding" nursing work with what is "intellectually stimulating". For him, it seems, to be left with the "very fundamental" i.e. low-tech care would be a shameful situation for nursing which would not enhance its status. The second comment takes up nursing's characteristically professional concern for autonomy. Again, it forces us to question the place for discourses of autonomy alongside discourses of "the corporate player".

The sceptics appealed to professionalism far more frequently than the mainstream managers and it appeared to be a central point of their subjectivity from which the activities and constraints of other groups were evaluated. "The thinking time that we can bring to actual professional development has often gone into number crunching" (HVs Trust 1a). The managers with health visiting backgrounds created a picture of "professional development" as entirely opaque to those outside the profession such as general practitioners or those responsible for setting contracts in the new NHS:

> "As a group of professionals we're looking at the professional way forward. Do you know what I mean? As a professional group and yet they're being asked to integrate into a team which is—that's right as well—and I know certainly from Region or the Commission, they actually can't understand why health visitors as a profession... can't get their support from within the team. 'Why can't all these nurses and health visitors get their support from within the team? Why do they have to go out to this other person.' They—its about professional developments and some of them don't want to acknowledge its there." (Trust 1a HVs)

At other times their professional discourse, along with that of other sceptics, was strikingly similar to less sceptical managers, involving demonstrably rational and sometimes economically implicated procedures. It seemed as if even the sceptics had incorporated such elements into the way they spoke about professional behaviour:

> "...like, Project 2000 based, questioning, objectives led, needs led, assessment, evaluation.. and I think we're [?somewhere] down the line as a profession, actually going towards that. So we've gone away from the rote, 'this must be done at 4, 6 and 9' or whatever, to 'does this need to be done for this patient and if so, why?' And to me that's [?wonderful].
> (Trust 1a HVs)

> "I think you need to look very critically at what you are doing and to prioritise and think 'is the right person doing this?' "
> (Trust 4 Nurse Advisor)

A range of objects

From the literature we have seen that discourse creates objects. This research analyses five prominent objects created by the discourse of managers; the modern world, the good worker, the traditional nurse, dead wood and stress.

The modern world

"The modern world" was frequently cited by managers as the context and justification for their actions. At times some were almost breathlessly excited by this object while the sceptics referred to a similar object with regret or reluctance.

In the discourse of many speakers, the modern world was heralded by new technology, new language, general management, cash-consciousness, markets and sophistication and by an era of "constant change" (Trust 4 Nurse Executive) which left the slow-footed quickly out of date.

In the first year of the study, one manager sang a breathless litany to modern technology:

> "—but I mean computers, Excel Care, the nursing system in [name] Hospital is computer based, Florence is a computer based system, computers are here, wherever we look. A lot of clinical audit work is done on computers, the guys down in the finance department have got computers, my information department has got computers, well of course they have, but so have the nurses. The little gadget I play with, [picks up Psion organiser] that's a computer too and that's just got an electric Filofax on it there's all sorts of things," (Trust 1 Nurse Exec)

and to the market place, market behaviour and market language:

> "We're into 1992 and Europe is happening on April 1st—I don't quite know what that means, but anyway—so we have to gear ourselves up a little bit more to compete. There is a market place. I think people are worried by language like that; 'a competitive edge', 'competing in the market place', and 'customers'—we've never talked of any of that stuff before. I actually think we are more efficient an organisation because we've addressed those kinds of issues...But that's a bit disconcerting if you've been a district nurse for a long time and suddenly this guy comes along and starts talking about computer systems and programmes and stuff like that." (Trust 1 Nurse Exec)

Part of the definition and a sign of the dynamism of the modern world appears to be the fact that it leaves certain individuals puzzled and worried. Perhaps the conflict between the old and the new worlds is, in some respects, gendered and age determined, characterised by the confrontation between the mature district nurse and the "guy" who "suddenly" appears uttering computer-speak. Along with the well-established district nurse, other victims can be found among the consultant psychiatrists mentioned by another manager who are "struggling to find a role in the new scheme of things" (Trust 1 Chief Exec), those who were "forever harping back to the good old days" (Trust 3 Chief Exec) or those clinicians who were "often trained by people who are out of date with what's going on in the real world" (Trust 4 Chief Exec). Those nurses who are not left behind were dubbed by one Chief Executive, "technocrats". She described what she observed as a growing differentiation among her Trust's nurses between

traditionalists and others who had turned their backs on a traditional uniprofessional mentality and became, it seems, rhetoricians:

> "Some people say, 'The sum of the parts is greater than the whole, what can we do together to actually deliver this agenda? What tools do we need? How do we utilise these tools? How can we influence general management?' Those people I see more as the technocrats." (Trust 1 Chief Exec)

In a characteristically "modern" gesture, the shape of this new world was not simply some contingent state of affairs (although it was that) but was, according to many speakers, part of an on-going force of historical necessity and increasing complexity:

> "We needed people to think about how they were spending their money, to think about more modern and sophisticated ways of doing things. (Trust 4 Chief Exec)

The sceptics also spoke of a modern world. It appeared to be such a powerful construction that they were forced to describe themselves in relation to it, a relation that was often uncomfortable. Triumphalism and excitement tended to be absent, replaced, as in the following passage, with a jarring series of metaphors that each suggest an element of constraint.

> "It's no good digging your head in the sand, you've got to see how nursing is going and make sure that the staff here are on the right road, and they can't be back in Doomsday, you know; we're in 1994 and we've got to make sure that they understand the structure as it were and move with it otherwise we'd all be left behind." (Trust 4 Nurse Advisor)

Another sceptic told of a recent experience as a consumer of the health service:

> "..looking at [it from] my probably old-fashioned view, there wasn't anybody there. For example, somebody would ring a bell and the nurse would shout at the entrance to the ward "Who's ringing? What do you want?" in a loud voice and someone would have to say "I want a bedpan actually". See what I mean? And I just thought, gosh, is this the modern acceptable way of doing things and perhaps I'm old-fashioned? So I've seen it..." (Trust 4, Local Manager)

She adopts a stance of being "old-fashioned" in order to ask whether insensitive care is "acceptable" because it is "modern" and in this way extends her criticism to the whole NHS. By describing herself as "old-fashioned", she sets herself apart from both poor standards of care and a "modern" NHS. Her view of today's health care service appeals to a popular view of the modern world as a place that functions efficiently but which has lost touch with human values. This is a view which the champions of the changes were at pains to distance themselves from.

The good worker

When managers spoke about the "good worker" it generally had the effect of bridging a gap between themselves and the body of the workforce because it suggested that they were working from a common value base even though one characteristic of the good worker was to be "challenging" of management. The good worker had a number of characteristics: he/she had taken on an organisation-wide perspective in place of a previous powerful professional tribalism which it had been the task of general management to challenge:

> "...some of them, are starting to embrace... the general management agenda and are starting to recognise that the best way they can influence that agenda is by getting involved." (Trust 1 Chief Exec)

> "My dental service manager is very corporate, very much a team player. He's finding it extremely hard, because this decision's been made about his service and he's had to carry out a lot of stuff himself which has been tough. He's coped really well." (Trust 4 Nurse Exec)

In the second quote, the dental manager is described in terms that evoke an image of the good bureaucrat, who resists personal interests in his support for organisational goals (Davies 1995). He/she was also likely to be sympathetic to the introduction of performance related pay (Trust 4 Chief Exec).

The good worker also accepted financial and marketing frameworks, described as 'reality' for their activities:

> "I think they're coming, many of them are coming to grips with the reality of purchasing and providing and what that really means and how much money is available....and we've got some keen practitioners who I think are really trying to get to grips with 'what is it I am trying to provide and who are my clients and what should this service look like?'" (Trust 4 Nurse Exec)

In one vision, the good worker, was too good for the menial tasks already discussed:

> "...the Project 2000 folks... highly qualified..., free challenging, articulate people who are not being trained to be a bed pan emptier which is great. You can get an NVQ to do that. (Trust 1 Nurse Exec)

Another group of good workers were keen to use computers to facilitate their approach to leg ulcers, and to use them to "follow trend analysis" of this common health problem treated by district nurses (Trust 4 Nurse Exec). Despite being, to a certain extent, a new creature the good worker also preserved some more traditional characteristics; "good nurses... always want to do more" (Trust 3 Chief Exec):

> "I think all of them still have a very strong sense about the personal care delivery and I think that is fundamental to any clinician... I don't think we ever want to lose that because that's actually vital to the patient-clinician relationship." (Trust 4 Nurse Exec)

The sceptics

The sceptics spoke of such a worker in terms that were not dissimilar. For one, the good worker was "very keen to change practice" i.e. be open to innovation rather than work traditionally (Trust 4 Local Manager) while for another the good nurse of the future needed to develop some new survival skills which include the pragmatic adoption of a new discourse. The demonstration or translation of her worth will need to be uttered, in a tongue that, with a significant metaphor, has "general currency" among management. The common, or general currency, of general management appears to be a financial one. This financial talk will be where her credibility will be located:

> "...she will need to be able [to] articulate in a way which is the general currency amongst management so that her voice is listened to and given credibility." Trust 4 Nurse Adviser

According to a manager who generally identified herself with traditional welfare values, the good health visitor was challenging, partly out of the necessity of scarce resources, the so-called culture of dependency that some users of their service may exhibit:

> "They expect clients to take on a few things for themselves, which I think is a good thing. The sort of nanny state. I think we have got to encourage people to find out things for themselves and help them to do it." (Trust 4 Local Manager)

The traditional nurse

Characteristics of the traditional nurse abounded within the interviews along with explanations for their existence. She is everything the general manager is not; she is isolationist, tribal rather than corporate, traditional and unreflective rather than innovative and hierarchically minded rather than risk-taking. The reasons for some of this were described as deeply rooted in nursing's professional and political culture. For example, one reason for a reluctance among nurses to think corporately was said to stem from the RCN's approach to the introduction of general management in the 1980's. Sections of the nursing workforce were described in terms that appeal to gender and age related stereotypes:

> "District Nurses are probably District Nurses for life; they don't leave, they don't move on. The majority of them are - I was going to say mature ladies, but I think that would be really rude - not sort of like 22, 23, 26, they're older than that. They've had a family, they're fairly settled and quite old, so that makes life a little bit more difficult as well." (Trust 1 Nurse Exec)
>
> "I suppose they're people in their 30s and 40s" (Trust 3 Nurse Exec)

This picture was linked to a certain lack of professional development:

> "I mean for example I went to present some certificates to an ENB [English National Board for Nursing, Midwifery and Health

> Visiting] elderly course and there were some people there who would never had been on a course for 20 years since their training. (Trust 3 Nurse Exec)

However, there was another more deep seated fear among nurses that was to do with ignorance of a grouping that mirrored their own elitist professional culture:

> "..people who've been trained in clinical care, find it actually quite difficult to cope with management concepts...they feel threatened by the management culture because they think it's going to, you know, erode their basic beliefs." (Trust 1 Chief Exec)

Traditional nurses were unreflective; they "feel they've got to be busy all the time which is a tradition they were brought up in" (Trust 3 Nurse Exec). Even when they might make complex decisions, they made them almost without realising it:

> "...what they originally thought was going to happen was that they would be straight forward clinicians and they wouldn't have to make difficult decisions about funds and who received what, and yet all the research shows that they are the people who have been rationing for years and years." (Trust 4 Nurse Exec)

The final characteristic of the traditional nurse concerns an adherence to hierarchies and rule following:

> "Nursing is one of the most autocratically hierarchical professions I've ever come across. Nurses just stop short of standing to attention when the senior nurse walks on the ward." (Trust 3 Chief Exec)

A certain lack of innovation could be linked to a mentality instilled during nurse training in which it is necessary to "fairly rigidly follow certain rules, things around drug treatments". The rigidity that this could give rise to was described by one Chief Executive as an illness, "the neurosis about them making a mistake" (Trust 4 Chief Exec).

