

**An inquiry into the influence of power dynamics on the operation
of knowledge workers and the actualisation of competency-based
approaches**

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by

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Abstract

The NHS, like many organisations, relies on knowledge workers ('professionals' and other staff) and has introduced competency-based arrangements (the Knowledge and Skills Framework (KSF)), covering over one million NHS workers, to support their development and service improvement. However, its conceptual compatibility as a rational managerialist control-based approach is open to question, given the need for freedom, autonomy and self-management. The answer to why this has come about is embedded in power relations and their effects emanating from political and managerial domains manifested in New Public Management (NPM). A feature of NPM is wide-scale assimilation of 'tried and tested' private sector managerialist practices into the public sphere. Competency-based approaches exemplify this phenomenon which includes 'targetry', 'Lean', 'business-process engineering' and 'quality improvement' initiatives, which, together with imposed 'market disciplines', have transformed the organisation, management and delivery of public services.

This study refutes the assumption that competency-based approaches (and other managerialist measures) can be unproblematically applied and lead inexorably to performance improvements. Previous research into the KSF from a rational managerialist orientation highlights difficulties with its implementation and recommends 'more and superior' managerialist actions. This study indicates such recommendations, while necessary, are insufficient to deal with human, cultural and social complexities material to the maximisation of (knowledge) worker contribution. Through qualitative semi-structured interviews and the use of Foucauldian perspectives on power and subjectivity, a gap is identified between rational managerialist beliefs, intent and rhetoric and the 'realities' of lived experience. This investigation moves beyond rational managerialism to identify human and relational conditions necessary to enhance knowledge worker development and performance.

David Christie

“There is always a well-known solution to every human problem –
neat, plausible and wrong”

(Mencken, H.L., 1920)

DEDICATION

This work is dedicated to the memory of Jean and Willie Christie, who helped make me what I am.

David Christie

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ABBREVIATIONS

AfC	Agenda for Change
AHPs	Allied Health Professions
CAS	Complex Adaptive System
CIPD	Chartered Institute of Personnel and Development
CPD	Continuing Professional Development
EBM	Evidence-Based Medicine
e-KSF	Electronic Knowledge and Skills Framework system
FKWs	Frontline Knowledge Workers
HEAT	Health Improvement, Efficiency, Access and Treatment
HRM	Human Resource Management
IES	Institute of Employment Studies
KSF	Knowledge and Skills Framework
MKWs	Middle-grade Knowledge Workers
NAO	National Audit Office
NHS	National Health Service
NPM	New Public Management
NVQs	National Vocational Qualifications
OECD	Organisation for Economic Cooperation and Development]
PDP	Personal Development Plan
PDR/ P	Personal Development Review/ Plan
PDSA	Plan, Do, Study, Act

SKWs	Senior-grade Knowledge Workers
SVQs	Scottish Vocational Qualifications
TQM	Total Quality Management
UK	United Kingdom
US/ USA	United States of America
WERS	Workforce Employee Relations Survey

CHAPTER ONE - INTRODUCTION

Preamble

This study is undertaken to advance concepts of power, knowledge workers and competency-based approaches and their inter-relationship beyond current understanding. An explanation of these concepts and their importance in framing the research questions are set out below. The empirical setting, objects of study, research aims and overall approach are also outlined, highlighting theoretical and practical considerations.

In 1959, Peter Drucker (1968) proposed that achievement of organisational aims and socio-economic progress in the twenty-first century would depend on the engagement, development and deployment of knowledge workers. Influenced by this argument, many policy-makers, managers, academics and professionals advocate the “*strategic imperative*” (Allee, 2000: 2) of leveraging knowledge and learning to improve productivity and performance. This imperative is manifested in the rise of the ‘competency movement’, as evidenced by the widespread application of competency-based approaches across employment sectors throughout the Western world.

Contemporary research suggests workplace learning processes are constructed according to the nature of an organisation and its operating context (Fuller and Unwin, 2010; Jewson *et al*, 2008, 2003). Development and performance of knowledge workers, as well as actualisation of competency-based approaches, are context dependent, set within an organisation's (learning) environment. Particularities of historical context – political, social, economic and cultural conditions – and inherent power relations shape how knowledge workers and competency-based arrangements operate in specific settings. Structural mechanisms in an organisation's operating environment influence its ethos and culture, generating distinctive work and learning processes: examples include vertical (task specific and centrally organised) and horizontal (egalitarian, problem-focussed, community of learners) learning networks (Poell *et al*, 1999) and bureaucratic and participative work and learning systems (Shrivastara, 1983).

As Fuller *et al* (2003: 4) assert: "*Workforce learning manifests and constructs itself in different ways according to the character of the organisation and the wider context.*" This work responds to Fuller and Unwin's (2010: 8) call for "*much more*" research on workplace contexts to understand why organisations adopt particular practices and how these influence workplace learning environments and employees lived experience. Against this background, this study seeks to better understand how power systems impact on organisations and their broader environment to influence actualisation of competency-based arrangements and the operation of knowledge workers.

Empirical setting and objects of study

The empirical setting for this thesis is an NHS Board within NHS Scotland which has recently implemented systematic, competency-based performance review and personal development planning arrangements – specifically the Knowledge and Skills Framework (KSF) and parallel processes for senior medical and management staff – a manifestation of rational managerialism traced to the political domain. The Department of Health and devolved administrations have sought through health authorities to implement the KSF as a key aspect of ‘Agenda for Change’ pay modernisation arrangements. The original implementation date for the KSF in NHS Scotland was October 2007, a year after its scheduled introduction across England. Considerable ‘slippage’ occurred in implementing ‘Agenda for Change’ resulting in an extension of deadlines. The Scottish Government Health Department imposed a target requiring 80 per cent of employees to have a Personal Development Plan (PDP) in place by 31 March 2011. This target was achieved: however, on 31 March 2012, only 21 per cent of NHS Scotland employees had a PDP recorded on the electronic e-KSF system. The Scottish Government Health Department in June 2012 reinstated monitoring of KSF PDP through e-KSF.

The KSF comprises a competency framework, performance review and personal development planning arrangements, providing a single, consistent and comprehensive approach to ensure NHS employees possess necessary

knowledge and skills to meet current and future requirements. The KSF's aims are threefold: (i) promoting equality and diversity, with every employee having the same opportunities for personal development, underpinned by systematic structured arrangements; (ii) ensuring effectiveness at work, with managers and staff being clear about post requirements and how individuals can be more effective through provision of learning and development opportunities; and (iii) supporting effective learning and development of individuals and teams – with employees being encouraged to learn and develop throughout their careers in various ways supported by necessary resources (Scottish Executive, 2004). An introduction to the 'Knowledge and Skills Framework and Development Review Process' (Scottish Executive, 2004) is detailed in appendix (i).

The NHS is a labour intensive institution, employing approximately 1.3 million people, including 370,327 nurses, midwives and health visitors; 105,711 medical and dental practitioners; 347,064 clinical support staff; 219,624 infrastructure support staff and 38,250 managers (Department of Health, 2012). NHS 'territorial' Boards are responsible for the provision of health care services to a geographically defined population with mainland Boards each employing several thousand staff. The NHS employs a range of staff that could be regarded as knowledge workers, including doctors, nurses, scientists, allied health professionals, managers, administrators and support services staff. Knowledge workers, whilst (as will be seen) a contested concept, play a vital role in creating, sharing and using knowledge within the NHS.

