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Professions, Working and Knowing: Class Conflict and Contested Hybridization among Ontario Nurses

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Abstract: The premises of this paper are that the role of everyday working, knowing and judgment-making practices (cf. Smith 1987) in the establishment, maintenance and alteration of professional occupations holds a place that is less clearly understood than it may need to be, and that greater appreciation of the "practices" rather than the "proxies" (Warhurst and Thompson 2006) of knowledge activity benefits from attention to class dynamics and the specificities of the professionalized features of the labour process. Stepping forward from these premises, I draw on preliminary (interview and survey) data from the Changing Workplaces in the Knowledge Economy (CWKE) project to examine certain aspects of the ways in which Ontario nurses perceive and cope with significant changes in the way their work is organized in practice. Amid conditions of public health sector austerity in Ontario, descriptive analysis of findings of the CWKE Ontario Nursing Survey (n=1326) indicate significant concerns 4(nts8.65 467[( )] TJ-1 460.75 Tm[(n3E

2007) concept of hybrid professionalism. Hybrid professionalism, in Noordegraaf's formulation, attempts to speak to the meshing of two forms of occupational control: the traditional professional mode of "control of content", standards and quality of service or product output; and, the traditional managerial mode revolving around the practices of control of productivity or rather the "content of control".

count gets counted and what is not gets ignored" (p.10). Warhurst and Thompson (2006) having gone so far as to place an urgent call-out for attention to knowledge practices, e.g.

Noordegraaf's notion of hybridization emerges hand-in-glove and is informed by a series of works aiming to understand the significant changes facing public sector professionals specifically. For example, contributions, including those of Noordegraaf, in Noordegraaf and Steijn (2013) raise concerns for the mutually informing dynamics of changing external circumstances as well as changing internal work practices focussing on public sector professions. In this collection, neoliberalism, the persistent evolutions of NPM, and, notably (see below) something that Newman (in Noordegraaf and Steijn 2013; see also Newman and Tonkens 2011) refers to as the "spaces of agency to assert values of care" in NPM-driven changes are regularly implicated. Likewise, Noordegraaf's (2015a) echoes most of these themes in his treatment of public management—and the dynamics of those professionals managed. Quoting from the preface to this book in fact we find a succinct rationale for combining themes of contestation and professionalism, i.e. "When dealing with issues depends on expertise and professionals, working according to a professionalism logic is important. When issues are highly contested, working with a political logic is relevant" (p.xiii).

It is hardly coincidental that predating Noordegraaf's usage, "hybridization" was a term that, according to Kletz, Henaut and Sardas (2013), was first popularized in social sciences in reference to public/private sector partnerships, i.e. "public organizations in their management methods are becoming increasingly similar to private sector companies [though apparently] without giving up all their specific features" (Kletz et al. 2013, p.91). Stemming from these debates, in turn, Noordegraaf (2007) would eventually define hybridization in terms of professionalism itself. This definition revolved around the challenges inherent to the mixing of two forms of control: a traditional or "pure" professionalism revolving "controlled content" (p.766) of expertise and practice on the one hand, and managerialism constituted by the "content of control" (p.778) on the other.

In this context it is worth noting that such observations have not been alien to LPT. As Thompson (1989) noted some time ago in reference to the even earlier work of Armstrong (1984), LPT research has recognized professionalism in the labour process, but always with a unique set of analytic commitments. These commitments have given rise to a very distinctive, and, arguably, a somewhat limited portrayal. Still, several elements remain important to the argument here:

> [d]ivisions in managerial work are best understood as part of a struggle for control within capital, which is reproduced in tensions and contradictions within the agency relationship. Management functions on behalf of capital are carried out by specific occupational or professional groups. Each group competes to establish the necessary 'trust' in order to carry out the control functions as against other managerial groups who may have carried them out in the past, or who may wish to in the future. Each group attempts to utilize a core of specialist knowledge and activities which can form the basis of a 'collective mobility project'. The successful ones are those who can maintain a level of indeterminacy that can prevent fragmentation or routinization. What distinguishes the analysis from the conventional understanding of such groups is that the inter-professional competition is carefully linked to the evolution of the capitalist labour process. (Thompson 1989, p.240)

Despite the distinctive set of preoccupations, like Noordegraaf (2007) LPT has emphasized how different modes of control (managerial and professional) have competed with one another.

The binary relationship between professional (as agent of the state) and user (as active citizen) ignores and erases the citizenship of professionals. The regime of democratic professionalism conversely recognises professionals as citizens. Ethnographic studies

(2014). Respondents were divided into four classes: employers, self-employed, managers, and professional employees. In the nursing survey, over 83% of respondents indicated they were employed professionals.

Results

The following reports analysis of findings from both the CWKE Ontario Nursing Survey and initial nursing oral history interviews. The former is used to contextualize the analysis of the latter orienting to issues of socio-economic class, class conflict, professional working and knowing, and changing labour processes. I argue that, clearly, Ontario nurses have to cope with a range of very powerful changes. The argument is—vis-à-vis an assessment of everyday working, knowing and judgment-making and hybridization—whether or not there is sufficient evidence to warrant the claim that, in the course of this "coping", nursing professional knowledge may be undergoing a process of change from the bottom-up.