The sceptics

One sceptic attempted to turn the tables to some extent and legitimise the place of the traditional nurse. However, her faltering suggests that such a vocabulary

was all but unavailable in an organisational and health service culture where other discourses had been developed:

> "[much] is forgotten of the general day to day work that is being done, and the sterling work that is being done by not necessarily high-flyers, not necessarily creative people who are giving good standard work; probably above standard, but you know by standard I mean necessary, usual care which is always going to be necessary... I find it quite difficult, and this is just personally, just where a good sound solid level will fit in in the future to be honest. You know, someone who is sort of average, bright academically, when I say 'average' I mean average and not because the fact that, well, I mean, I mean - no what do I mean?" (Trust 4 Nurse Advisor)

Dead wood

Part of the cultural change within the NHS was said to be a less indulgent attitude towards workers who are under-achieving. This was part of a new emphasis on performance, including the championing of performance related pay. Many managers described the pre-reform service as a comfortable organisation for the complacent, jaded and unmotivated:

> "People don't tolerate people who just are not quite as able anymore, not in the same way. I think you'd find 25 percent of the organisation were just - weren't working up to par and were doing all sorts of bizarre things. Nobody ever dealt with them and it was actually quite bizarre and I think people didn't want to deal with it. You know, the NHS was seen as this very happy family." (Trust 4 Nurse Exec)

One chief executive claimed that nurses were demotivated by the fact that under-achieving colleagues received the same pay as themselves and would welcome performance related pay in some form:

> "...the so and so you work with who's actually just kind of, you know, just about doing an average job, they're not pulling their weight really or even the ones who aren't even pulling their weight properly at all, still get the annual increments..." (Trust 4 Chief Exec)

For another manager, "dead wood" included those who, while not necessarily poor performers, had failed to take on the new NHS ethos. Organisational

efficiency appeared uppermost in this blend of bodily and botanical metaphors that could be drawn from any number of contemporary organisational essays:

> "I would argue that it's the people that are less secure in their positions who perhaps have not taken on board all the changes in the health service and are perhaps not providing the sort of health care that is needed in the current climate that are the most vulnerable and if that means weeding out dead wood, then yes, I would agree that's what's happened because organisations have got to be fitter and leaner." (Trust 3 Local Manager)

Stress

Managers readily acknowledged that their workforce was under considerable stress due to the accelerating pace of change within the NHS, lower job security, increasing unemployment and social problems among their clients, as well as a range of other factors. Many managers' response to this question often involved listing a range of structural measures introduced to combat stress such as "opportunities for counselling" and health and safety policies. A common move was to devalue a *sense* of stress and heavy workload with the argument that no measurable change was apparent. In one passage, a chief executive accounted for the stress of her staff through a series of rhetorical activities:

> "I find this quite an interesting one because people do feel stressed and people feel they are working harder, but in lots of ways when we've made changes, we've cut things out as well and so it's very hard for me to say whether technically people are working harder than they were before."

By introducing her response as "interesting" immediately a certain detachment is created and stress becomes an object of knowledge. Then, by contrasting what people "feel" with the concept of measurability, and casting doubt on the "technical" reality of a cause of that stress, it begins to be marginalised.

> "I think what happens in health care is the kind of people you get in are the kind of people who want to do a good job and whatever level of resource you gave them, there'd be people like me; I feel stressed because I work very hard, but I know that I make that stress for myself by taking on extra things and always wanting to do better."

This further move is to suggest that in some respects people are responsible for creating their own stress. To include herself among such individuals and to link stress to aspiration adds authority to what might otherwise appear as overt victim-blaming. Then there is the assertion that stress is intrinsic to the job, "sometimes we can't take the stress out of your jobs, partly because the jobs are stressful... that's a feature of the job". In addition the suggestion that stress levels are volatile acts rhetorically to attenuate it:

> "I don't know how the staff at the front-line feel as a whole, because although I ask a lot my feeling is that it changes almost from week to week."

The argument that it is a result of a local and incomplete orientation rather than a global, organisational view functions in a similar way:

> "...if you put forward 20 developments you get six, but the people who didn't get the 14 feel fed up."

Stress can also result from "one or two people [who] just have really unreasonable expectations" who, like bad apples, "then have an effect on the rest of the team".

At the end of this rhetorically accomplished passage, the addressee almost cannot help viewing staff stress as less distressing.

Autonomy and tradition

A central characteristic of the construction of the modern self is its autonomy. Kant argued that the Enlightenment was a process that had the potential to release humanity from "a certain state that makes us accept some else's authority" when the use of our own reason is called for (Rabinow 1984 p. 34).

Kant founded his moral philosophy on the assertion that if the rules of morality were rational, then they must be the same for all rational beings in the same way

that the rules of arithmetic are. Practical reason, according to Kant, "employs no criterion external to itself. It appeals to no content derived from experience...It is the essence of reason that it lays down principles which both can and ought to be held by all people, independent of circumstances and conditions" (MacIntyre 1985 p. 45). The individual conscience, for example, should take the place of a spiritual advisor. Through philosophers including Descartes and Hume, the figure of the autonomous human subject emerged who would "take nothing and no authority for granted whose content and strictures had not been subjected to rigorous examination, and that had not withstood the test of 'clarity and distinctness' " (Benhabib 1990 p. 109).

A version of the self was constructed over a relatively short historical period that was stripped of cultural, ethical and religious dimensions, and remained as 'a pure subject of knowledge' or consciousness or mind. Correspondingly, the object of knowledge was reduced to 'matters of fact' or 'sensations' and 'concepts'. In a sense this modern self found itself disembodied and disconnected from the world and so faced with the task of reconnecting the representations within its consciousness to those without. Two solutions tended to be adopted: either a privileging of the direct and immediate evidence of the senses, an approach which came to be known as empiricism or a belief that the rationality of the creator or the harmony between mind and nature would ensure a correspondence between the two orders of representations (rationalism). Hence for the last two hundred years, the task faced by those concerned with the generation of knowledge has involved addressing the question of adequate representation. The mind has been seen, in Richard Rorty's phrase as 'the mirror of nature' (Rorty 1980). Such a view of the knowing subject and the object of knowledge demanded a theory of language and meanings:

> "Modern epistemology operated with a threefold distinction: the order of representations in our consciousness (ideas and sensations); the signs through which these "private" orders were made public, namely words; and that of which our representations were

> representations, and to which they referred.... The classical episteme of representation presupposed a spectator conception of the knowing self, a designative theory of meaning, and a denotive theory of language." (Benhabib 1990 p. 110)

In other words, this picture of knowledge involves simple and unproblematic understandings of the self, the object of knowledge, the relationship between the two and the language with which we might designate and describe these objects.

These three notions have been subject to strong critique. Firstly, the notion of the transparent knowing subject has been refuted by those like Marx (1969) and Hegel (1807 (1977)) who have argued that the spectator view of the self does not take into account the subterranean contextual influences of history and culture upon ideas which are thought to be clear and distinct. Similarly, Freud has shown that the self is not transparent to itself but is controlled by desires, needs and forces which shape both its ideas and their organisation (Freud 1953). The second critique concerns the relationship between the modern subject and the object of knowledge. Writers such as Nietzsche (1994) and Heidegger (1962) have characterised this relationship as one of domination for the following reason. Modern knowledge divides the world into the realms of appearance and essence and the spectator self into a similar dualism of body and mind. This leads to a conception of being as presence, in other words, what is available to, or present to, the consciousness of the subject. This conception reduces the heterogeneity of appearances into whatever is present to the subject and in turn creates the possibility of their control by that subject. A homogeneity is imposed, in this way, upon objects of knowledge by the very unit of Western thought, the 'concept' (Benhabib 1990 p. 111).

It is possible to understand the managers in this research as in a similar predicament to that ascribed to the modern self. Firstly, because of the managerial claim to moral neutrality they are open to the charge that

subconscious, historical and economic drives and influences have been erased from their self-descriptions. Secondly because of their conception of and search for largely value-free objective knowledge as a basis for understanding the workings of their organisation and workforce and for acting, they can be seen as disconnected from the embodied and heterogeneous knowledge and experience of healthcare and as imposing a certain dominating organisation upon it. Thirdly, because of a view of language as the transparent equivalent of 'clear and distinct' thought, the power of domination and manipulation already present in categorical thinking and rhetorical speech are undeclared. Their discourse relies on the possibility of innocent representation and autonomy of thought and action.

Autonomy, in the discourse of the managers appeared as the mirror image of the "traditional" mentality that they often attributed to nurses. As we have seen, managers characterised the traditional mode of thought as involving a reliance upon authority and unthinking adherence to long established rules and routines. Managers in this study prized autonomy for themselves and their organisations but, paradoxically, they spoke of a need to curb the activities of doctors who were also exhibiting this attribute. In introducing and promoting the NHS reforms, the UK government emphasised the freedom and self-determination apparently on offer to management teams who were willing to join the scheme. These freedoms included the ability to set their own terms and conditions of employment and to configure their services in ways that they considered appropriate to their local situations as well as being the type of services that they might want to develop. No longer would decisions have to be ratified by successively distant committees of bureaucrats in Health Authorities and at Regional level. This freedom, which included an ability to raise loans, within certain restrictions, was likely to be particularly attractive to the managers of community units whose budgets were traditionally in danger of being reduced

during the financial year in order for funds to be relocated to overspending hospital units. In place of complex bureaucratic relationships, small boards of directors were offered apparently unprecedented opportunity to run their own affairs.

Senior managers described their willingness to accept the responsibility that they associated with autonomy in a metaphorical language that enacted a certain conventional drama of effectiveness, a drama which MacIntyre considers "a masquerade of social control", "a theatre of illusions" (MacIntyre 1985 p. 75/77):

> "the buck stops here with me and my Board. There's no hiding place." (Trust 1 Chief Exec)

For MacIntyre, assertions of managerial effectiveness purport to give information about reality but do no more than express the attitudes and beliefs of those who utter them. 'Managerial effectiveness' functions in a similar way to how talk about God has been understood, "[i]t is the name of a fictitious, but believed-in reality, appeal to which disguises certain other realities" (MacIntyre 1985 p. 76). MacIntyre claims that among these other realities are the desire to persuade and manipulate.

Managers themselves often drew a distinction between the freedoms that the NHS reforms allowed and the mentality that they engendered. However, this did not cause them to doubt their own effectiveness. In a sense this supported and augmented their belief in their ability to bring about change. Again, the figurative language appeals to an Enlightenment aspiration for humanity to be "master of its destiny":

> "The change too was of course that to an extent [as] masters of your own destiny you could make changes happen but the big shift was the belief that you could change it." (Trust 1 Nurse Exec)

In Chapter 1, we saw that management writers Peters and Waterman emphasised that a *sense* of self determination could have considerable influence on an employee's motivation (Peters and Waterman 1982). They argued that the effective manager is aware of this and uses this knowledge as part of his or her strategy for managing. In this study managers often referred to concerted efforts to foster this same belief among the nursing workforce. There is a certain contradiction in the language with which managers spoke of these efforts with its mixture of constraint, "pushing" and freedom:

> "...we pushed that feeling of 'we're a Trust, we're independent through to our staff." (Trust 1 Nurse Exec)
>
> "...we have started pushing financial control towards the staff to give them more control over things." (Trust 4 Chief Exec)
>
> "The important thing is to make the GPs believe that they have some control over the processes and if they believe that then they are not going to pull away." (Trust 4 Nurse Exec)

The contradiction is appropriate because, certainly in the first two of the above examples, managers set the overall context within which they grant a limited degree of choice to their employees. This is perhaps the best way of understanding the talk of, particularly nurse executives, who spoke of a desire to encourage nurses to be "far more autonomous in the way that they practise" (Trust 4 Nurse Exec). This appeal to coveted notions of professionalism within nursing, ignores the attenuated nature of the autonomy that is possible in this situation. In fact, it could be argued that the "pushing of financial control" towards staff who are directly involved in care delivery represents a cynical delegation of the working out of the details of highly sensitive financial cutbacks. The overall effect could be quite the opposite of empowering. The third example refers to a discussion about the possibility that local GP fundholders may, if legislation should permit them, directly employ the community nurses presently employed by community trusts and thus jeopardise the financial viability of organisations like the ones involved in this study. The

manager who is speaking is suggesting that the relationship between trust managers and GPs needs to be carefully managed so that, should the legislation change, GPs would not wish to assert their independence. Granting them some control now may avert the later situation in which the trust would lose all control.

The "socially beneficial autonomy" (Pollitt 1993 p. 10) claimed by managers for their own decisions and activities can be seen as a late imitation of the clinical judgement and freedom established by professional practitioners such as doctors. That the managerial claim is a derivation from other claims to authority can be problematic because individual clinicians' access to this source of autonomy is now no longer legitimate. They are to subjugate autonomous activity to the overall authority of the organisation's managers.

> "What you need is greater powers for the FHSA [Family Health Service Authority] to deal with the recalcitrant GPs and there is the odd GP around who is, quite frankly, clueless about a lot of the stuff we do and even if we spent hours and hours talking to them they wouldn't understand it and they would need some control." (Trust 4 Chief Exec)
>
> "a couple of surgeons are still trying to do their own thing. So we've imposed, and I do mean imposed, quota systems for operating." (Trust 3 Chief Exec)

In these quotations, the individuals who are exercising what in other contexts would be termed autonomy are described negatively by these managers as being "clueless", "recalcitrant" or "trying to do their own thing".