Despite significant investment in competency-based arrangements and reliance on knowledge workers, no in-depth study has been undertaken to date to identify their coherence and compatibility at a conceptual and practical level. Insufficient attention has been given to knowledge workers' views of competence-based approaches and how these are influenced (and might influence) development of situated workplace learning. Accordingly, this thesis responds to the requirement for a more fine-grained analysis of the impact of human resources and management practices (Guest, 1997) and the need for systematic investigations to understand effects of employee development processes like competency-based approaches on their recipients (Storey, 1989). To date, research into the KSF is from a rational managerialist perspective focussed on instrumental areas bounded by dominant objectivist presuppositions. In general, research and theorisation on competency-based arrangements has been undertaken from an objectivist-rationalist frame-of-reference. Such approaches avoid in-depth empirical analysis that may disrupt the rational managerialist meta-narrative with its assumption that control and depersonalisation are unproblematic (Knights and McCabe, 2002).

Aims and approach

This thesis considers how dominant narratives relevant to the study are formed, legitimated and sustained and how 'local' stories conform and differ from 'official' accounts. The gap between rational managerialist meta-narratives of ambition and 'realities' of social existence are explored to comprehend how tensions caused by

their dichotomous nature are articulated, mediated and reconciled. A central contention of this thesis is the need to transcend rational managerialism to take account of human, cultural and social complexities. Rationalist notions of an idealised world, perpetuated by those in positions of power, is actualised through discursive practice in the lifeworld to determine ‘what is’ rather than ‘what should be’, according to the precepts, values and rhetoric of rational managerialism.

This study supplements existing rational managerialist research into the KSF by adopting a social constructivist-interpretivist approach focussed on subjective realities of knowledge workers to better understand how situated power dynamics implicate on lived experience. Social constructivist and interpretivist orientations contrast with and challenge modern (monological) meta-narratives. The rational managerialist meta-narrative propagates and is sustained by mainstream organisation and management theory and practice – with its proclivity to elide complexity, heterogeneity, plurality and conflict.

The post-modern era has witnessed “*crises of representation and incredulity towards meta-narratives*” (Lyotard, 1984: xxiv). In Lyotardian terms, this study shifts emphasis away from “*modernist master narrative*” (Goodson and Sikes, 2001; 15) by producing local ‘little’ narratives based on subjective individual voices and “*participation through multi-voiced dialogue to question grand totalising essentialising claims*” (Boje, 1994: 449). ‘Incredulity’ towards meta-narratives is far from universal, and they continue to pervade human affairs, such as in the case of rationalist notions of scientific progress (Best and Kellner, 1997). Meta-narratives

rooted in the rationalist paradigm implicate on organisational theories and practices relevant to this study and its setting. As will be demonstrated, notions of rational managerialism – New Public Management (NPM); competency-based approaches and their historical antecedents; bureaucracy; and scientific management – possess properties which shape contemporary organisations.

Power as a key force in (organisational) life is an overriding concern of this study. The word ‘power’ is polysemic, spawning diverse meanings contingent on situated concerns (Lukes, 2005), making it difficult to comprehend at theoretical and practical levels. Notions of power are contained and reflected in local language games (Witgenstein, 1942, 1953) highlighting the impracticability and improbability of unearthing a unified concept of power. Nevertheless, rational managerialist conceptions locate power in unproblematic hierarchical terms, predicated on the assumed legitimacy of those within a social hierarchy to command acquiescence from subservients. Rationalists construe power in relational and asymmetrical terms and focus on its capacity to bring about “*the production of intended consequence*” (Russell, 1938: 25. See also Weber, 1978; Goldman, 1974, 1972; C. Wright Mills, 1959). Notwithstanding this, most actions “*bring in their wake innumerable chains of unintended consequences...*” (Lukes, 2005: 76; see also Boudon, 1981).

Aspects of Foucault’s theorisation are used to analyse how power relations implicate on actualisation of the KSF and knowledge workers’ lived experience. The research focusses on the material context where power effects have an

immediate relationship with “*its object, its target, its field of application*” (Foucault, 1980: 97). As Bryman argues, “*all social research is a coming together of the ideal and the feasible*” (Bryman, 2004: 32), with the nature of the study, the researcher’s philosophical orientation and practical constraints influencing the research process. A case study approach – involving multiple in-depth, semi-structured interviews – was identified as an appropriate method for generating relevant knowledge. Qualitative analysis and Foucauldian concepts were used to understand how individuals make sense of work lives through their perspectives of situated work practices.

An examination of the application of the KSF on knowledge workers, without regard to situated forces implicating on actualisation of lived experience, would be limited. It is inappropriate, impracticable and reductive to detach objects of study from their social setting. Workplaces and their environments are multi-layered and multi-dimensional constructs: the former refers to work, the workplace and organisation; the latter, described by Pettigrew (1990, 1987) as the ‘outer context’, relates to historical, political, economic, social and cultural features which impinge on work settings. These layers and dimensions are interwoven, conspiring to influence sense-making, meaning-creation and their narrative explication, thus enabling individuals to adjust personal identities in response to environmental and organisational change. Competency-based approaches are a rationalist device to support individual learning aligned to organisational requirements, however, actualisation involves complex human interactions enabled and constrained by power structures. Given that competency-based approaches and knowledge

workers do not exist in a vacuum it is essential to examine how power relations and their effects influence 'local' lifeworlds. Furthermore, as will be seen, the KSF is one of many rational managerialist approaches imposed on the NHS and indicative of a broader phenomenon (NPM) with repercussions on public services. It is therefore crucial to understand and acknowledge the weaknesses (and strengths) of rational managerialism and to create a reflective space to consider how its limitations might be overcome. To use a medical metaphor, whilst it is necessary to treat symptoms as they arise, it is also important to recognise that they can be a manifestation of a wider and deeper malaise.

The researcher is not a disembodied, impartial, objective observer possessing insights and understanding unavailable to others, but rather is a subjective human-being engaged in the flux of life, holding preconceived notions, feelings and beliefs. Personal values, presuppositions and contextual considerations have driven the process of this enquiry. Here, the researcher would acknowledge a humanist and democratic impulse to give voice to "ordinary" knowledge workers, who are generally omitted from official narratives.

The researcher's organisational role involves supporting learning and development activities within an NHS organisation. The KSF is arguably the most significant initiative implemented in the NHS to promote learning and development. The researcher, indeed, has a responsibility for its adoption within a health board. The researcher welcomed the KSF initially. This derived from a belief that learning had in the past not been sufficiently valued and prioritised at a strategic organisational

level. The researcher, whilst convinced of the importance of workplace learning, was (and is) exercised by a sense of disappointment with other managerial attempts to facilitate service improvement and efficiency.

It was hoped that wide-ranging support for the KSF and a resulting focus on learning would provide a basis to enable NHS staff to maximise their potential and performance. The researcher (with others) was seduced by positive idealised discursive statements used to articulate the KSF into being – the researcher, moreover, was complicit in deploying the rhetoric of learning to encourage others to engage in the KSF process. In retrospect, the personal learning precipitated by this study confirmed such optimism was illusionary, naïve and misplaced.