Contextualizing the Findings with the CWKE Ontario Nursing Survey

Space does not allow me to justice to the value of the CWKE Ontario Nursing Survey. But, it does allow a brief contextualization of the main (qualitative) analysis below. The most relevant points revolve around concerns nurses have regarding workload, and intensifying skill requirements under conditions of organizational change. I conclude with a finding concerning the wide-spread perception of ethical conflict that these nurses say they face.

Specifically, in the survey nurses report increases in workload over the past 5 years that are concerning. It is entirely unexpected when we attend to either professional research literatures that have alluded to such challenges, but nevertheless here we see that over 86% of nurse respondents reporting their workload to have either "increased greatly" (55.7%) or "increased somewhat" (30.8%).[1] This finding helps to establish the context of the types of qualitative data I examine later. That is, workload increases intensify professional life for nurses, force decision-making about what they do and how they do it, and, I will argue, shape ongoing professional judgement-making.

In the nurses survey there are also in/MCID 4(Wther)in Tf1 0 0 1 5low

hours”; and, perhaps especially relevant to the argument here,

of local health management and of health human resource management (which often distinct from local management), of the nursing unions, of various nursing professional associations—all come into contact with and impact the labour process and how it is talked about. This admixture may envelop, develop, inform, re-direct and/or mis-direct our ability to understand health care labour processes from the standpoint of rank-and-file nurses. While this is not a new problem for researchers, it is one worth mentioning here because part of the work of the reading and writing in the following is of course to sort out the continuities and discontinuities of these discourses, noting especially when they threaten to obscure. We might say that the discourse of labour processes that most closely matches that of the working nurse is found in the frameworks articulated by their unions and their professional association (as membership organizations), but we would be only partly correct. As Burawoy implores us above, care must be taken to cope effectively with the idiomatic features.

The terrain of labour process change for the rank-and-file nurses we will learn more about here is still evolving in remarkably diverse ways. As we will see, it implicates the re-organization of a range of nursing classes formalized within the profession. In descending order of level of training and scope of practice, mentioned in the analysis below are: Nurse Practitioners (NP), Registered Nurses (RN), Registered Practical Nurses (RPN), and (while they are not nurses), here we can add Personal Service Workers (PSW) given they also figure into our discussion as well.[4] A nurse may also have multiple certifications (e.g. RN and RPN). So, individual nurses starting as RPN, obtain certification and become RNs; RNs can, have and do become NPs; and so on. Notable for us here, and not entirely infrequent according to our survey data, in the context of rising RN layoffs and the growing RPN share of nursing employment, we also see indications of nurses being laid-off as RNs and then re-hired as RPNs (RNAO 2016a) which suggest growing precarity in the profession in Ontario. These last elements are, of course, related layers to the story here, but ultimately beyond our space.

In terms of the types of labour processes that involve Ontario nurses (i.e. excluding the involvement of the full range of health care professionals and non-professionals involved), primarily (but not exclusively) implicated in hospitals, a taxonomy of labour processes can be summarized as follows based on professional literatures:

- **“Patient Allocation Model” (sometimes associated with a Primary Nursing Model)**
  A traditional labour process in which RNs are supervised by a Head Nurse (who may also carry out direct patient care duties in addition to supervision) which is based in matching an RN with a patient; RN responsible for the total care of that patient during stay.
- **“Functional Model”**
  Health care broken up according to a detailed technical division of labour with specialized tasks, as per licensure, assigned to a range of nursing classes (RN, RPN) and related, non-nursing staff (e.g. PSW) with a Head Nurse coordinating these segments of the labour process.
- **“Team Model” (sometimes associated with Modular Nursing Models)**
  Teams composed of a range of nursing classes (RN, RPN) and related, non-nursing staff (e.g. PSW) deliver health care to an assign set of patients based on a detailed division of labour as per licensure within the team; Teams coordinated by a Team Lead (typically an RN) who is supervised by a Head Nurse.

- **“Case Management Model” (sometimes conflated and/or combined with a Team Model)**
  Relying on the features of the labour process defined in the Team Model, this model emphasizes administrative procedures as well data keeping aimed at standardization for efficiency based on continuous improvement (often drawing on pre-determined length of stay for the patient) and total quality production systems seen beyond health care and human service sectors.

With these orienting elements in hand, we turn to the main portions of the analysis.

The Changing Labour Process and the Hybridization of Rank-and-File Professional Nursing Knowledge

In this section we see how class dynamics within nursing have been undergoing change. In fact, intra-occupational and intra-class divisions inform these changes as well brought on by implementation of various Functional, Team and/or Case Management models of nursing care which incorporates new roles in new divisions of labour.