The notion of the autonomy of the individual has been critiqued by postmodern thinkers (see Chapter 2). Professional medical autonomy is called into question by, among others, Celia Davies who argues that each clinician-patient encounter, which is the image of the exercise of professional autonomy, is sustained and made possible only by a whole range of largely invisible work carried out by, for example, nurses and clerical staff (Davies 1995). Talk of

autonomy, then, whether by managers or clinicians, becomes the expressive activity suggested by MacIntyre that masks what Nietzsche has termed the "will to power" (Nietzsche 1967).

In the texts of nurses, we can see an expression of the tension between the discourse of professional autonomy and the experience of control by management and the strategies that are used to reconcile the two. These texts are discussed in the next chapter.

8
Morality and self-sacrifice: the Nurses' Comments

The questionnaire comments

In the design of the RCN study, the gathering of nurses' written comments was supplementary to the main objective of numerically measuring their job satisfaction. Numerically speaking, nurses were provided with a residue of 3.5 inches of blank paper within which to respond to the invitation to comment. Nurses responded by creating a particular kind of space shaped by condensed statements of their values, often set in contrast to descriptions of rising forces that they saw within their organisations or in society as a whole. The strongly worded quotations of this chapter are not atypical of these comments. Anger, frustration, outrage and bitterness were common. Comments that supported managerial perspectives and organisational change appeared, but were rare in the extreme. The comments as a whole are of interest partly because they contrast with both the discourse of managers involved in the study and with the 'official' discourse of nursing's leaders discussed in Chapter 4.

Background to the questionnaire comments

Table 8.1 shows the number of nurses that wrote comments during the three years of the study and in the various organisations. For the purposes of the analysis offered in this chapter, with one exception, little distinction generally is drawn between sites and years. Comments varied in length between a sentence and up to two sides of closely written text, attached to the original questionnaire.

Table 8.1 Numbers of nurses who added comments to their questionnaire in all trusts; all years

Year	1	2	3	All
Trust				
1	141	130	115	
2	86	*withdrew*		
3	54	57	44	
4	88	92	79	
Total	**369**	**279**	**238**	**886**

Comments were made by nurses holding a wide variety of job titles in community settings; both those employed by individual general practitioners, including the new fundholding GPs (practice nurses) and those employed within NHS Trusts. Table 8.2 summarises the job titles of nurses who commented. The three years of the study are combined. Middle managers were included in the study of job satisfaction as well as in the interview study of managers.

Table 8.2 Job title of nurses who added comments to their questionnaire in all trusts; all years

Job Title	Number
Practice nurse	198
District nurse	140
Health visitor	177
Nursing auxiliary	82
All trained hospital staff*	83
Enrolled nurse	60
Community staff nurse	41
Schools nurse	25
Middle managers	24
Others	56
Total	**886**

* one of the trusts operated four small community hospitals

Dualism; the nurse and the bureaucrat

In Chapter 2, we saw how one of the characteristic approaches of deconstruction involved the examination of a text's dualisms in order to bring out a hierarchical privilege given to one side of the dualism and then a further move to question the whole basis of the hierarchy. This section deals with the dualistic way that nurses described themselves in relation to management and how they effected, by means of this dualism, a claim for the moral supremacy of caring.

Critical attitudes towards managers and administrators have a long history among nurses (Mercer 1979). In the present study, nurses described how they saw management as having different priorities and values to themselves. They tended to express this with a series of 'us-them' dualisms. Many of the dualisms opposed 'care' against 'money', but other dualisms suggested different dimensions of the alienation many nurses described. The 'caring' side of the dualism was given a moral and epistemological privilege. Not only was this discursive structure the means by which nurses adopted a position of moral superiority, but the knowledge that it gave access to was described as of a more real and authoritative nature than the more abstracted knowledge associated with managers' reports and "statistics". This dense series of dualisms suggested how one aspect of nurses' subjectivity was constituted by a combining of discourses of moral value and of empiricism, an assertion of the privilege of the direct evidence of the senses.

In some respects, their subjectivity was the mirror image of that adopted by managers who asserted the epistemology of the overview with its detachment, that lent them an ability to penetrate to the reality of the situation. Managers also questioned the moral ability of some of their workforce to turn away from traditional methods of working and face "realistic" financial constraints. In fact,

many nurses explicitly identified their work and values as "traditional" while managers spoke of themselves as bringers of modernity and radical change, as detailed in the previous chapter. Such is the power of rhetoric that each group could present these opposing discourses in a way that we as reader might find equally appealing. Notable in many nurses' comments was the claim that the threat to "caring values" was a new phenomenon, and this too was reflected in the words of managers who, as we have seen, took the NHS reforms as a central reference point in their worldview.

The rhetorical tone of a great many nurses' comments was of moral outrage. There are many possible reasons for this. It could be that the format through which they were asked to respond encouraged a condensing of both the content and force of their views. However, a similar outrage often dominated staff meetings that I attended where different constraints existed. Perhaps it is entirely consistent with the subject positions adopted by nurses and managers that managers should adopt the language of solidarity with their organisation, of control, of the rationality of the penetrating statement or observation and that field staff, lacking this organisational power and not using this vocabulary, had learnt to draw upon a moral discourse to characterise their subjectivity.

Although such comments were made by nurses in all four study areas, relatively twice as many comments were made by nurses from Trust 1, and particularly from community hospital staff in that trust, in the first year of the research. These comments of strong disaffection were rarities in the second year of the survey in that area. This was the only instance of a major change over time. The reason for this is unclear. However, when I asked nurses at a staff meeting in the area if they had any explanation, some suggested that the need to 'let off steam' had passed while others said they had been too dispirited to offer a similar comment a second time.

The following statement achieves much of its effect through the use of dualism. In it, a nurse expresses the much voiced belief that financial priorities have taken over from the concerns of patient care (a theme that is discussed later):

> "Patient comfort is obviously not the main concern of the hierarchy, as long as they can keep within budget, that's all that seems to matter...." (Staff Nurse, Trust 1)

In this statement "Patient comfort" and keeping "within budget" are set up as opposites in which the former term is implicitly, but clearly, privileged as the more originary, authentic concern and activity. "Keep[ing] within budget" is described as a supplementary concern that has usurped its proper position. This kind of criticism of usurpation or reversal of values is frequently made in nurses' comments. Keeping within budget is, through the use of this dualism, described as having no bearing at all on patient comfort and can be rhetorically dismissed.

The use of the term "the hierarchy" with its suggestion of power, distance, bureaucracy and impersonality, also contrasts with the highly personal and immediate "Patient comfort". Not only are these managers nameless, they are titleless too. This characterisation of management, along with the emphasis of "obviously" and "that's all that seems to matter...", make the outrage and hostility of this comment unmistakable. In fact, the dynamic of hyperbole commanders the utterance; in the first line the patient is of secondary concern to management while a line later, the patient does not figure at all. This comment, which is characteristic of a great many nurses' comments is clearly very different to the utterances of the managers who rarely, though sometimes, made such frank use of emotionally charged rhetoric. The comment continues:

> "...Money is also being wasted on such things as plastic drink mats, promoting the Community Trust! which have no benefit to the patients whatsoever." (Staff Nurse Trust 1)

If the hierarchy's obvious lack of concern for patient comfort identifies it as alien, its choice of what to actually spend on is even more out of tune with the patient centred priority that nurses often identified with. Other nurses similarly contrasted expenditure on computer equipment with money that could have been spent on direct patient care.

A further aspect of the nurses' view of management priorities is expressed as a dualism between the theoretical or administrative and the practical:

> "I feel that management are far too concerned with statistics and complicated paperwork, and as long as these are in order, they really aren't concerned about the patient's well-being." (Staff Nurse, Trust 1)

The main point in this statement appears to be not so much that statistics and paperwork might be unreliable indicators of patient well-being, but that they stand for a specific frame of reference, one that is characterised by a distance from care delivery and that is "complicated" as opposed to one that is direct and practical. In striking similarity to the previous comment, the writer suggests that the indicators themselves have usurped the place in managers' concerns that should rightfully be occupied by *the thing itself* to which the indicators testify. The dualism tears apart any connection between the "paperwork" and the patient so that whether the paperwork is "in order" (an abstract bureaucratic term) or not can be described as having no connection to the well-being of real patients.

Another hospital based nurse expands on the same point, adding the suggestion that such a complicated outlook is a new intrusion into nursing:

> "I'm dissatisfied with the 'simple is best' attitude in nursing being replaced by 'Let's complicate, high tech' attitude coming in. Empathy, bedside manner, care. These words are being replaced by customer, computer, audit, budget." (Staff Nurse Trust 1)

This comment has been examined in chapter 3. Suffice it to say here that two dualisms form the main structure of the comment. Both are enacted by

contrasting two different types of language. This suggests that this nurse is aware of changes in language use within her organisation and how these may be linked to overall values or organisational culture, what she terms "attitude". It is because of this link that she can contrast the traditional, "Empathy, bedside manner, care", along with their associations of intimacy and humanity, with the "words" "customer, computer, audit, budget" which have wholly different connotations. As in the previous quotation, complication is characterised as something negative which can be both contrasted with the principle of "simple is best" and associated with the "high tech" computer. The physical and emotional world of practical action is contrasted with a numerically dominated, abstract realm.

In all the above quotations, and in many others, the commenters manage our reading of financial concern by constantly rhetorically contrasting it with the moral worthiness of patient care. Any positive connection between the two is erased by this device.

Some nurses also opposed their orientation to forces operating within their own profession. In comments that called upon a discourse of the impersonality of modernity, the space occupied by bureaucratic managers was expanded to implicate the whole of society including nursing's own leaders:

> "Modern society seems to be drowning in technology and bureaucracy. Patient care has been put in the hands of highly qualified managers, most of whom have had no contact with actual patients/clients" Staff Nurse

> "I am increasingly getting the feeling that 100% isn't enough and that courses, CATS points, nursing diploma's etc. etc. are more important than our patients. While I appreciate that we all need training can't there be a balance - what are we there for, to care for our patients or to wander around waving our pieces of paper for courses and talking in the latest jargon. This is what I now feel the UKCC [United Kingdom Central Council for Nursing Midwifery and Health Visiting] thinks is important." (Practice nurse)

In the second comment, expanding educational opportunities (or pressures) are contrasted with the effort put into caring, "100% isn't enough". The highly rhetorical figure of the nurse "wander[ing] around waving... pieces of paper for courses and talking in the latest jargon" effects a separation of the notion of nurse education from "caring for our patients" which is the *telos* of nursing. The nurse is "wandering around" rather than delivering care and carrying the paper that is consistently used by commenting nurses to symbolise the antithetical realm of the non-physical and administrative. Through these rhetorical devices, the writer can present what might be considered an extreme view as "a balance".

The following table (Table 8.2.) summarises an approach to the types of dualism that can be derived from the comments. The following five categories were devised from an examination of passages in which nurses described their own concerns or values alongside a contrasting set of concerns which they attributed to management. Only in a very few comments did nurses discriminate between different levels of management. In these cases senior management were singled out for particular comment. The first element of the dualism summarises how they wrote about their own characteristic concerns; the second is what they associated with management.

Table 8.2. Categories of Dualism

1	patient care — finance;
2	manual work — non-manual work;
3	work for patients — work for the trust;
4	human concern for employees — accounting concern for finance;
5	practical — theoretical.

Table 8.3. goes on to give examples, drawn from the first year's comments, of the categories outlined above. Each line identifies the two opposing values that are contrasted in a single comment. In some cases one comment falls into two of the above categories:

Table 8.3. Analysis of Comments on Management

Nurses are concerned with:	Managers are concerned with:	Category
care	'profit and loss'	1
patient comfort	being 'within budget'	1
patient care	'money is god and clerical work second'	1,2
employees as people and welfare of clients	a 'business', saving money	1,4
patients and staff	saving money and 'getting a good name for themselves'	1,3
patient care	'posh offices'	1,3
patients' well-being	'statistics and complicated paperwork'	5
contact with clients	'highly qualified'	5
communication	'waffle'	5
matron was 'approachable, respected, there for her staff and knew what was going on'	'too aloof'	5
identifying client needs	promoting the trust	3
'in touch with reality'	'cuckoo land'	5
'simple is best'	'let's complicate, high-tech.'	5
'empathy, bedside manner care'	'customer, computer, audit, budget'	1,5
'common sense hands'	'thoughtful eyes'	5
expenditure on:		
nursing staff	computer equipment	2,5
damaged floor	plastic coasters	3
basic equipment ('for patient comfort')	'outward shows'	3

From the table it can be seen that nurses strongly identified themselves with a concern for patient 'comfort' and 'welfare' and the comments, discussed above, suggest that they felt strongly that is was the proper priority of their organisation.