A departure point for the study was a review of textual materials on competency-based approaches which revealed the objectivist, rationalist control-based nature of the dominant discourse. This realisation led to consideration of the compatibility of such approaches with the needs of knowledge workers. This question is significant, as many organisations rely on knowledge workers, whilst simultaneously implementing and maintaining rational competency-based approaches. This led to a “secondary” research question to understand how power relations and their effects implicate on the lived experience of knowledge workers and actualisation of competency-based arrangements – to better appreciate why things are the way they are.

Research objectives

This study examines how power dynamics influence the operation of knowledge workers and actualisation of competency-based approaches. This raises two interrelated questions which guide the focus of the study.

Primary question:

- a) How do rationalist competency-based approaches like the KSF support the development and contribution of knowledge workers? and

Secondary question:

- b) How do situated power relations and their effects implicate on the lived experience of knowledge workers and actualisation of competency-based arrangements?

Thesis, structure and summary

Chapter two of this thesis confirms rationalism's enduring influence on organisational life and its limitations in relation to social, human and cultural dimensions. Experience of implementing the KSF and associated research is also considered, highlighting difficulties and deficiencies of rational managerialism and indicating a need to go beyond its strictures. The literature on competency-based approaches is examined explicating dominant objectivist, behaviourist and

rationalist characteristics and how the 'competency movement' has colonised organisational lifeworlds. The potential of other less prominent interpretivist/subjectivist discourses are identified as a basis for supporting knowledge worker development when allied with conducive environmental conditions.

Chapter three examines how the knowledge worker discourse has evolved and identifies conditions to support their effectiveness which are impeded by rational managerialism. This poses fundamental questions as to the efficacy of formalistic competency-based approaches (and other rational managerialist practices) as a means to enhance knowledge worker learning and performance.

Chapter four locates power dynamics as a central concern of the study. Aspects of Foucault's methodological repertoire are identified as a basis to inform analysis and understanding of power and its effects. Facets of the human and social condition inhered in (organisational) lifeworlds, elided by managerialism are considered, resulting in a privileging of formal acquisitional learning approaches over informal experiential participative modes. Prevalent power dynamics in NHS environments are examined outlining the 'power base' and characteristics of prepotent professional and managerial groupings. The political environment is identified as the predominant 'external' influence on the NHS (and other public services). NPM is considered as a rational attempt by political and managerial leaders to increase the efficiency and quality of public services, creating power effects which impact on their organisation, management and delivery.

Chapter five sets out the research strategy and methods deployed to answer the above research questions. The rationale for adopting a qualitative, semi-structured interview approach, reflections on the research experience and ethical considerations are also elaborated.

Chapter six outlines empirical findings constructed through 'little' local narratives drawn from reflections of knowledge workers' lived experience. This is achieved by identifying commonly occurring themes which characterise the nature of power relations and their consequences within the empirical field and how this implicates on the operation of knowledge workers and actualisation of competency-based arrangements.

Chapter seven concludes the thesis and reviews the dominant rational managerialist discourse in the light of empirical findings. It is contended that the operation of power cannot be fully understood from a rational managerialist perspective, as its reductiveness limits attention to instrumental matters reinforcing and sustaining the managerialist meta-narrative. It is argued that a broader conceptualisation is required which recognises the salience of human, social and cultural characteristics that impregnate social existence. This should be of importance to those in positions of power, who need to appreciate rational managerialist practices, like competency-based approaches, depend on human interaction within dynamic complex social systems not susceptible to certitude, depersonalisation, measurement, predication and control. Such insights, if

accepted, could potentially encourage leaders to focus on the creation of environments conducive to optimising the effectiveness of knowledge workers.

CHAPTER TWO: THE INFLUENCE OF RATIONAL MANAGERIALISM ON COMPETENCY-BASED ARRANGEMENTS

Introduction

The chapter is divided into three main sections: the first introduces rational managerialism as a key concern of the study. Secondly, implementation of the Knowledge and Skills Framework (KSF) and related investigations are examined to illustrate the nature and limitations of rational managerialist practice and research. The final section, informed by the existing literature, broadens consideration of competency-based approaches.

The chapter situates the enduring appeal of rationalism as a departure point for this study, conspicuous in wide-scale acceptance and adoption of rational managerialist precepts, values and practices. This dominant objectivist orientation conceives organisations as idealised, rational, politically neutral entities – offering plausible explanations and solutions to bring order to an unpredictable world. The limitations of rational managerialism, however, inhibit capacity to deal with intricate problems occurring in complex adaptive human environments.

The chapter examines implementation of the KSF to exemplify application of rational managerialist practice within a large public service organisation. Difficulties experienced and findings of existing research into the KSF are

examined. Thusfar research has been conducted from a rational managerialist standpoint confining it to areas of 'instrumental rationality' (Habermas, 1971; Weber, 1947) which restrict subsequent recommendations. How the limitations of rational managerialist research might be overcome to address issues of 'value rationality' – "*why we do what we do*" (Knights and McCabe, 2002: 236) is considered. This necessitates approaches unfettered by rational managerialist presuppositions, such as its tendencies to 'depersonalise the personal' and conceive hierarchical control in unproblematic terms.

The chapter seeks to widen understanding of competency-based approaches beyond the KSF. The rapid ascent of the 'competency movement' is examined, specifying its origins, characteristics and the reasons for its widespread appropriation within organisations. The literature on competency-based approaches is largely rationalist and objectivist in nature and suggests such arrangements can be unproblematically applied in organisations to improve performance. Other less prominent discourses are explored which may provide a basis for supporting the development and contribution of knowledge workers. However, as will be seen, much depends on the operating context within which such arrangements are set.

The pervasive influence of rationalism

A striking aspect of policy discourse on government and organisations is the simplification and reconceptualisation of complex and problematic concepts – such as power, competency-based approaches and knowledge work(ers) – as defined and soluble challenges, receptive “*to formal, standardised types of training to clearly specified targets*” (Eraut, 2004a: 271; see also Marsick, 2009). Malen and Knapp (1997; 417) contend policy-makers are often naive, highlighting “*the stark and stubborn disparities between a policy’s stated aims and actual effects.*” It is argued that this derives from a failure to recognise the complexities of human nature and social conditions, which are not comprehended or acknowledged, and therefore not addressed by policy provisions and associated implementation arrangements. Such simplified constructs have implications and negate the disorder and dynamism in social life which ensures reflexively produced plans often fail to achieve intended outcomes, precipitating unintended (often undesirable) consequences (Giddens, 1984).

Reducing complex problems to simplified rationalist accounts stands in contrast to sophisticated understanding of concepts like the ‘knowledge worker’ (Drucker, 1959), ‘knowledge societies’ (Hargreaves, 2003; Drucker, 1999, 1993, 1969, 1957; Despres and Hiltrop, 1995; Stehr, 1994), ‘knowledge management’ (Scarborough and Swan, 2001), ‘learning organisations’ (Senge, 1990; Pedlar *et al*, 1988), ‘information society’ (Bell, 1973), ‘information economy’ (Wolff, 2005; Boisot, 1998;

Brown and Duguid, 1998), 'organisational learning' (Falconer, 2006; Blackler and McDonald, 2000; Lipshitz *et al*, 2000; Argyris, 1999; Argyris and Schon, 1978), 'lifelong learning' (OECD, 1996), 'learning societies' (OECD, 2003), and other similar terms, forged in response to seemingly intractable complexities, ambiguities and uncertainties experienced in a post-modern globalised world. Paradoxically, such terms and their associated meanings can be conceived as idealised simplifications of an irreducible, complex and unclear reality. The academic literature on such concepts and the approaches to learning, knowledge creation, acquisition and utilisation they advance provide an instructive discourse on how organisations and societies might act to harness their human assets. Much of this literature represents a directional shift in theorisation, which acknowledges the limitations of rationalist bureaucratic and scientific management formulations, and the need to realise and release human potential to benefit organisations and wider society. However, constructs derived from these concepts can be appropriated, (re-)framed and deployed in ways consistent with the rationalist project.