According to interviewees, significant difficulties arise in the face of new divisions of labour amongst nurses within various health care labour processes. In our oral history intervie

> when I need to. [But] I would say that there is a de-skilling happening. There is less and less of us. And they are being replaced by lower skill groups. (Valerie, Registered Nurse, employee)

Those familiar with the field of sociology of work and labour process theory specifically will see much that is recognizable in these types of accounts, wide-spread in this research. The effects of the fragmentation of divisions of labour, and the separation of design and execution in general, is well known, though less typically addressed in professional work as such. The occupation of nursing, as interviewees suggest, is becoming difficult to recognize. There is more than a scent of the dynamics that Braverman (1974/1998) highlighted; but there is also much more to the story.

The spread of these models of nursing care work—in the course of fragmentation, the introduction of new tasks, coping practices and new matters of emphasis and concern in daily working life—make infertile ground, I argue, for the re-formation of a traditional nursing knowledge form. Disruption opens the door to the infusion of new logics of practice. Interpreted through the notion of hybrid professionalism introduced at the start of the paper, is it the case that a forms of neoliberal, financialized and managerial elements are becoming introduced and fused with the "pure" professionalism (Noordegraaf 2007) including aspects of skill, knowledge and judgment of rank-and-file nurses? Evidence suggests that this may be the case. If it is the case we are likely talking about hybridization at a deeper (or at least additional) level than scholars like Noordegraaf and others have sought to address to date.

Looking at the following indicative excerpts we see, for example, how our oral history interviewees described the changed role of RNs, beginning with the expanded emphasis on their team-leadership, administrative, documentation (case management) tasks, skills, knowledge and judgement stemming from changes in the nursing labour processes introduced above. Re-iterated is the displacement of nurse-patient relationship, central to nursing professional working and knowing. Introduced is the matter of workload *and* additional work content.

> We moved from hundred per cent patient care to a lot of work around administration,

> It's become definitely more of people management than illness management. Or you are not so much dealing with, I mean when you are dealing with patients who are really sick you are obviously dealing with that, but there is more what they call "red tape" now. You can't just now give care, you have to sometimes jump through a lot of hoops just to be able to give the care that the patient needs. So I think there is a lot of frustration. (S06)

Beyond the obvious increased time-pressures and workload, we see in these brief accounts reference to a number of important items, few of which are *central* to the core skills and knowledge associated with the "pure" profession of nursing and the RN scope of practice. "More people management than illness management", the overbearing requirements of playing the role of "utilization co-ordinator" (which sometimes edges RNs into "taking on roles" of other occupations), the additional "hoops," "red tape" and, in short, documentation responsibilities ons), tb ons

basically? So that's the biggest thing, it's that money is not there anymore and learning

> able to help her cope with what she was facing. So yeah I do, very much. I did never dream that I would become an ET nurses at that time because there weren't any. (S07)

> The workload is increased, heavier more difficult cases to deal with. The early discharge of patients is throwing patients in a repeating loop of returning for care, and its throwing the nurses into the loop too in the sense that staff realize in the morning that the doctor discharged the patient and they are not fully prepared to go home because the health teaching has not been done and they need the bed. This is not good because as RNs one of the things is that we need to do the teaching before they go. [We] need to discuss earlier the discharge plan to make sure that each professional does the health teaching and the review with patients before they are leaving. Because when we send them home with a medication slip and that's it, that's not good. Not good. (S02)[5]

As Evetts (2014) recently remarked, “In the case of most contemporary public service occupations and professionals now practicing in organizations, however, professionalism is being constructed and imposed ‘from above’ and for the most part this means by the employers and managers of the public service organizations in which these ‘professionals’ work” (p.41). Is there value, however, in appreciating dynamics proceeding ‘from the bottom up’ as well? In fact, it is possible to cobble together a perspective, based on the professional nursing literature, medical sociology and sociology of professions that everyday knowledge practices can and do affect work as well as

This small illustration

Causer, G. and Exworthy, M. (1999). “Professions as Managers Across the Public Sector”. In M. Exworthy and S. Halford (eds.) *Professionals and the New Managerialism in the Public Sector*. Buckingham: Open University Press. (pp.82-101).
Cockburn, C. (1985). *Machinery of Dominance: Women, Men and Technical Know-How*. London: Pluto Press.
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Derber, C., W. Schwartz and Magrass, Y. (1990). *Power in the Highest Degree: Professionals and the Rise of a New Mandarin Order*. New York: Oxford University Press.

Noordegraff, M. and Steijn, (eds.) (2013)*Professionals Under Pressure: The reconfiguration of*

[3] Survey question: “In the past 5 years, has the skill required to do your job become much greater, become somewhat greater, stayed about the same, become somewhat less, or become much less?”

[4] Quoting from RNAO (2016a) by way of summary:

> According to the College of Nurses of Ontario (CNO):
>
> > RNs and RPNs study from the same body of nursing knowledge. RNs study for a longer period of time, allowing for greater foundational knowledge in clinical practice, decision-making, critical thinking, leadership, research utilization and resource management. As a result of these differences, the level of autonomous practice of RNs differs from that of RPNs. The complexity of a client’s condition