So far, this analysis has conveyed little of the dynamic way that nurses might constantly renegotiate their subjectivity within a situation in which they are

alienated and lack power. Questions of how individuals take up, negotiate, or resist discourse and how resistance might be generated and sustained will be addressed in the following section as well as later in the Discussion.

Split subjectivity; caring and exploitation in the texts

The ways in which "official" nursing discourses have at times placed caring at the centre of talk about nursing have been described in Chapter 4. Nurses in this study appeared to do the same though the way that they achieved this was less theoretically orientated and framed almost exclusively in problematic terms.

Perhaps a key to understanding the texts of the nurses can be found in the notion of split subjectivity. Nurses appeared to be constantly negotiating between a discourse of caring as morally worthwhile, empowering and intrinsically satisfying, and an alternative discourse of exploitation and disempowerment in the workplace. The discursive tactic adopted to reconcile these two positions was that of the personal sacrifice and within this sacrifice, the exercise of individual judgement about standards of care could be understood as a point of resistance to the power of management to measure and control their activity. Because nurses could link their activity with a moral orientation, their talk of individual judgement could avoid the charge of professional elitism. This was possible partly because, since what MacIntyre describes as the failure of the Enlightenment project to justify morality in terms of appeals to a universal reason, morality has been understood as belonging to the realm of personal judgements (MacIntyre 1985).

Firstly, we can examine how "caring" was constructed in the texts from the one hundred comments made about this topic and then we can move on to consider ways in which constraints upon caring were understood and resisted.

At times nurses adopted the discourses of vocation and duty that leaders of nursing have sought to de-emphasise in favour of more professionalised versions. Nurses described caring in personal terms. They brought to this personal encounter a background in, and personal commitment to, helping and supporting and a belief that particular individuals had a need for as well as an entitlement to the service that they offered (a mixture of humanism and welfare discourses).

Within the act of caring, nurses appeared acutely aware that care could vary in quality and that good quality caring demanded, above all, adequate time. Adequate resources, training and qualified nurses were also described as necessary by some. What constituted high quality care was a matter of individual judgement, occasionally referred to as 'professional judgement' and the personal standards of the individual nurse. The outcome of good care was emotional satisfaction for both client/patient and for the nurse. However, descriptions where satisfaction was not the outcome tended to predominate. In these situations the outcome was stress and distress for the nurses involved. What prevented these high standards of care was generally lack of time. Nurses made a frequent distinction between their 'own time' and their working hours. The encroachment into their personal time of working activities was frequently cited as an example of the personal sacrifice that nurses offered in an attempt to avoid what they saw as poor quality or incomplete care. Administrative duties, which were seen as the antithesis to care delivery, were frequently named as a cause of time constraints. The practicality of care delivery was contrasted with and seen to be under threat not only from management but from the profession's own leaders and educators with attempts to theorise or complicate it. As we have seen, caring was also constructed as an activity of high moral value and contrasted with financial concerns which were seen as less morally valuable if not morally suspect.

Background and personal commitment to care

Many nurses characterised their activities by appealing to a discourse of vocation which for a few nurses even crossed the boundary between the private and public realms. This had the effect of locating their orientation in primarily moral rather than occupational terms:

> "I am doing the job I had always wanted to do, caring for people that needed caring or a helping hand..." (Nursing auxiliary)
>
> "Each day I aim to do my job to 100% of my capabilities to ensure my patients' well-being and happiness, and then return home to do the same for the rest of my family" (Practice nurse)

There were surprisingly few references to professional training as a basis for practice. When it was referred to it could be used as an assertion of the legitimacy of direct care activity. In the quotation below, "proper" and the slightly quaint "etiquette" contrast with "new fangled". This move allows nursing training and practice to be associated with a tradition and propriety with which other, possibly administrative activities, can be contrasted as faddish and trivial. The purpose of nurse training is described in terms that persuade the reader of its direct and almost timeless quality and importance "'care of the sick'":

> "..I was trained for... 'care of the sick'...new fangled time wasters come between me and my proper nursing training and etiquette" (Marie Curie Nurse)

Need for and entitlement to nursing

Caring involved an encounter with people who, according to nurses' comments, also brought a personal attribute, or moral state, that of "need". Although nurses repeatedly conveyed the strongest sense of urgency regarding this need, (see emphasis in the first quotation below) need also appeared, paradoxically, to be something that was detected and defined by nurses as in the

comments below and particularly in the argument that certain families "need" "professional support and guidance":

> "As a student I have more opportunity to spend longer time with patients/families, time that THEY NEED." (original emphasis) District nursing student)
>
> "Approx. 1/3 of my caseload comprises of families of concern (various reasons) who need extra HV support and it is a constant struggle to provide them with the professional support/guidance which they need and are entitled to." (Health visitor)

Many writers referred to clients' and patients' "right" or "entitlement" to care, as in the second comment above. This had the effect of calling upon two distinct but linked discourses. One might be called a welfare discourse, with its echoes of the founding ethos behind the UK Welfare State. Within this discourse, entitlement has broad moral associations but can be considered a specific reference to formal entitlements linked to the payment of National Insurance contributions. The other might be termed a deontological discourse calling upon notions of the paramount importance of the human rights and value of each individual (Seedhouse 1993). Deontologists argue that each human life has an intrinsic value and that this value is not compromised or reduced by illness or disability. Because of this, essentially utilitarian arguments that are based upon setting measurable equivalents between the different benefits of health care, for example in the notion of QALYs (Maynard 1993), are rejected. Some deontologists might claim that any value judgements about the rationing of health care are inappropriate and that the only acceptable basis for rationing would be a random one (Seedhouse 1993). Although no nurses made such arguments explicit in their comments, it could be argued that an implicit deontology characterised many comments and formed a contrast to the largely utilitarian thinking of the managers. It may be this fundamental difference in ethical stance that made nurses appear so irrational to managers whose overriding central task appeared to lie in determining equivalents and comparisons in the use of apparently fixed resources.

The vast majority of comments about caring described a situation of frustration rather than successful or satisfying care.

> "[I am] always aiming to offer the patients in the care of my team a high standard of quality care. I am now struggling to continue my standard of care". (District nurse)

> "Nurses desperately trying to maintain a high standard of care to patients..." (District nurse)

Individual judgement about the standard of care as a point of resistance

Having created the moral basis and vocational commitment to deliver care, and the pressure militating against its delivery, nurses could then go on to constitute decisions made about caring as similarly originating from the realm of personal, moral and professional judgement. It is this last move that so thwarted management in its drive for nurses to work from (so-called) rational, formalised decisions. It could be argued that this was the one point where nurses had the possibility to exercise power. The criteria for deciding quality and for decisions about care were nearly always described in the vocabulary of personal feeling and judgement:

> "...not able to give quality of care I think patient needs." (District nurse)

> "I feel I don't have enough time to give patients the quality of nursing care which they deserve." (District nurse)

> "I hope I give an extremely high standard of care." (Health visitor)

A contrasting note, in strongly contrasting language, was struck by the single nurse who spoke about formalised outcomes and linked standards of care with an organisational rather than personal initiative:

> "Overall trust status has centred thinking and improved standards of care with more emphasis on outcomes of care." (Health Visitor)

The personal sacrifices made in order to care

Nurses frequently referred to personal sacrifice in terms of time worked to achieve what was considered to be adequate care. Nurses appeared to be caught in a split subjectivity. As subjects within the discourse of caring as morally worthwhile, empowering and intrinsically satisfying, it would be inconsistent to complain about carrying work into hours beyond those which were financially rewarded, however, they also spoke of continued exploitation. Perhaps as a way of negotiating a position that accounted for both subjectivities, many adopted the discourse of sacrifice. This could act not only to intensify the moral value of their activities because it gave evidence that their actions were not self-interested but also augment the injustice of their exploitation because their moral sensitivity or agency rendered them particularly vulnerable to abuse. Within this subject position were a range of stances from the overtly angry:

> "Nurses are sick of being used and abused by the system." (Staff nurse)

> "...the worker can have given a lifetime of commitment... and at the end of the day it is totally forgotten..." (Health visitor)

to more ambivalent positions apparent in these comments which contained both acceptance and refusal to accept the situation:

> "I give my patients 200% of quality work and my time. I would worry and feel unfulfilled if all the cost cutting is affecting their recovery and well-being. I hide my feelings." (District nurse)

> "I spend a lot of my own personal time with pts. [patients] i.e. I always run late in order to give them the care they need - I don't mind - because I do have a lot of job satisfaction however - I should not HAVE to regularly use my own time to give proper care." (original emphasis) (Nursing auxiliary)

The personal terms in which decision making was described appeared to lend little flexibility to the situation and as a point of resistance, little satisfaction. Discussion during staff meetings that I attended reinforced the same sense:

> One EN (Enrolled nurse) said she visited a woman today who had lost both her husband and daughter within six weeks. "All I had time to do was to dress her leg ulcer. I could have spent all morning with her." "All there is time for", said the manager, "is the nitty-gritty stuff. All the frills that we were trained to do, don't get done." (Field notes November, 1992)

It is possible that the locality manager who speaks uses the term "the frills" to describe what most nurses would consider the essential aspects of their work out of a jaded acceptance that these have already been effectively marginalised.

The moral value of caring contrasted with financial concerns

As we have seen in the first section on dualism, a number of nurses drew strong contrasts between the moral value of caring for people and the lesser or even dubious consideration for financial matters with which they associated senior managers. The first year's comments regarding this were more frequent and vehement in their language than those of subsequent years and were, as previously mentioned, particularly concentrated among those nurses employed in Trust 1.

This dualism allowed commenters, who identified their concerns with caring, and who had also detailed the personal sacrifices entailed in delivering care, to take the moral 'high ground':

> "Numbers, finances and balancing books is becoming more important than people. The organisation doesn't really CARE for its workforce..." (Health visitor)

> "The world of business has definitely taken over, and as well as not giving as much time to the patents as we would like, there is a lack of caring for us as the carers..." (District nurse)

One nurse expressed an uncompromising view that can be seen to underlie many of the comments made in the first year. This comment, in which the need of the human individual is described as completely overriding any financial

concern, can be understood as a distillation of the deontological view mentioned previously:

> "I think we should look at the care services available first rather than discussing how much money it will incur. Working within budget policy is unapplicable and inappropriate in caring for elderly/mentally handicapped and or physically handicapped clients." Staff nurse

At the staff meetings nurses often appeared to adopt a posture of fatalism:

> An HV (Health visitor) said, "No one has personally said [this] but an ethos is dripping down and the ethos is money. Its always money." "Is there anything that you can do, faced with all this?" I asked. "We're pretty much pawns in some of this. You can't fight against the power of money." (Field notes November, 1992)

Finally, the atmosphere of increasing financial constraint along with an increasing prominence given to the vocabulary of finance suggested, for some, a fantasy of an NHS that had abandoned even the rhetoric of health care and, one might suspect from the exaggeration of the comment below, was in the process of turning itself into a corporate bank:

> "Money is the first and last consideration - no mention of patient care in any new NHS proposals. It is 'how much will it cost?" (District nurse)

This chapter has examined the nurses' questionnaire comments written over three years and nurses' contribution to staff meetings held during the same period. The comments have revealed a strong antipathy to what they have described as the financial domination of their managers and an equally strong discourse of caring. It has also been possible to argue that many nurses negotiated a subjectivity that was forged out of conflicting discourses of caring and exploitation within their employing organisations. The result of this was a position characterised by self-sacrifice. The exercise of individual judgement at the site of caring was understood as a point of resistance to managerial power, or at least a possible point of such resistance, as in many instances nurses described being frustrated in their exercise of judgement by the constraints of

time. In conclusion, nurses created a subjectivity for themselves that contrasted with the avowed rationality of their managers.

9
Discussion

Unravelling two strands

What counts as knowledge or as a true statement in particular contexts can be understood as largely a rhetorical and persuasive production, though appeals are made to impersonal or procedural criteria. The appeal can mask the interested position of a group and conceal its 'will to persuade'. Aspects of the project of modernity, if such a project is understood as the search for criteria whether for truth or morality or action, can be understood in this way.

It was arguments of this sort, first concerning the project of inquiry, then institutions and societies and finally language and argumentation itself, that have provided, and provided abundantly, the impetus and curiosity behind this research. This work has become an exploration of and a challenge to the nature of these appeals made by groups within contemporary health service management, contemporary nursing and the research community.