A feature of the previous UK Labour government's public service modernisation agenda was the importation of managerialism (itself an aspect of a trend in the developed world), where rationalism and the values of the market were conflated to provide the dominant metaphor informing development of social policy (Soros, 2003; Long, 1999). Rationalism, based on 18th century Enlightenment theories of rationality and progress, has had a profound influence on Western thought, based on the proposition "*that reason is the foundation of certainty in knowledge*" (Huczynski and Buchanan, 2001: 414), and a belief that if something is understood

it can be stated in a rule or a law. Proponents of scientific management, such as Taylor and Ford, believed the human mind could elicit and establish innate laws, governing how the universe functions (Huczynski and Buchanan, 2001). Through development of such laws, predictability supplants uncertainty. A feature of modernity arising from Enlightenment thinking is the construction of master or meta-narratives which structure, accredit and substantiate the use of knowledge (Lyotard, 1979). Dominant narratives constitute a story about a story which encompass and explain other 'little' stories within a schemata, predicated on an accepted or transcendent truth. Enlightenment theorists believed rational thought and scientific reasoning led to moral, social and ethical advancement, with grand narratives propagating a shared view that historical development is progressive and logical; connecting events to ensure compatibility with dominant story-lines.

Rationalism (and empiricism) reifies measurement, relinquishing accountability through process in favour of accountability through quantifiable justification (Hancock, 1999). Human emotion, judgement, problem-solving, creativity and innovation are eschewed as objectivity and neutrality are embedded in the rhetoric of dominant narratives as idealised states – reflecting the assumed superiority of rationality as an end in itself (Rees, 1995). Rationality involves *“the use of scientific reasoning, empiricism and positivism and to the use of decision criteria of evidence, logical argument and reasoning”* (Huczynski and Buchanan, 2001). Rationalism provides an apparent means to bring order and structure to chaos, uncertainty and confusion in a post-modern world where reality and truth are constructs. The real threat to an open society comes from ideologies which

suggest simple but false solutions to exigent problems (Soros, 2003, Mencken, 1920). This is compounded by what Foucault (1988) describes as ‘political technologies’, which remove political problems from the realm of political discourse by casting them in the neutral, objective language of science: “*language is not a neutral vehicle*” (Hofstede, 1980: 34; Thomassen, 2006). This filters out alternative humanist narratives. Schwarz (1990) conceptualises organisational ideals as attempts to cope with an imperfect world by ‘bracketing off’ what is difficult and uncontrollable. A common response to uncertainty, complexity and an ambiguous environment is to adopt a ‘totalitarian state of mind’ – a social defence mechanism against fear and insecurity that focusses on deployment of selected aspects of thinking and being, which are “*calculative, goal-oriented, rational – in short, essentially schizoid*” (Lawrence, 1995: 8). Dominant narratives are legitimised through a process of discursive transference between influential power locales – or, in Foucauldian argot, ‘authorities of delimitation’ – located in political, scientific, managerial, professional and academic circles, imposing a “*general supervening pattern of meaning, explanation and direction upon a variety of ways men and women think and act*” (Browning, 2000: 31).

The pervasiveness of rational managerialism in many social institutions, including the NHS, has been transformative in shaping structures, systems and practices (Piterman, 2004). Managerialism conceives power as vested in formal authority transacted through organisational hierarchies, viewing power from other sources as illegitimate and subversive, based on self-interest rather than to secure organisational aims and the greater good (Dory and Romm, 1990; Gandz and

Murray, 1980; Mayes and Allen, 1977). Inherent characteristics of rational managerialism – which inhibit its efficacy in dealing with social, cultural and human dimensions – include its tendencies to (i) elide or simplify complexity; (ii) de-emotionalise relationships and problems; (iii) reify measurement and quantification; and (iv) view power and control in unproblematic hierarchical terms.

Implementation of rational managerial practices: The story of the KSF so far...

This section outlines existing research on the KSF, identifying its nature, characteristics and findings. To date, research has been situated within the objectivist rational managerialist paradigm and influenced by extant power relations. This has confined research to areas of instrumental rationality, suggesting a need to supplement existing research with methods which surmount the constraints of rational managerialism and enable issues of value rationality to be addressed.

There is an emerging literature on the KSF, with academics and practitioners identifying its potential uses to ensure staff possess requisite skills (Sheffield, 2008; McKay *et al*, 2007; Storey *et al*, 2002); redesign future roles (Department of Health, 2005; Beesley, 2004; Benton, 2004); support personal development (Middleton *et al*, 2006; Neville, 2006); link pay and career progression to competency (Gould *et al*, 2007); promote life-long learning (Tavabie and

Chambers, 2004); improve team working and skill-mix (Wills and Mason Duff, 2005); and develop reflective practice (Morley, 2007). The benefits proposed in this literature are prescriptive and normative, rather than based on empirical research on the actualisation of competency-based arrangements.

Like other rational managerial practices, implementation of the KSF is assumed to be unproblematic, imposed through management direction to deliver improved productivity and performance. As one National Audit Office (NAO) report noted: *“The Knowledge and Skills Framework is key to realising many of the benefits arising from Agenda for Change”* (NAO, 2009: 8). Furthermore, ‘Agenda for Change’ and the KSF *“were expected to facilitate new ways of working within the NHS, which would contribute to improved quality and care of patients and deliver services more efficiently and effectively”* (NAO, 2009: 7). The Department of Health’s business case (Department of Health, 2002) estimated that ‘Agenda for Change’ would generate net savings of £1.3 billion over 5 years – a projection subsequently criticised by the NAO (2007) as unrealistic and ill-founded.

Although developed using recognised best practice and widely supported in principle, the implementation of the KSF has not been straightforward, as evidenced by its relaunch in England in November 2007 and again in May 2008. In the main, NHS organisations failed to introduce the KSF in accordance with agreed timetables (Buchan and Evans, 2007). Its adoption, moreover, was patchy; fieldwork undertaken by the NAO during August and September 2008 found that only 54 per cent of employees in England had received a KSF development

appraisal (NAO, 2009). In Scotland, a HEAT (Health Improvement, Efficiency, Access and Treatment) target, and attendant performance management arrangements were imposed by the Scottish Government Health Department, requiring all staff to have a PDP by 31 March 2009. This target was subsequently amended to 80 per cent of staff having a PDP in place by 31 March 2011. As previously noted, however, measuring the take-up of PDPs fails to convey implications arising from their actualisation.