The radically sceptical nature of this work leads to a particular kind of unease. This project may provide definite intellectual challenges and furnish a sense of satisfaction that one might be (I would say 'making available to sight' but can say no more than) 'providing a convincing account of' certain phenomena within UK health care organisations that could be extended to an increasing range of public affairs in Western societies. However, on the one hand claims to an authoritative explanation that might form a scientific basis for policy formation or, on the other, involvement in an emancipatory project do not sit easily with such work. Postmodernism, a context within which this work has

been developed, has been criticised as failing on both these grounds, although often its policy-orientated critics such as Taylor-Gooby (1994) appear to fall back on Enlightenment language and the status quo as an alternative, and those who critique the lack of emancipatory purchase of some of its work can hardly avoid implicitly privileging the authority of the researcher or the position and view of a particular group which is deemed marginal. My post-structuralist understanding of subjectivity involves a sense that the marginality of any group is largely contextual. The nursing profession, for example, has often been presented as marginal to the immense political stronghold of mainstream scientific medicine yet, from a reading of its leaders' work, it is possible to see it as a similar power elite with aspirations to increase that power. Later on I will discuss, and argue a case against many of these criticisms of postmodernism's apparent failure to provide a basis for policy or action.

In order to examine two ranges of issues—those concerning the subject matter of the research, namely the discourses of managers and nurses in today's NHS and issues to do with research methodology—I will unravel them in this chapter before ending with a discussion of the implications and some of the limitations of the study.

Modernity, persuasion and colonisation

Recontextualising belief

The context in which the texts arising from this research are placed is crucial. The structure of this thesis has offered a path through a range of contexts. Chapter 1 provided a political and policy context for the NHS reforms as well as introducing some ideas about bureaucracies and notions of managerialism. It also reviewed some of the responses from professional groups to what they felt was the underlying ethos of the NHS changes. While providing a shift of

perspective, Chapter 2 continued to give attention to this idea of underlying ethos. It looked, through the work of Foucault and other post-structuralist or postmodern writers, at systems of knowledge and at accounts of how particular systems can become dominant at particular points in history, in other words, at the link between knowledge and power through surveillance. The chapter also introduced a methodological introspection. Drawing on the writing of Richard Rorty, it summarised one critique of epistemology and suggested a recasting of our understanding of inquiry as a recontextualising of beliefs rather than an approach through which we strive to 'get reality right'. The chapter closed by considering the deconstructive work of Jacques Derrida as a questioning of the initial reading of a text and its philosophical assumptions through an examination of characteristics of the text such as dualism and metaphor.

Chapter 3 was a nailing of colours to the albeit drifting mast of textuality. It did this by reviewing theoretical developments across traditional disciplinary boundaries with the emergence of discourse as a focus of study. Acknowledging discourse analysis as a broad term within which a range of very specific endeavours are situated, the chapter embraced a conception of discourse as including rhetoric and philosophical position. If discourse analysis assumes that 'things make sense' (Norris 1995), the present project is more in accord with a deconstructive approach in its focus on the equivocal meanings of the marginal case. Chapter 4 continued to prepare the ground for an examination of the study texts by locating the discourses of some of nursing's past and present leaders within a distinctively modern quest for an authoritative theoretical grounding. The remaining chapters discussed the outcome of the research using the concepts of discourse analysis to examine constructions of subjectivity and the objects of discourse and a more philosophical framework to look at the various forms of rationality and autonomy referred to by the managers.

We can think of the texts of the managers in two ways; firstly as manifestations of modernity (where it is the totalising aspirations of this discourse that is critiqued, not its possible usefulness in certain situations) and secondly as case studies in the art of persuasion, as rhetoric masquerading as logic.

Manifestations of modernity...

The discourse of the managers clearly set out a new start for their organisations, part of which involved a new awareness of and emphasis on rational approaches, on innovation and the techniques of measurement. This new rationalism was frequently contrasted with the traditionalism and irrationality of much of the nursing workforce. The managers tended to describe nurses in terms of unconsidered and frenetic activity, like the "headless chickens" referred to by one nurse executive, or as individually and collectively tradition-bound and lacking the confidence, training and imagination to innovate, take risks and adjust their activities to maximise effectiveness. Exceptions to this rule were the new breed of what one chief executive described as "technocrats" who were said to be keen to embrace not only innovation but general management.

...and gendering

Even though the majority of managers involved in this study were women, so that it is not possible to present a simple picture of management as patriarchy in a predominantly female environment, any understanding that did not include the gendering of the situation would be incomplete. Many feminists have seen the Enlightenment project as a male one and some of their critiques could equally well be applied to the managerial project in the present research. Hartsock sees the Enlightenment as a colonising endeavour, one in which the geographical conquests of the 18th and 19th centuries offer a parallel to phallocentric imperialism in which men devised a "way of dividing up the world that puts an

omnipotent subject at the centre and constructs marginal Others as sets of negative qualities... the colonised emerges as the image of everything the coloniser is not" (Hartsock 1990 p. 160/1). Dorothy Smith, whose views Harding cites as representative of feminist standpoint theory (Harding 1990 p. 95), offers an explanation for this state of affairs: women have been assigned the kind of work that men did not want to do and in this sense "women's work" relieves men of a range of activities such as taking care of their bodies (and, in this study, perhaps, the bodies of others) which allows them to consider as real only the realm of the abstract and the mental. "Women's work" then becomes understood not as consciously chosen activity but as natural, instinctual labour (Smith 1974).

Jordanova discusses the way in which, since the 18th century, if not before, patriarchal beliefs have characterised women as bearers of tradition and men as bearers of modernity. For example, in the context of midwifery and obstetrics examined by that author, the forceps used by doctors in the delivery of babies may have reinforced this image of men by "linking them with innovative techniques" (Jordanova 1989 p. 33). Although it would be dangerous to insist on too close, too deterministic an application of these theories to the present study, it could be argued, as does Davies in her account of bureaucracy as a gendered phenomenon (Davies 1995), that to the extent that management involves a progressive shift from the particular to the general and acontextual, it represents the ascendancy of a view of the world that has been associated with men. From this understanding, female managers have bought into an inherently male system. Their characterisations of the female workforce as overly influenced by the particularity of their personal encounters in caring would be evidence for this claim. However, this view tends to underestimate the way in which subject positions are negotiated and to assume that it is impossible for women in 'male' positions to subvert the values and practices of that system.

The various examples of 'split subjectivity' within the texts of this study appeared to offer examples of attempts at such a subversion, although it must be said that none of these passages suggested that the subversion was anything other than struggle at the level of rhetoric.

Modernity and surveillance

A picture of modern society as an increasingly 'disciplinary' society is now well developed. Surveillance has been given a place as an integral technology of this 'disciplinary' work and seen as an embodiment of the Enlightenment quest to dispel the areas of darkness in humanity and make all things knowable through the formalised procedures of observation, recording, measurement; the "subjection through illumination" referred to by Foucault (1980 p. 154). The first step in the creation of such a disciplinary society is the formation of apparatuses of surveillance that can bring about continuous visibility or its ever-present possibility which, it is expected, will lead to the most efficient form of control, self regulation.

In the texts of the managers these organisational apparatuses appeared to take three forms; first, the nurturing among fieldworkers of a sense of the solemn seriousness of regular self-disclosure. This took the form of linking, in their minds, the meticulous recording of their daily activity with the numerical nature of contractual arrangements with purchasing organisations, and this in turn with the possibility of losing income and staff posts should target activity levels not be reached. Secondly, the arrangement of people in space to facilitate surveillance was attempted by team formation and new levels of hierarchy involving team leaders, leaders of team leaders and intensified professional supervision. Community nursing sisters, once a relatively autonomous mass of foot soldiers, now reduced in number, were increasingly expected to take on a supervisory role over lesser skilled and unskilled workers and to be answerable

for their professional decisions. Thirdly, appealing to finance as a given and to attractive notions of professional autonomy and even patient empowerment enabled managers to adopt a rhetoric of offering freedom of choice to field staff while actually exercising detailed and overall control. Many managers offered as evidence of the fairness and acceptability of changes in skill-mix the fact that the drive for more hours and less skills came from field staff themselves. This is hardly surprising and can be seen as capitalising on (or even as blackmailing using) staff's urgent sense of overwhelming need among their clients to be met. The 'devolving' of budgets to local or even individual level can be understood as an exploitation of Peters and Waterman's advice that a sense of even small control increases performance greatly (Peters and Waterman 1982). Using all of these techniques, supported by the use of computer recording and telecommunications, the 18th century practices of enclosure, such as the army camp, the school and the hospital, were extended unimaginably.

The art of persuasion

This research has discovered the managers as the "wily rhetorician[s]" exercising a "will to persuade" that Derrida sees in the purportedly reasonable and dispassionately logical arguments of Socrates (Norris 1991 p. 61). Ricoeur reminds us that metaphor 'redescribes' reality (Ricoeur 1986 p. 22) and that skill at rhetoric has been seen as affording its user formidable power to "manipulate words apart from things, and to manipulate men by manipulating words" (Ricoeur 1986 p. 11). Organisational writers urge managers to accumulate such skills although they generally erase the moral and political from their exhortations. Peters and Waterman advocate attention to the 'cultural' aspect of organisational life and a host of other management writers emphasise the crucial importance of the manager's initial target for organisational change being the ideas of the workforce, rather than its roles and structures (Van de Ven 1980; Spurgeon and Barwell 1991). This echoes Foucault's descriptions of

the increasingly subtle nature of discipline exercised over populations during the 18th and 19th centuries (Foucault 1977). Gahmberg describes "metaphor management" as part of the successful manager's "creation of a meaningful context for the organisational members" (Gahmberg 1990). Swales and Rogers argue that management literature has consistently recognised the importance of language in business affairs, that among tangible signs of change in an organisation a key one is that its language is changing; through it "meaning is created and action becomes possible" (Swales and Rogers 1995 p. 224).

MacIntyre addresses the notion of manipulation when considering the managerial claims to moral neutrality and effectiveness which he considers central to the way that contemporary managers present themselves. He first demonstrates that anyone wishing to persuade another to carry out a particular course of action has two different approaches at their disposal. The first is the use of personal criteria where the hearer's decision to act depends upon a range of personal and contextual factors "do this because I wish it". The second, which MacIntyre argues is characteristic of our culture and times, involves the speaker's appeal to purportedly impersonal, rational criteria, "do this because it is your duty" or "do this because it would give pleasure to a number of people". The second form of persuasion can be considered manipulative persuasion because, in an age where there are no agreed and unassailable criteria for moral action, such appeals confer an objectivity on utterances that are no more than expressions of their speaker's own preference (MacIntyre 1985). MacIntyre links claims for managerial effectiveness to those of moral neutrality by suggesting that effectiveness is an unavoidably moral conception because it is "inseparable from a mode of human existence in which the contrivance of means is in central part the manipulation of human beings into compliant patterns of behaviour" (MacIntyre 1985 p. 74). Claims to effectiveness, and hence authority, amount to little more than a moral fiction because, he argues,

there is no body of knowledge upon which managers can draw by means of which organisations and social structures can be shaped. Both of these claims, to the existence of a domain of moral neutrality and to effectiveness through access to a range of law-like generalisations, MacIntyre suggests:

> "mirror claims made by the natural sciences; and it is not surprising that expressions such as 'management science' should be coined. The manager's claim to moral neutrality, which is itself an important part of the way the manager presents himself and functions in the social and moral world, is thus parallel to the claims to moral neutrality made by many physical scientists." (MacIntyre 1985 p. 77)

The extent to which the managers in this study spoke about their decisions and actions in terms of moral neutrality is debatable. (The nursing field staff clearly presented their own work in morally committed terms.) At points in the text, the managers referred to the generalised operation of financial principles, "maximising returns on our investments" (Trust 1 Chief Exec), to the workings of market forces, to the making of decisions on impersonal criteria such as the redundancies of medical officers in Trust 4, and to abstaining from overt political comment (Trust 4 Chief Exec). Yet the whole rhetorical context appears to be one of a moral commitment to the specific activity of providing health care services. 'Core business', value and mission statements, the subject position of acting in the public interest and the revolutionary talk of many managers to challenge the domination of both medicine and the acute hospitals' monopolisation of resources, were all presented as moral acts. It could be that in the context of this research, with the nursing focus both of the study and of the researching organisation, managers chose to inhabit the subjectivity of the "high 'ethical' tone and 'human values'" (Swales and Rogers 1995 p. 232) and that in other contexts other emphases would have been brought to the fore to serve different purposes. It could be that the managers' claim to be *more effective than clinicians* in organising health care services rests on a firm assertion of the efficacy of those managerial techniques that differentiate them

from clinicians. This was after all the central claim of the Griffiths report which has acted as the starting point for so many significant changes to the UK health service over the last twelve years.