The KSF process – contrary to its stated aims to be simple and user-friendly – has been complicated, cumbersome and costly to implement (Buchan and Evans, 2007). As Parish (2006: 14) has argued: “... *even a cursory glance at the 270 page document explaining the KSF shows it is an extremely complex system.*” The process is time-consuming and not comprehended by many managers (Ball and Pike, 2006). However, for performance management and appraisal schemes to be successful, they must be owned and driven by line managers (Rees and Porter, 2003). The detailed documentation and language used by the KSF can be off-putting, particularly for non-professional staff not used to appraisal (Parish, 2006) and development planning (Amos, 2009). The complexity of the ‘national’ system can be compounded at local level – for example, by using too many ‘dimensions’ for posts and stipulating a requirement for portfolios of written evidence in inappropriate circumstances (Buchan and Evans, 2007).

The complex and bureaucratic nature of the KSF helps explain why many staff and managers remain unconvinced that investment in time and effort is worthwhile

(NAO, 2009). This is a common problem with such processes, “... *if the system was made more user-friendly more managers would actually complete it*” (Strebler *et al*, 2001: 18). Brown *et al* (2010: 41) confirm the KSF was perceived to be developed in an ‘isolated bubble’ privileging conceptions of ‘best practice’ over ‘real world’ considerations:

“The operational challenges at the individual level would have severely tested even the simplest of appraisal and development system designs – for example, regular and disruptive changes in senior management, reluctant and under-trained managers, under-resourced HR and training staff and systems, lack of time and facilities to hold the PDR meetings and so on”

(Brown *et al*, 2010: 122).

Research conducted by the Institute of Employment Studies (IES), which is by far the most extensive study to date, confirms and extends “*findings from earlier investigations*” (Brown *et al*, 2010: ix). The IES research, as with ‘earlier investigations’ (NAO, 2009; Buchan and Evans, 2007), focussed on NHS England and included a number of recommendations for improvement. The IES report was commissioned by the NHS Staff Council Executive, who agreed their terms of reference “...*to identify barriers to the implementation of the KSF and to make recommendations to support more widespread and effective use*” (Brown *et al*, 2010: VI). This was premised on a belief that implementation had been poor in terms of take-up and meeting prescribed deadlines, making clear that improved performance was required. Research was limited to areas of ‘instrumental rationality’ (Habermas, 1971; Weber, 1947) set within a rational managerialist

frame. This was unsurprising: a typical response to failures of rational managerialist practices is to ascribe disappointing outcomes to instrumental factors, such as poor systems, communications, training and execution (Knights and McCabe, 2002). Where complex adaptive systems are perceived as failing, rational managerialism responds by creating more rules (Haynes, 2003), thus the '*maddening complexity*' (Parker, 2004: 189) of NHS organisation is avoided through rational, linear and reductivist conceptualisations.

The pervasive, legitimated and predominant nature of rational managerialism sets a relational context for researchers commissioned by a 'power-elite' (NHS Staff Council, Executive) whose social position as 'servants of power' make it difficult to challenge the accepted values, perspectives and presuppositions of their commissioners. Research undertaken from the standpoint of a dominant grouping may conceive the *status quo* as natural and normal. Such conformism suppresses alternative views and fails to challenge existent norms, structures and goals. (This is not to discount the possibility that researchers may be oriented towards a similar view to that of research sponsors.) Powerful actors through their actions or perceived personal attributes – such as status within a social hierarchy – can induce inactive power in others described as the 'role of anticipated reactions' (Friedrich, 1941). To challenge power requires moral courage and capacity to operate outside mainstream narratives, accepted values and commonly held assumptions. This risks reputational and material damage or dismissal and alienation by sceptical power-brokers. In Foucauldian terms, the concerned parties are likely to act as 'authorities of delimitation', who sustain and extend the

dominant rational managerialist meta-narrative. Rational managerialists are therefore ill-equipped and fail to recognise a need to conduct “*in-depth empirical research that would disrupt understanding of control as unproblematic*” (Knights and McCabe, 2002: 236).

The IES research involved a multi-method approach – stakeholder interviews, questionnaire survey and case study visits. Stakeholder interviews involved 29 individuals in senior positions engaged in development and delivery of the KSF. The interviewees came from (i) members of the Staff Council project management group and KSF group; (ii) Strategic Health Authority, KSF group; (iii) KSF project reference group; (iv) representatives from the Department of Health, NHS Employers, major trades unions, professional bodies, health regulators and other knowledgeable and influential bodies; (v) NHS Trust Chief Executives and Human Resources Directors; and (vi) management consultants. The ‘internet’ questionnaire survey invited individuals involved with the KSF at national and regional level to complete and circulate the questionnaire. 330 completed responses were received – 58 per cent from senior human resource specialists and trades union representatives.

Stakeholder interviews and questionnaire survey returns yielded similar findings, concluding there was “*near unanimous support...for the principles of the KSF*” (Brown *et al*, 2010: VI). This is perhaps unsurprising given the high level of engagement with those in senior positions involved in the development and roll-out of the KSF. This is not to denigrate participants’ views; however, it is not

unreasonable to deduce that the research provided an opportunity for vested power interests to communicate with each other. The research findings and recommendations were instrumentalist in character: for example, the need to improve poorly implemented systems; ensure processes were not overly complicated and resource intensive; the need for greater simplicity and flexibility; and improved training and guidance. The need for greater control was identified, requiring robust management and monitoring arrangements to ensure 'universal basics' were consistently applied with greater consequences for failure. The universal basics relate to instrumental factors like clear objectives; extensive communications and staff involvement; effective senior management action; and good training.

The case research involved visits to 11 NHS Trusts selected using national data on incidences of appraisal and personal development reviews: six with high rates of coverage and five with low rates. Somewhat predictably, the successful Trusts were held to have applied the universal basics, while unsuccessful Trusts were deemed to have failed in this regard. Again, the benefits of the KSF were assumed and not subject to question and empirical scrutiny.

As argued earlier, recommendations for improvement generally involve doing more of the same, but doing it better, with a focus on implementation of the process rather than effects of its actualisation. It also implies a simple linear relationship between adoption of the universal basics and effective implementation. Such rational managerialist research and follow-up action fails to engage with

complexity, the problematics of control and generative mechanisms located within socio-political structures and human-agency which precipitate power-relations and inequities.

The empirical validity of rational managerialist presuppositions is challenged by interactionist theory (see Fairhurst, 2004; Wilkinson, 1991; Strauss, 1978; Fox, 1974; Burns and Stalker, 1961; Dalton, 1959; Mead, 1934). Social interactions ensure organisations are less coherent, consistent and stable than implied by rational managerialism, confounding the underlying assumption that management control is straightforward. The critical management tradition holds that claims to objective truth – founded on imperialistic meta-narratives – should be rejected as authoritarian discourses of power, with critical management research providing an antidote to the managerialisation of the world (Alvesson and Deetz, 2000). Critical theory – in common with Enlightenment thought – envisages increased autonomy for individuals, with them assuming greater control of their destiny through collaboration with others. ‘Critical’ critiques of Enlightenment universalism and the emergence of ‘standpoint theory’ challenge the validity of rational ‘scientific’ constructs, particularly when applied to social existence. Put simply, standpoint theory asserts that in any power relationship, there can never be a single perspective (Wood, 2011). Individuals who occupy a similar position in the social strata tend to share interests and hold common perspectives which shape their views of reality. However, any proposed categorical basis for a collective standpoint should be treated with caution as it may mask or repress the plurality of individuated specific and varying perspectives.

This study augments and is differentiated from existing rational managerialist research. “[T]his bias of the dominant political agenda or prevailing culture” (Lukes, 2005: 81) can inhibit, mute or fail to notice individual voices. It is important to give voice to people not often heard (Wengraf, 2000): in this case, the voices of knowledge workers located in their social habitat are privileged, rather than those in positions of power. Rational instrumentalism leads to evaluation in accordance with norms of means-end rationality, eliding and repressing political and ethical questions on the appropriateness and value of such ends. An imperative of the study is to transcend rational managerialism’s ‘discursive nexus’ which conceives organisations (and individuals) as rational, well-ordered politically neutral entities. This is achieved by reconceptualising organisations (and individuals) in diverse subjective, messy, volatile and political terms, as well as rejecting notions of a single perspective of power (Wood, 2011) and viewing issues of control as problematic. Having examined existing research into the KSF, the next section considers the development and characteristics of competency-based arrangements across other employment sectors.

Competency-based arrangements – a problematic concept of our time

This section outlines key debates emanating from the literature on competency-based arrangements. Competency-based approaches are an integrative component underpinning a range of human resource management functions. The

phenomenon's philosophical genesis is enshrined in scientific management (Taylor, 1911) and bureaucracy (Weber, 1968), with its recent popularisation attributable to a compelling, rationalist discourse, pervading influential 'domains' (Holmes, 1995) and a belief that competency-based approaches can be applied within organisational settings to improve performance. The dominant rationalist exposition of competency permeates influential political, administrative, education, and human resource management fields, contributing to a converging discourse that shapes the way competency-based approaches have been conceived, developed and applied across contemporary Western societies.

In numerous accounts, the concept has been reduced to a type of variable that can be instituted by political will and managerial fiat. The literature highlights potentially dysfunctional characteristics which can flow from the application of competency-based arrangements; and (as will be seen) the links between individual competency and performance are weak. The proposition that competency-based arrangements are conducive to supporting development and improving the productivity of knowledge workers operating in complex environments is therefore challenged.

Much depends on how competency-based arrangements are actualised in workplaces. Individual competency – conceived as holistic, socially embedded and integral facet of personality, whose underlying characteristics are determinants of superior performance (Boyatzis, 2008; Spencer and Spencer, 1993) – belies the implied efficacy of standardised, rationalist competency models applied in many

organisations. Such misgivings notwithstanding, recent interest in competency and competencies emanates from a desire amongst organisations and governments to increase productivity and efficiency (Mulder *et al*, 2007; Vakola *et al*, 2007; Garavan *et al*, 1999; Hodgetts *et al*, 1999; Losey, 1999), with many private, public and governmental agencies promoting improved performance through adoption of competency-based, human resource development and workplace learning strategies (Garavan and McGuire, 2001).

Since originally proposed as a key differentiation of performance some forty years ago (McClelland, 1973), competencies are now used in industry, commerce and public services to integrate and underpin key human resource management functions, such as recruitment, learning and development; and reward (Cowling *et al*, 1999) performance management and assessment (Vakola *et al*, 2007) as a means to support a coherent approach to people management (Lucia and Lepsinger, 1999; Munro and Andrews, 1994). By the early 1990s, competency management had become an established feature of Human Resources Management (HRM), in both the United Kingdom (Mabey and Iles, 1993; Boam and Sparrow, 1992; Iles, 1992), and the United States (Rodriguez *et al*, 2002; Spencer and Spencer, 1993). Development of competency-based approaches has been meteoric and unremitting; with nearly every organisation of at least 300 employees using some form of competency-based HRM arrangements (Boyatzis, 2008).

A case of converging discourses

The dominant rationalist competency discourse has underpinned, influenced and supported the use of competency-based approaches across private and public sectors. In Foucault's (1972) terms, the effectiveness of discourse relies on its dispersion and acceptance across knowledge fields, enabling it to dominate alternative competing discourses. To become accepted, an emergent discourse requires to expound similar concepts, ideas and statements to those embedded within other epistemological fields, creating a convergent 'unity' with existing reinforcing discourses (Foucault, 1972). The construction of discourse depends on interaction of conditions and rules which bind discursive statements and are suffused with power – setting parameters for what is incorporated (and excluded) in the discourse (Daudi, 1986).

Discourse emanating from government and its administrative conduits exert a pervasive influence on the field of education (particularly post-compulsory education). Policy-makers have sought to make education relevant to the 'real world', intensifying long-standing debates between proponents of liberal education and 'vocationalists'. Reform of vocational qualifications has been a feature of UK government education policy since the 1980s, driven by governmental aims to make Britain's labour market internationally competitive and ensure the quality and cost-effectiveness of products and services. The 1986 White Paper, *Working Together – Education and Training*, was premised on vocational qualifications

being conveyed as statements of competency. The introduction of National Vocational Qualifications (NVQs) and Scottish Vocational Qualifications (SVQs) in Britain was linked with the language of standards and competence which has influenced the spread of similar 'functional' approaches in other countries. Centralised control by administrative agencies has spawned a bureaucratic logic of action, emphasising technical rationality, regularity, consistency and continuity (Holmes, 1995). The bureaucratic-administrative discourse emphasises textual materials to facilitate inscription, codification and recording of standards and competencies in compliance with a set format. All NVQs and SVQs comprise units of competence, arranged hierarchically and contain 'elements of competence', with associated 'performance criteria' and 'range statements'. This infers all occupations can be broken down and categorised, so key aspects necessary to attain appropriate performance levels can be identified and assessed.

The quest for systematic and standardised approaches is exemplified in guidance issued by the former Department for Employment (Training Agency, 1988), which insisted written competency statements had to comply with particular linguistic conventions. However, 'outcome statements', intended to provide clarity, are often obscure and require additional detail, resulting in statements being long, complex and impractical (Wolff, 1995). The bureaucratic-administrative discourse is also characterised by the programmatic nature of its evolution, underpinned by nationally defined targets and prioritised task areas. Competence-based qualifications are conceived and presented as accrediting individuals as able to perform technical tasks in accordance with universally applicable procedures and

standards. Research conducted by the Department for Employment claimed this was necessary as “*very few employers had a clear idea or explicit definition of what was required of employees*” (Debling, 1992:4). Despite this, no evidence exists to suggest that national standardisation of vocational accreditation has contributed to commercial success (Robinson, 1996).

The managerial discourse incorporates linguistic practices which consolidate and authorise the right of those in authority to specify what individuals should do, how it should be done and how performance is assessed. In these terms, competence-systems are situated as a recent bureaucratic development in the evolution of rational managerialism and legitimising adoption within organisations. The popularisation of HRM, during the 1980s and 1990s, can be viewed as a means of specifying how work is carried out and performance regulated. From an HRM perspective, employees are a resource to be deployed in pursuit of organisational goals. HRM privileges the individual over the collective, mediated through individualised contracts of employment, performance review, personal development and pay arrangements, all of which seek to establish linkages between organisational aims and individual contribution, as manifested in how people are selected, deployed, developed, rewarded and terminated (Garavan and McGuire, 2001). Research suggests translation of business strategy into individual competencies is problematic for organisational leaders (Kaplan and Norton, 2005). The language of competence fits well within the HRM discourse and provides a basis for integrating functions incorporated within an HRM frame-of-reference. In addition to implied links between individual skills and business performance, the

failure of large-scale transformation programmes to achieve behavioural change provides the rationale for adoption of competency-based approaches as an integrative component of HRM strategy (and practice) (Boam and Sparrow, 1992).