A final speculation on the current ascendancy of the rationality of measurement is prompted both by MacIntyre's insights into the masquerade of managerial control and by the thoughts of Lyotard on the commercialisation of modern art. In *The Postmodern Condition*, Lyotard's argument is that the era of the metanarrative is over, in terms of science, culture and the arts. Eclecticism is the defining characteristic of contemporary culture. However, eclecticism in the realm of art presents a problem to those seeking to make evaluative decisions about alternatives. One response has been to evaluate against a single criteria, that of financial yield:

> "Artists, gallery owners, critics, and public wallow together in the "anything goes".. [but].. in the absence of aesthetic criteria, it remains possible and useful to assess the value of works of art according to the profits they yield." (Lyotard 1979 p. 76)

It could be argued that in developed Western societies, health care presents a similar problem. We are faced with an ever increasing range of possible interventions and with attempts to reduce expenditure but are faced at the same time with the loss of faith in an overarching medical authority. There are now a multiplicity of voices competing for a say on ever more complex health care decisions. The strategy of governments has lain in being seen to be making decisions on the basis of some form of rational criteria. "[O]bjectivist discourses are not just the territory of intellectuals and academics," notes Sandra Harding, "they are the official dogma of the age" (Harding 1990 p. 88). The health needs assessment that, in theory, forms the basis of the purchasing that is intended to drive the UK internal market (Ham 1991), is one such attempt. The Oregon experiment in the United States (Klevit, Bates et al. 1991), in which the local population were given an opportunity to contribute to decisions about

which health care procedures were funded in that state, produced a troubling outcome which involved the vetoing of the scheme by President George Bush in 1992 (McBride 1992). In the absence of a more convincing moral consensus, the form of rationality adopted by governments has been utilitarian. If managers at the local level can direct their efforts towards the measurement, control and efficient distribution of health care inputs, they might maintain something close to the masquerade of potency that MacIntyre argues masks a fundamental powerlessness within corporations and governments (MacIntyre 1985 p. 75).

Colonisation reconsidered

The image of the European conquest of the Iroquois at the beginning of this thesis carried with it a certain simplicity and a fatalism, an assumption that power is always oppressive and imposed on passive subjects. Yet post-structuralist accounts of the operation of power have made a more careful analysis possible and it is time to consider some of these in relation to the present research. Deborah Lupton poses certain key questions in her exploration of the character of 'critical discourse analysis':

> "...how do individuals take up, negotiate, or resist discourse and how is resistance generated and sustained? What are the constraints to taking up subject positions? How are the individuals interpellated, or 'hailed' by discourses—how do they recognise themselves within?" (Lupton 1995)

For senior managers, it appeared that the new discourse of managerialism addressed them as individuals who could exercise an unprecedented control over their destiny. The way that involvement in the reforms was constituted by the government as a voluntary action (management teams could "express interest" and then apply to become involved) emphasised the point that acceptance of the reforms, their language and their ethos, was an empowering autonomous decision. This offer of autonomy locates these discourses as characteristically modern. During the period before the reforms and in their

early days, according to one speaker, management teams who were expressing an interest or who accepted the invitation to participate received a great deal of suggestion from "politicians" that they were innovators in a "brave new world" (Trust 1 Nurse Exec), reinforcing and extending the notion of autonomy. Also, perhaps, involvement in what the same manager termed the trust "movement", might involve newly energised career opportunities. One nurse executive became chief executive shortly after the research finished. If these offers were not sufficient attractions to prospective participants, a distrust that in the future the terms of participation would afford similar advantages and similar control, provided the last persuasion. Therefore the reforms also addressed individuals as pragmatists.

For managers with a clinical background, the appeal of the reforms was perhaps more complex than for those from administrative and managerial origins. General management, with which nurse executives had already evidently come to terms, and now the market reforms, held an explicit challenge to health professionals that might appear problematic. Clinicians had to adopt particular discursive manoeuvres in order to accommodate its demands. One apparently successful way of achieving this was by an appeal to notions of social justice and to "acting in the public's best interests". Any challenge to the professions was pictured as a restoration of the true service ethos to professionals who had become self-serving and complacent. However, as I have previously argued, claims that "everything is done with the client's needs in perspective first, and the professional needs following up the rear" (Trust 4 Nurse Exec) may demonstrate little more than the ideological power of rhetoric and subjectivity in an environment where managers, through financial constraint, had devised a "core service" of minimal interventions.

Another aspect of acting in the public's best interest took the form of utilitarianism, an equitable dispersion of the scarce resource of community

nursing healthcare, rationally planned and consciously targeted at those objectively identified as most in need. Paradoxically, and perhaps as an example of the fluid nature of subjectivity, the nurse executives also expressed strong desires to enhance the influence and standing of professional nursing, to save it from becoming "the handmaiden of all the other professions" (Trust 1 Nurse Exec) or so that they might see nursing "come to the forefront" (Trust 4 Nurse Exec). They cited the very reforms that had been widely heralded and understood as being introduced to curb professional power as mechanisms for achieving this vision. As Lupton argues:

> "It is difficult to continue to argue that individuals share fixed concerns and membership of defined social groups. An individual who has a certain political allegiance at one moment may have a different, conflicting allegiance at another." (Lupton 1995)

The "sceptics", who occupied positions lower in the management hierarchies of the organisations under study and were exclusively from nursing backgrounds, tended to characterise themselves as reluctant followers with less, if any, opportunity to take up power and control. If the reforms had hailed them as autonomous individuals, the call had fallen on deaf ears. Nevertheless, even this group appeared to find certain aspects of the changes unchallengable, most notably those "housekeeping" aspects concerned with using resources more self-consciously. At moments, they constructed the experience of nurses having less time for their clients in terms of a discourse of self-help, client-empowerment and avoidance of the worst dependency-generating effects of welfare state provision, "the nanny state" (Trust 4 Local Manager). Theirs appeared to be an uncomfortable position which frequently involved struggling for words during the interviews because the vocabulary they wanted was undeveloped, apparently outmoded or outlawed in their organisations. Half of the sceptics were relatively close to retirement and thus opportunities for a revitalised management career on the crest of the NHS reforms were less available. They tended to draw upon their length of service with the NHS to

characterise their resistance to the changes by describing themselves as "old-fashioned" (Trust 4 Local Manager). The pointed irony of such a posture allowed them create a space within which they could set up an opposition between the past and present in terms of traditional, human values on the one hand, and a new bureaucracy and efficiency on the other. They did this in a way that allowed them to express a sense of alienation from certain of those values.

The ways that the nursing workforce attempted to resist a managerial discourse of efficiency and rationality, by characterising itself as involved in a self-sacrificial moral activity, has already been described. Nurses appeared to have to reconcile a discourse of caring as a moral activity which was both empowering and intrinsically satisfying and an alternative discourse of exploitation and disempowerment in the workplace. The discursive tactic adopted to reconcile these two positions was that of the personal sacrifice. In this sense, the application of managerial power gave rise to this particular sense of subjectivity. However, within this apparently highly constrained situation, they attempted to hold onto a sense of autonomy by linking their professional judgement with their sense of moral agency. A Nietzschean perspective, within which we could understand the rationality of managers as a manifestation of the 'will to power', might view the moral orientation and indignation of the nurses as a sign of their 'slave morality' (Nietzsche 1994).

Yet how did the nurses take up the 'official' discourses of their professional leaders and organisations, some of which have been outlined in Chapters 1 and 4? In what sense were they having to reconcile these and dominant discourses within their organisations? As we have seen in Chapter 4, nursing's leaders have made efforts to ensure that they shape and re-shape professional discourse in a way that maximises its contemporary credibility so that at the time of writing, for example, the latest talk of nursing from its leaders is in terms of evidence based practice, the measurement of outcomes and the improving of the

educational basis of its practitioners. At the height of the market reforms, issues of "marketing your services" were being widely discussed in nursing's popular journals (Edwards 1994). However, it was notable that the nurses who were involved in this study did not appear to draw upon these discourses and in fact many expressed distance from the values they embodied.

There is perhaps no way of knowing why these 'official' discourses appeared to hold little relevance for the nurses involved in this study. It seems that nurses tended to site their subjectivity in the "needs based/caring-as-duty" moral framework, or something close to it, that at least one nursing leader has described as "definitely passé" (Kitson 1993). This characterisation of nursing appears to owe much to Nightingale (Mason 1991) and is said, for example by Menzies, to have had a detrimental impact on nurses' emotional life (Menzies 1960), although more recently the centrality of caring and its ethical value have been re-emphasised by Leininger (1978) and Watson (1985). Nevertheless, the point remains that those more contemporary discourses of effectiveness and marketability were virtually non-existent within the comments of the nurses. It may be that, although it could be advantageous for nurses to take them up, these discourses have failed to shape the sense of self or the discourse of the main part of community nurses for some intrinsic reason, possibly because they clash with a more powerful discourse already established. It may be that, merely given time, these discourses will be adopted and that their absence from the talk of nurses in this study does not indicate resistance to them. Or it may be that the nurses who participated in this study do indeed resist these discourses while a great many others have accepted them and the participants represent a particular voice, one that may possibly grow quieter over future years. Indeed, the only notable change over the course of this study to the character of the nurses' contributions was a sharp decline in comments expressing strong hostility to management and the reforms between the first and successive years.

I now return to issues concerning reflection on research methodology.

Research issues

As this research has proceeded, any sense of an authority for it linked to a method or approach that rests upon an epistemological grounding, has become progressively more antithetical. This process started with the impact of Rorty's redescription of inquiry as a recontextualising of beliefs, rather than as representation, and with his refusal to differentiate interpretation from explanation, with the latter's appeals to reason (Rorty 1991 p.28). The process proceeded through Foucault's identification of the inhibiting effect of totalising theories (Foucault 1980) and the danger of changing one discursive identity for another and in the process creating new oppressions.

The final (so far) part of this movement has involved taking up deconstruction's rejection of the traditional distinction between the literary text and the critical work (de Man 1979) and applying that to the research endeavour. Just as deconstruction acknowledges that the critical enterprise itself is bound to use the same persuasive techniques as the works it attempts to unravel, this research claims no privileged access to truth about the texts it analyses and attempts to deconstruct. This work is ultimately rhetorical, as is the case, I would argue, for any inquiry that does claim access to a metaphysical grounding whether that grounding be located in scientific methodology or in the privilege of direct experience or insight. The status I have claimed for this research thesis is neither more nor less than that of a cultural production alongside the novel or the prophecy. Nevertheless, as with those two examples of cultural production, this work insists on its own rigour and structure and is not arbitrary. In discussing the influence of deconstruction with its discovery of the rhetorical nature of philosophical arguments, Norris suggests that literary works could be understood as "less deluded than the discourse of philosophy, precisely because

they implicitly acknowledge and exploit their own rhetorical status" (Norris 1991 p. 21). As Rorty acknowledges, even though there may be no non-circular justification for doing what we do, this does not prevent us from arguing our case with passion (Rorty 1991).

So, upon what might a claim to be heard rest? If there are enough shared beliefs between you and I, then dialogue can take place. If your beliefs as a reader overlap mine to some appropriate extent, then I can attempt to justify my beliefs. However, your (or my) conversion to or from another point of view will not necessarily be a matter of inference from previously shared premises. To the reader who finds this basis unsatisfactorily minimal, I would maintain that to claim more amounts to:

> "...an expression of the need to preserve certain habits of contemporary European life. These are the habits nurtured by the Enlightenment, and justified by it in terms of an appeal of Reason, conceived as a transcultural human ability to correspond to reality, a faculty whose possession and use is demonstrated by obedience to explicit criteria." (Rorty 1991 p.28).

In a recent reflection upon some of these issues as they relate to research in nursing, Claire Parsons discusses the issues in terms of two "crises" that postmodernism might be seen to precipitate for research methodology; crises of legitimation and representation (Parsons 1995). Her study parallels that of Benhabib (1990) summarised in Chapter 7, and goes to the heart of critiques of the modern conception of knowledge. This picture of knowledge involves simple and unproblematic understandings of the self, the object of knowledge, the relationship between the two and the language with which we might designate and describe these objects. Parsons details how notions of accuracy or authenticity of account stem from a privileging of the original context of the research participants' words and activities. A significant erosion of this notion took place with the understanding of language as an ideological production. If ideology presupposes an alternative, i.e. an authentic way of understanding the

world, postmodernism has questioned even this, leaving the inquirer into social situations with no solid ground upon which to base her project. Parsons summarises a number of strategies that researchers have adopted to avoid this dilemma. These have tended to be pragmatic and procedural rather than philosophical and included the featuring of multiple voices in the research report and the reflexive inclusion of the researcher who adds "his or her own voice to the data". While entirely appropriate tactics, I suggest that they do not actually grasp the philosophical horns of the dilemma; firstly because they appear to be based upon a static and unified conception of the self, that the researcher, like the groups and interests presented, do each have a unitary "voice"; secondly because there is a silence about the overarching, invisible and organising "self" of the researcher who carefully blends and balances a range of different views including her own. A multiple subjectivity is already present in the grammar of the description of the researcher "adding her or his voice to the data".