The convergence of competency discourses in political, administrative, education, management and HRM domains – reinforced by wider modes of contemporary discourse such as meritocracy, an open society, individual opportunity and the realisation of potential – help explain the rise of the competency movement (Holmes, 1995).

Competency – a triumph of rationalism?

Epistemological assumptions underlying the terms ‘competence’, ‘competency’ and ‘competencies’ (plural) give rise to different meanings which are often used interchangeably, resulting in misconceptions at conceptual and practical levels. There is no agreed definition of ‘competency’ (Schippman *et al*, 2000; Jubb and Robotham, 1997; Strebler *et al*, 2001). Definitional confusion is compounded by differences in how competency approaches are adopted in different countries, reflecting distinctive relationships between education and labour markets, as well as varying pedagogic perspectives.

Competency approaches seek to identify optimal combinations of knowledge, skills, experience and attitudes to enable maximisation of individual and

organisational performance (Jackson and Schular, 2003; Gorsline, 1996). The competency discourse identifies two distinct and competing ontological perspectives, broadly categorised as 'objectivist' and 'constructivist', which are respectively supported by positivist and interpretivist epistemologies. Extant academic literature and research is dominated by objectivist and rationalist accounts, with few empirical researchers adopting an interpretivist approach (see for example, Pate et al, 2003). The dominant philosophical position, espoused in management and HRM literature, is instrumentalist and utilitarian in character, underpinned by notions that optimal performance depends on 'rational' management of individuals, predicated on requirements to control and direct work processes (Garavan and McGuire, 2001). The literature on competency is predominately positivist and rationalist, reflecting an objectivist ontology which posits an objective reality, with work conceived as existing independently from those engaged in its prosecution – amenable to precise description, assumptive upon a causal correlation between underlying characteristics of competence and performance.

The research evidence of a link between competence-based approaches and performance improvement is at best inconclusive. Mulder *et al* (2007), for example, suggest there is no direct link between competence and performance. Similarly, Boyatzis (1982) found where a relationship exists it can at best be described as 'associational'. Parker and Wall (1998) argue there is no systematic relationship between specific competencies and performance. In the area of management development, improvements in individual performance have been

attributed to the effective use of competency frameworks (Winterton and Winterton, 1996), providing an example of assumed instrumental causality between a competence-based approach and performance. Others argue that lists of management competencies are of little value because of the fluid and unpredictable nature of managerial work (Hayes *et al*, 2000; Burgoyne, 1989), with its reliance on intuitive application of tacit knowledge (Antonacopoulou and Fitzgerald, 1996; Cook and Yanow, 1996; Albanese, 1989). Individuals regarded as competent are required to reinvent themselves and reshape their experience in accordance with predetermined competencies. The literature tends to objectify the concept assumptive upon its proclivity towards objective, quantifiable measurement and assessment – independent of context and human agency. These notions reflect structuralist and rationalist conceptualisations of organisations which are often used to justify adoption of competency-based approaches (Garavan and McGuire, 2001).

From a rationalist perspective, Strebler *et al*, (1997) outlines two discrete meanings of the concept. The first relates to behaviours that individuals require to demonstrate (competency), while the second refers to minimum standards of performance (competencies). The former relies on observable performance, assessed against written standards, providing a behaviourist framework specifying personal qualities and behavioural characteristics considered prerequisites to support task completion. Individual performance requirements, described as behavioural standards, provide a template which specifies job requirements and

enables individuals to be guided, observed, assessed and accredited as competent (Hoffman, 1999).

The second meaning views competencies as standards or quality outcomes designed to increase job efficiency and productivity. This task-based approach (Raelin, 2000; Ellstrom, 1997; Robotham and Jubb, 1996; Raven, 1984) specifies competence in terms of demonstrable actions, behaviours or outcomes (Training Agency, 1988). In general, competency frameworks are thought to be most well developed in the US (Boyatzis and Kolb, 1995) and the UK (Newton and Wilkinson, 1995). In the US, for instance, the term 'competency' refers to specific, observable capabilities, while 'competence' has a more holistic connotation affirming what individuals are capable of accomplishing – a facet not necessarily verifiable through observation (Eraut, 1998). There is a tendency in the US to favour individual-oriented approaches, while task-oriented competencies are more common in the UK. (Cheng *et al*, 2002). However, Mulder *et al* (2007) warn that such generalisations are simplistic, reporting wide use of 'behavioural' approaches outside North America.

Organisational competency-based schemes often conflate required behaviours and performance standards within the same framework. For example, one review of institutional competency-based arrangements in England, Germany, France and the Netherlands highlighted variability in approaches and outcome arising from the concepts practical application (Mulder *et al*, 2007). Both individual and task-based approaches are buttressed by a belief that clear precise guidance, on what is

expected of workers, will eliminate uncertainty and dubiety, facilitating robust performance measurement and assessment. The apparent linear logic of rationalist approaches, whilst possibly heightening their attractiveness and accessibility to practicing managers, human resource professionals and others – in effect elide the problematic nature of the concepts practical application.

In knowledge-intensive work an ability to modify knowledge and skills is crucial (Mäkinen and Olkinuora, 1999). However, competency frameworks can be inflexible and unresponsive to change, giving emphasis to a desirable past rather than required future competences (Iles, 2001), applied in ways which prescribe and control work processes as opposed to promoting freedom, autonomy, proactivity and devolution of responsibility and accountability (Antonacopoulou and Fitzgerald, 1996). Such prescriptive approaches orientate competencies towards perpetuation of current skills and knowledge (Vakola *et al*, 2007), reinforcing existent ways of thinking and working (Eraut and Hirsh, 2007, Lester, 1995). The backward orientation of many competency schemes jeopardises their capacity to challenge current practices and utility as levers for change (Eraut and Hirsh, 2007; Vakola *et al*, 2007; Martone, 2003).

Control is therefore a central attribute of the competency discourse, with competency-based approaches serving to promote and reinforce a conformist culture, existing power relations, traditional cognitive and behaviourist learning approaches and organisational inequalities. Competence is determined by deference to disciplinary power within the work-setting (McKenna, 2004). The

control paradigm endeavours to impose order and reduce labour costs (Walton, 1985) through top-down decision-making, translated through instrumental transactional management approaches (Truss *et al*, 1997), which measure performance based on quantifiable output criteria, assumptive upon individuals being motivated by rewards. Competency-based approaches fuel managerialist craving for explicitness in terms of method and precision, enabling measurement and control (Piterman, 2004). The emphasis on behavioural outcomes, and concomitant failure to take thought-processes or social interactions into account, has led to criticism that competency assessment is restricted to observable aspects (Wolff, 1995), eliding verification of underpinning knowledge and understanding.