This same static and unitary view of the self, I suggest, lies behind some unresolved problems with Parson's paper, that is, the designation of "the oppressed" and the privileging of the experience of the professional nurse. There is a double assumption, firstly that a more real or authentic self lies beneath the "layers of social guises" that she sees illness as stripping away and that this process somehow levels "oppressed and oppressor alike" who are seen as two distinct groups rather than fluid and contextual designations and subjectivities. The second assumption is that even if there is this authentic world of, in Shakespeare's King Lear's phrase, the "unaccommodated man", professional nurses have a unique access to it that is denied to "the sociologist, anthropologist, political scientist, philosopher, economist or other social researcher". Again there is the assertion that people involved in any of these disciplines are delimited by their professional roles and are condemned to observe and interact with the "theatrical selves" of others.

A final methodological point of interest in Parson's paper concerns the account of attempts to confer validity upon qualitative research studies by the presentation of study findings to those involved in the fieldwork for their ratification of the researcher's interpretation. This has become a widespread practice (Denzin and Lincoln 1994). While, of course, the dangers of researchers asserting their own understanding of events and situations over and above those of the actors involved in the research and the use of notions such as "false consciousness" to support this have been thoroughly discussed (Lather 1986; 1991), I would argue that there is a certain power imbalance inherent in the presentation of any version of words and events by an organising presenter. Perhaps it is a lingering positivism that is problematic, with its suggestion that the research report claims a particular authority of technique or objectivity, that it offers a "reality" to which the subjects of research as victims of ideology may not have access. There lurks also, perhaps, what Derrida refers to as the privileging of presence in terms of conscious intention as the ultimate arbiter of meaning.

In the present research I answer these issues in the following way. Firstly, the power structures that influence and shape language and argumentation are not always, or even usually, a matter of conscious intention but nevertheless perform certain functions. Secondly, to the extent that we have an interest in and maintain power from the subject positions we adopt, we are likely to respond in particular ways to those who question them or suggest that they may be contradictory. The characteristic of dialogue between researcher and researched may well be a potentially unending rhetorical agonistics rather than a process of verification by adjustment and consensus.

The strength and interest in Parsons' paper lies in the pragmatic and highly relevant issues that she raises for the researcher, caught in the dilemma of

having to work with funding bodies who require authoritative research reports.

I quote her account of her own situation:

> "I am often in the position of being able to influence policy and take the opportunity to speak through research... in what is essentially positivist language and through modernist methods write at one level while increasing my own consciousness of the paucity of such methods, and of the ideological and non-definitive nature of all research. As I move from research report to research report there is little time to write the more reflexive articles in the postmodern tenor but as I move into a new research programme I find I am not untouched by the influences of postmodernist critiques. I seek ways to integrate modernist methods with these critiques." (Parsons 1995 p. 26-27)

My own response to this situation has been dualistic rather than integrative. With this project, I set out to do what (I believe, or fantasise) was not possible in my position as researcher for the Royal College of Nursing (and may never be possible for me again). Within this piece of work I have had the time to follow academic inclinations to investigate a range of literature and ponder upon the texts of the interviews and written comments for up to three years. Without this space, such a work would not have been possible. The series of RCN research reports and many of the papers that have emerged from this same fieldwork present less theoretically explicit work. They stem from more well-established methods and act as responses to the shorter term political priorities and intentions of that organisation. In some respects, this project represents the mirror image of that work. I suspect that such explorations as this, within the context of health services research, can increasingly only exist as work carried out in hidden corners and in stolen time.

Some criticisms of postmodernism answered

The central thrust of much criticism of postmodernism is that its radical scepticism about claims to knowledge leaves its advocates with little scope to transform oppressive social and political regimes (Kinchelow and McLaren 1994). In a recent work, Hammersley presents decisive critiques of a wide

range of 'critical' research positions (Hammersley 1995). He, rightly, in my view, criticises an admittedly broad corpus of work known as critical theory which combines critique of the presuppositions upon which knowledge is based with political criticism of prevailing social forms. He characterises such work as seeking to bring about emancipation through a making visible of the ideological bases of oppression. Such a project, he argues, is ultimately inconsistent because it:

> "...require[s] an epistemological theory which can justify the claim that critical researchers are able to gain genuine knowledge of social reality rather than being deceived by appearances like everyone else. Critical theory relies on a conception of the social totality as generating, but as obscure to, common-sense understanding and conventional inquiry, and this raises the question: from what vantage point can critical theorists view this totality?" (Hammersley 1995 p. 30)

One attempt to formulate such a theory has been Hegelian Marxism in which appeal is made to a teleological metanarrative in which the unfolding of history is said to gradually reveal true knowledge. Although critical theorists and advocates of postmodernism are sometimes said to be working together on the same project, Hammersley considers poststructuralists and postmodernists as among the strongest critics of critical theory because the former group question the latter's attempts to ground critique.

> "From the point of view of post structuralism and postmodernism, critical theory is not critical enough. It is regarded as relying on the Enlightenment assumption that the exercise of reason can produce demonstrable truths about how society should be organised and how change can be brought about." (Hammersley 1995 p. 34)

Hammersley therefore criticises such a view, not for being inconsistent but for being pessimistic, mentioning Foucault's undermining of a sense of the progression of history and that same author's suggestion that to even imagine another system, is to extend our participation in the present one (Foucault 1977). Others have made similar points about the work of Foucault, Hartsock claiming that he "stands on no ground at all and thus fails to give any reason for

resistance. Foucault suggests that if our resistance succeeded, we would simply be changing one discursive identity for another and in the process create new oppressions" (Hartsock 1990 p. 170).

Taylor-Gooby looks at what he sees as the unhelpful influence of postmodernism upon the development of social policy. He claims this firstly, because its refusal to accept universal explanation and bases for thought and action means that it can provide no strong or unified critique of the global influence of economic liberalism which he describes as the "nearest approximation to a universal theme in world affairs" (Taylor-Gooby 1994 p. 388). In fact, he argues, its emphasis on plurality and the local, and its questioning of the role of the nation state actively plays into the individualism inherent in New Right market liberalism. However, Taylor-Gooby tends to focus on the 'cultural description' postmodernism of writers like Lyotard rather than postmodernism's highly effective philosophical critiques of modernity and confuses talk of the 'universality' of social and political problems following in the wake of New Right policy with postmodernism's critiques of the 'universality' and totalitarian effects of the authority of reason. He and other critics fail to make clear and question the basis of their own commitment to justice and to emancipation from social and political oppression. Both of the critics cited cannot seem to help but adopt an unquestioned Enlightenment language in defence of their own position whether it be Taylor-Gooby's supposition that "[s]ocial policy research is concerned to generate high quality objective knowledge that can be deployed in social planning" (Taylor-Gooby 1994 p. 387) or Hammersley's assertion that "fighting oppression is a good thing: that is almost a logical truth" (Hammersley 1995 p. 44). Rather than complaining that postmodernism has robbed us of authoritative grounding on which to base our emancipatory endeavours, we would be better employed asking the question; if the claims of postmodernism are convincing, how then

should we who are committed to dealing with such issues of emancipation proceed?

This is the question with which Patti Lather grapples at length (Lather 1991). She makes her ultimate commitment to 'oppositional' theory and practice clear yet she takes the challenges posed by postmodernism seriously, enjoying, in the process, its disruptions of logic. She regards claims that postmodernism is a new fashion in theoreticism which does not provide sufficient unequivocal ground from which either to recommend action or to act, as a "blackmail to urgency". This blackmail, in effect, insists that "poststructuralism make clear its practicality before it has barely begun to develop" (Lather 1991 p. 9). Her epistemological theory, or the nearest she wishes to get to one, which might justify the claim that critical researchers are able to gain genuine knowledge of social reality rather than being deceived by appearances, draws upon a neo-Marxist notion of the proletariat's ability to 'see through' ideology because of their position in relation to it. She quotes Ebert (1988):

> "If one is always situated in ideology, then the only way to demystify these ideological operations... is to occupy the interstices of contesting ideologies or to seek the disjunctures and opposing relations created within a single ideology by its own contradictions." (Lather 1991 p. 11)

Lather situates her own work at the margins of "feminisms, Neo-Marxisms and poststructuralisms". Such a position sensitises her to some of the questions that postmodernism can pose for liberatory pedagogues:

> "...tied to their version of truth and interpreting resistance as "false consciousness", too often such pedagogies fail to probe the degree to which "empowerment" is something done "by" liberated pedagogues "to" or "for" the as-yet-unliberated, the "other", the object upon which is directed the emancipatory actions... In this post-Marxist space, the binaries that structure liberatory struggle implode from "us versus them" and "liberation" versus "oppression" to a multi-centred discourse with differential access to power." (Lather 1991 p. 16/25)

Ultimately, she advocates a pragmatic "foxiness" and "versatility" so that at a time such as this when the theoretical tide has turned away from essentialised categories, we might still use such categories as "woman" as if they existed when it is strategically to our advantage and question them at other moments. Such a "double" approach can avoid the elitism implicit in grand theorising which attempts or purports to speak for all women but which, to the extent that it originates from a particular group, leaves out certain others such as, for example, women of colour or differently-abled women. The same observation can, perhaps be made regarding speaking about the category of "nurse" which might suppress the huge variety of paid and unpaid workers who might claim that title and allows a particular kind of professional to stand in their place.

As a summary, I believe that the most useful answers to questions of the validity of research framed within a postmodern environment are the ultimately and unashamedly 'circular' ones suggested by Rorty and outlined earlier in this chapter and the pragmatic, sometimes elusive, strategies suggested some of the researchers quoted here.

10
Limitations of the study....and a Conclusion

Every aspect of a service or organisation should be considered for audit so that the nature, content, range, means and outcomes may be examined and improved. Audit is dependent on sufficient accurate information being available about the structure, process and outcomes of the area being audited. It enables primary health care nurses to make their work visible, clarifying what services are offered. In this way, nursing services can be kept under constant review.

(NHS Management Executive, *New World, New Opportunities,* 1993)

"When you're squeezed for information *that's* when its time to play it dumb..."

(Leonard Cohen singing *Waiting for a Miracle* on the album The Future, 1993)

Reflecting upon this work, some details have taken on an unexpected prominence, such as the metaphors of vision adopted by managers, while others have remained undeveloped, present only by implication, or perhaps ignored altogether. Among those themes would be certain distinctions, like that between the discourse of managers in the three different organisations under study, or changes over the three year time span of the research, or the different voices of nurses with different job titles. In another study these might have formed the main motif but in the present work, which places the texts within the discourses of modernity and examines the subjects and objects of both

managerial and nursing discourse, such distinctions appeared to have little importance.

Secondly, I have not sought to "balance" critiques of modernity and of managerialist discourse with their own arguments for their usefulness or achievements. A vast governmental and organisational industry is already working on that project and their resources are adequate without the addition of the present small work. The reader is directed towards NHS Trusts' annual reports, and a range of government claims for the efficiency brought into being by its own reforms for such arguments.

To summarise the broad argument of this thesis, knowledge claims can be understood as largely rhetorical productions which may include appeals to impersonal criteria. The appeal can mask the interested position of a group and conceal its 'will to persuade' (Ricoeur 1986) or, putting it slightly more forcefully, its 'will to power' (Nietzsche 1967). Since the Enlightenment, such appeals are likely to evoke reason, utility and objective procedures such as measurement. I have referred in this thesis, to these criteria as aspects of rationality. This research has given examples of such appeals detectable in managerial discourse from three UK NHS organisations and argued that, although such discourses are not totally new, their use has become heightened and explicit since the reforms of the NHS which were introduced in 1991. These discourses hold a place within the tyrannising potential of modern reason with its exclusion and delegitimation of groups who adopt different approaches to rationality. These most recent NHS reforms, like others before them, were intended to control spiralling healthcare costs, but their implications go further by intensifying the way in which the actions of the individual are made increasingly visible and controllable by those in positions of authority who may apply a different criterion of evaluation to their activities. Those in authority are, in turn, observed, rewarded or penalised by others. Although 'official' nursing

discourses, by which I mean discourse originating from those in leadership positions within the nursing profession, have tended to appeal to the same culturally dominant norms—measurability, specific and repeatable criteria for action—the nurses participating in this research have generally constituted their work as a variety of personal interactions with an overall moral basis and have rejected the rationalistic criteria operated by their management. This kind of philosophical gulf may be increasingly applicable to other areas of public sector life such as education (Pollitt 1993) so that the values appealed to by authoritative bodies impose an increasing homogeneity upon the diversity of human activities.

A drive for cost-containment and with it an intensification of the surveillance of the individual made possible by technological advance has become a late 20th century manifestation of the project of modernity. Such a project offers the promise of emancipation for the individual from dependence upon traditional authorities and routines but appears to bring with it its own totalising and oppressive regimes, as witnessed by many of the nurses and middle managers involved in this study.

What has this work offered? I believe it has contributed toward documenting and analysing significant historical forces at work today. It has done this by providing a detailed commentary of changes in the UK NHS. The perspective of postmodern thinking has proved of surprising relevance to this field of study. But what are the implications of this work for those who study health care and public policy and for those involved in delivering and managing it? What purpose can it serve?

Firstly, it is a move in a continual agonistics, a challenge to the evangelists of modernity, a gesture to provoke, to scatter doubt. Those who run the NHS need to understand that there are opposing discourses within this large

organisation and that not all its workers are convinced by discourses of rationality.

Secondly it is a gesture of solidarity with all those who suffer, subtly or overtly under various regimes of control, especially when the control wears a mask of rationality, consensus, development, penetrating compassion, of acting-in-our-own-best-interests, robbing us of any basis of criticism and leaving only refusal. Perhaps if managerialist discourses have become totally dominant in ten years time, it will have left behind a raft of resentment and alienation among great sections of the health care workforce.

Finally, it is offered as a theoretical approach within which to mount offensives on totalising regimes, so that these arguments might be taken, developed, and used in other situations. This is a waging of war on totality.

Appendix Design of the RCN Research

Aims and Objectives of the RCN Study

Formally the aims of the project were set out as follows:

"To document the impact, over a three year period, of legislative and organisational changes on:

1. the care given to older people in the community
2. the organisation and morale of the community nursing service and its response to the challenge

Its objectives are, over a three year period:

1. to monitor the care received by people aged 75 and over
2. to monitor the pattern of consumer satisfaction against the background of changes in the system of care
3. to examine the input into the care of older people by practice nurses
4. to monitor the impact of organisational change on the role and function of community nurses
5. to monitor the impact of organisational change on the job satisfaction of community nurses"

(March, 1991)

The design of the study (from the final report)

Sample: trusts

Following publication of the first wave of 56 successful applications for trust status, most of which were acute units, we contacted several of the trusts which had responsibility for community nursing services and whose applications described different modes of community care organisation. As we planned to carry out research into elderly people in the same areas, we needed to obtain ethical clearance and sampling co-operation for this alongside clearance for the morale research. Representatives and managers of some of these trusts expressed an interest in taking part in the study and formal applications were finally made to six trusts. Although we obtained ethical clearance and management agreement to the research in 6 trusts we decided not to proceed with one where sampling constraints were imposed by the Family Health Services Authority. In view of the need to obtain base-line data during the first year of trust status, we decided to go ahead with the first four of the remaining five trusts to give complete clearance for the research.

Although Trusts 1 and 2 are both organised along locality lines, Trust 1 differs in that a community hospital is situated in each locality and health visitors working in that area are employed in a separate trust altogether. Trust 2 was formed from two previously separate community units. Trust 3 comprises a clinical directorate in primary care within a combined acute/community trust. Trust 1 covers a large rural area with some conurbation; it has a much higher than average proportion of older people. Trusts 2 and 3 also cover both rural and urban areas but are much smaller in size. The fourth Trust covers a large suburban area of varying degrees of affluence.

Trust 2 withdrew from the study after the first year's survey.

Sample: community nurses

We included all trust employed community nursing staff and their first line managers, together with practice nurses employed by general practitioners in the areas covered by the trusts, in the study. We also decided to include the health visitors working in the area covered by Trust 1 and, by special request, to include community midwives who were employed in Trust 2. None of the other trusts employ midwifery staff and none of the trusts employ community psychiatric nurses.

Pilot study: the measure of job satisfaction

The pilot study and development of the measure of job satisfaction (MJS) are described in DHRU reports.

Main study

As well as gathering information on job satisfaction we gathered demographic details from respondents such as age, gender, qualifications, job title, clinical grade, hours worked and area of work e.g. GP practice, community, community hospital.

Procedure

After we had received clearance for the study, together with assurances of co-operation from those who would be involved, a member of the research staff visited each of the trusts to explain the procedure to locality and other managers. Wherever possible we attended locality meetings to explain the study and to distribute the MJS. When this was not possible copies of the MJS were distributed by managers on our behalf. As in the pilot study each copy of the MJS was accompanied by an explanatory letter and a stamped addressed envelope for its return. It was designed for anonymous completion therefore no reminders were sent. We contacted practice nurses working in the areas covered by the four trusts through their local Royal College of Nursing membership group.

An unforeseen change to the study's structure involved the withdrawal of Trust 2 from the research in August, 1992. The management of the trust had acknowledged that staff morale had been low in their area previous to the study yet expressed concern after receiving the results of the first year's staff satisfaction survey. Unit staff were not enabled to give an account of the findings to that trust's nursing staff, as has been the practice in the other areas. The management of this trust felt that a considerable amount of work directed at

raising staff morale might be endangered if nurses were to be reminded, at a later date, of their low job satisfaction at the time of our survey. Their withdrawal gives some idea of the sensitivity of such issues in the early months following the NHS reforms. At the end of the first year it emerged that all groups of staff in that trust had experienced significantly lower job satisfaction than those in the other trusts involved in the study.

A Measure of Job Satisfaction (MJS) was administered yearly to the entire nursing workforce in each trust (or community directorate). Responses were received from 749 nurses in year 1 (64% response: excluding the trust that withdrew); 706 in year 2 (56% response) and 675 in year 3 (54% response).

Between one third and one half of nurses added a comment to their questionnaire.

(Source: Traynor M. and Wade B. (1994) The Morale of the Community Nursing Workforce; a study of three NHS Trusts. Year 3. The final report The Daphne Heald Research Unit Royal College of Nursing London)

The interviews

Table a.1. Bank of Questions for Year 1 Management Interviews

Preparatory Questions

1. First of all, can I ask you how long you have been in your present post?
2. What job did you do immediately prior to moving to your present post?

The nursing workforce: numbers and conditions of employment

3. Were any changes made to the nursing workforce in preparation for Trust status, including changes in skill-mix?
4. What has been the rationale for such changes?
5. How was this change achieved? e.g. natural wastage, regrading, training
6. Are you or will you be reprofiling? Has this been discussed with nursing staff?
7. Are you negotiating any local pay deals?
8. Are nurses employed on short term contracts?
9. Can you tell me which Unions the Trust recognises? a) for pay negotiation b) other purposes
10. Do contracts include a confidentiality clause?
11. How do you recruit staff?

Training

12. What is the policy of the Trust with regard to training for staff:
    updating
    conversion courses for enrolled nurses
    support worker qualifications
13. Is there provision for covering for staff who are on training courses?
14. How do you envisage the impact of P2000 nurses?

Information and Communication

15. What information system(s) are currently in use in the Trust?
16. Does the community nursing workforce make use of this/these systems and if so, in what way?
17. What strategy do you have for communicating with your staff? (How involved are you with your staff?)
18. Are staff involved in discussions on future policy and if so, in what way?
19. What is the extent of contact between senior management and nurse managers/field staff?

The Trust and the Community

20. Is the Trust involved in standard setting/quality assurance?
21. Does the consumer know what services you are offering?
22. Have you looked at consumer satisfaction?

The Trust and Other Services

23. Are there any GP fundholders in the area covered by the Trust?
24. Have local GPs bought any of your services?
25. Are you liaising with social services regarding care for people in the community?
26. Do you have plans for multi-agency assessments?
27. Have you drawn up any agreements with the Local Authority about which activities count as health care and which as social care?

Trust status itself

28. What do you personally think about Trust status *in general*.
29. Are you satisfied with the way that it has been introduced *here*?
30. What impact has Trust status had here so far?
31. What impact do you expect it to have over the next few years?
32. What do you see as the main challenges?
33. Many nurses here have spoken about:
    LIST of local issues e.g.:
    a change in the dominant priority from one of caring to finance.
    time spent on administration
    What would you say about this?
34. Can you tell me about the choice of organisational model adopted for this Trust?
35. How would you *personally* like to see the Trust develop.
36. What difference has Trust status made to you personally?
37. Is there anything else that you would like to add?

Table a.2. Bank of Questions for Year 2 Management Interviews

GP Questions

1. GP fundholders have been able to purchase community nursing since April 1st. 2. Can you tell me how this is working out?
3. Do you think this has helped the PHCT?
4. How many Fundholding GPs are there in this area?
5. If GPs are allowed to directly employ community nurses, as many wish and expect, where does that leave you?

Contracting

6. How far has the contracting process moved away from steady state and from block contracts to cost and volume?

Care in the Community

7. What impact has *Care In The Community* made? Can you give some specific example of a difference?

Management Questions

8. Could you tell me what management qualifications you have or are studying for?
9. Is there a management text that you would say has had influenced the way you understand the management task?
10. How is that?
11. What is it about this particular text?

Finally

12. Are nurses changing?

Table a.3. Bank of Questions for Year 3 Management Interviews

1. What progress have you made in contracting? What mechanisms have you adopted to move from block more sensitive contracts? Can you tell me on what basis are your contracts with, i) DHA and ii) GP fundholders?

2. Can you tell me about the impact of GP fundholding on your trust? Can you tell me about the impact on community nurses of the extension to the GPFH scheme brought into force last year ?

3. In our job satisfaction study nurses in all areas expressed extreme and enduring dissatisfaction with workload. With the recent national pay rise to be funded from local productivity bargains workload looks as though it will continue to be an issue for nurses. Nurses fear that it is affecting standards of care delivered? Do you think that it is? Are you addressing this issue?

4. Nurses have also complained bitterly about rising or at least high levels of clerical work expected of them? Has the amount of clerical and admin. work that nurses do increased? Has computerisation had any effect on this?

5. Would you say the established roles of community nurses are changing? Is there a general trend? What bearing does skill-mix have on changing roles?
Could you give me a concrete example? What approach have you taken with regard to this e.g. natural wastage and ad hoc basis?

6. There has been a lot of talk about 'quality' over the past few years. What quality standards are i)setDHA: ii) GP fundholders Are you satisfied that these quality standards are appropriate?

7. Has the full implementation of the Community Care Act from April last year had any impact on the role and workload of community nurses?

8. Has there been a reduction in long-term non acute beds in this area? Has it had any impact on community nurses' workload?

9. Do you have a better idea of what the workforce is doing now than 3 years ago? How has this been achieved?

10. Did it really need the reforms to effect the changes made since 1991? Some managers have suggested that it was more the belief that things could change that created the energy for change rather than the freedoms of the legislation itself.

Performance Related Pay:

11. TRUST 1.

i) What did you hope to achieve with the introduction of PRP? 2. Is it achieving what you wanted?

ii) How are you attempting to measure this?

12. TRUST 3&4 Are you planning to introduce PRP? Why?

13. TRUST 1 ONLY: What difference, if any, has the loss of the Nurse Adviser post made?

14. How would you summarise the impact of the last three years' changes on this organisation? (what have been the best and worst things?)

15. Have the reforms to date resulted in more or less power for nurses (at different levels in the organisation)? In what ways?

16. Are nurses changing? (They have appeared to hold a strong sense of the value of personal care delivery.)

17. Would you say there is a space in this organisation for the emotions that can arise among front line care delivery staff as a result of their, possibly increasingly, stressful jobs?

21st March 1994

Table a.4. Nursing Satisfaction Research Timeframe/Events

	Trust 1	Trust 3	Trust 4	Landmark events
1991				
April	1st survey			Purchaser/provider split 1st trusts and GP fundholders
May				
June				
July				
August		1st survey		
September				
October				The Patient's charter
November	1st report			
December			1st survey	
1992				
January		1st report		VFM Unit **skill-mix study in south Sefton**
February				
March				
April	Feedback		1st report	Audit Commission report on skill-mix: Community Care
	First round interviews with managers in all trusts start			
May	2nd survey			
June				
July				Guidance on extension of GPFH scheme. The Health of the Nation
August	Report	Feedback		Wessex computer scandal
September				
October	First round interviews with managers in all trusts complete			Britain leaves the ERM
November		Report		Public sector pay freeze
December			Feedback	
1993				
January				
February				
March			Report	
April	feedback /3rd survey			GPs can purchase community nursing Community Care Act full implementation
May	Second round interviews with two managers from each trust			
June				
July	Second round interviews complete			banding GP health promotion payments
August		feedback /3rd survey		
September				Tomlinson Inquiry on hospital provision in London
October				Langlands review
November				
December			feedback /3rd survey	

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