The behaviourist nature of many competency schemes, with their focus on observable behaviours, can inhibit learning and development in important non-observable aspects, such as values, beliefs and relationships (Bell *et al*, 2002). Key determinants of effective working – such as personal motivation, interpersonal relationships and the social setting – cannot be evaluated using a rationalist competency approach (Goldsmith, 1979). ‘Soft-skills’ are deployed by (knowledge) workers to sustain productive relationships within external and internal environments where problems are identified, shared and resolved (Bolden and Gosling, 2004; Cross and Cummings, 2003; Despres and Hiltrop, 1995). Workers are not just valued for their skills and knowledge, whether explicit or tacit, but also by their adaptiveness and ability to resolve emergent problems (Alvesson, 1993a). These facets are less susceptible to formal assessment and use of objective

evidence, raising questions about competency-based approaches when applied to developing the performance of knowledge workers operating in dynamic work environments.

Problems of context and persona

The belief that competencies are context-free perpetuates a view that acquisition of generalisable competencies improves performance irrespective of situational factors. Decontextualisation of competencies has led many organisations, including the NHS, to implement universal competency-based arrangements on an imposed basis, potentially limiting individual and collective developmental possibilities. Reductionist approaches, such as breaking jobs down into discrete tasks, risks reducing human enterprise to a series of atomistic processes (Lester, 1994) which undermine its holistic nature. Rationality is synonymous with analytical thinking and invokes the “*conscious separation of wholes into parts*” (Flyvbjerg, 2001:22). The fragmentation, over-elaboration and bureaucratisation of competency-based approaches (Eraut and Hirsh, 2007; Bolden and Gosling, 2004; Wolff, 1995) can prioritise narrow, short-term performance-oriented learning activities and reduce levels of autonomy, ownership, emotional engagement and associated learning.

Little evidence exists to support common assumptions that competencies are generic (Eraut and Hirsh, 2007). Competency-based approaches, like the KSF,

covering over one million NHS employees, infer that competencies once acquired are transferable to other work environments. For example, it is assumed a competent staff nurse can transfer to a similar role in another setting, thus evading consideration of how organisational cultures, external operating environments and human agency influence competency. Contextual conditions, like degree of supervision, time pressures, conflicting priorities and availability of resources can affect competent performance (Eraut and Hirsh, 2007). Aspects of organisational environments, likely to impact on competent working, include culture, structure, systems and political socio-economic environments (Boyatzis, 2008: 16). Rather than developing context-specific competencies, many organisations implement globalised fixed listings of competencies which are limited due to either their reductive or detailed nature (Boon and Van der Klink, 2001). This has led Bolden and Gosling (2004) to suggest generic leadership frameworks should be tailored for each organisation, while Hager (1998) argues that generic schemes can direct attention towards broader approaches to competences sensitive to changes in work contexts rather than following 'simplistic recipes'. In concurrence, Eraut and Hirsh (2007) advise that competency frameworks should not be treated mechanistically and could help structure recruitment, performance and development discussions.

Competencies are more susceptible to description when applied to specific inputs or outputs, as opposed to indeterminate outcomes required by more complex roles (Hoffman, 1999). Competencies in simple task-specific roles are easier to acquire and transfer to other environments. Sandberg and Targama (2007) argue that

leaders find themselves stuck in a rationalist trap, as notions of learning, knowledge and competence are objectified within an instrumental means-end relationship with performance improvements achieved through formalised educational approaches. It is suggested that competence only exists where there is a fit between knowledge held and task requirements (Krogh and Roos, 1995). As competence arises from personal abilities and social experience (Connell *et al*, 2003), inherent complexities and the dynamic nature of many jobs and operating environments problematises efforts to reduce complex roles to precise statements of requisite job competences.

Some aspects of competence are more overt than others. On the one hand, practical application of acquired skills and explicit knowledge can be observed, informed by social roles and projections of self-identity which are discernable. On the other, commonly cited elements of competence – such as traits, motives, values and attitudes – exist at a deeper non-observable level, which influence and control visible surface behaviours. Optimal performance, according to Boyatzis (1982), occurs when individual capability is congruent with job requirements and organisational environments. Conceptualisations of competency has implications for workplace learning, with propositional knowledge and technical skills more amenable to formal training than psychologically embedded and socially constructed properties. A person's capability includes their "*values, vision and personal philosophy; knowledge; competencies; life and career stage; interests and style*" (Boyatzis, 2008: 6). Eraut and Hirsh (2007) differentiate between competence and capability. The former, it is argued, is subsumed within the latter

involving experience, knowledge, skills and attributes relevant to work. To conceptualise competency as a holistic, integrated, facet of individual capability makes categorisation of constituent elements for classification purposes difficult (Johnson and Sampson, 1993).

Boyatzis' conception of human competency highlights a difficulty faced by organisations committed to improving workforce productivity through imposition of simplified (albeit complicated), mechanistic competency-based frameworks. This is particularly relevant when applied to knowledge workers performing complex roles in dynamic contexts. In a study of managerial competence, Hayes (1979) found that competence is derived from a range of possibilities vested within individuals, including generic knowledge, skills, motives, traits and social roles. The acquisition of knowledge, skills and other attributes does not lead to their cognition with human dimensions and social forces, impacting on knowledge and skills development and actualisation. Burgoyne (1989) defines competence as an ability and willingness to perform tasks. It is argued that individuals must possess motivation, commitment and confidence to activate their capacities towards fulfilment of job requirements and organisational aims.

Much of the theoretical and empirical discourse on competency has been derived from the field of management development to identify what makes managers effective. Most notably, Boyatzis (1982) studied around 2,000 managers in the US to identify characteristics which result in superior performance. He identified 19 behavioural competencies, grouped into five clusters: (i) goal and action

management; (ii) leadership; (iii) human resource management; (iv) direction of subordinates; and (v) a focus on others. This research, along with similar studies, suggests competency transcends a set of prescribed skills and is more a combination of aptitudes, attitudes and personal attributes possessed by effective individuals (Weightman, 1995).

To reduce human endeavour in key areas like reading, thinking, speaking, writing and behaving towards others to mere skills, misunderstands the contribution people can make in how they accomplish such activities, and the world they create which is testimony to their human nature (Hart, 1978). The implication being that competency is a deep and enduring facet of a person's personality, producing predictable behaviour in a range of situations (Cowling *et al*, 1999). Boyatzis (1982) contends competency is an underlying characteristic of individuals that mediates effective performance – competence can therefore be viewed as “*a behavioural approach to emotional, social and cognitive intelligence*” (Boyatzis, 2008:7), providing a theoretical basis for linking personality to a theory of action and job performance. Imbued emotional and attitudinal competencies, as innate features of personality, are not prone to change through formalised educational approaches; however, they may be susceptible to learning from experience and socialisation processes (Klink *et al*, 2000). Furthermore, competency should be conceived as an holistic concept, comprising a range of interrelated elements, such as knowledge, skills, attitudes, judgements, values, abilities and emotions (Birdir and Pearson, 2000), with intangible mental skills providing the foundation of other skills components (Derouen and Kleiner, 1994).

These notions challenge a corpus of literature on competencies, assumptive upon their trainability and potential contribution to workplace learning activities (Eraut, 1994; Fletcher, 1992). Failure to appreciate the complex nature of competency, both conceptually and practically, will result in the adoption of systematic bureaucratic processes with participants, so to speak, 'ticking-the-box' and demonstrating (superficial) 'mastery' (Wertsch, 1998), as opposed to engaging in a positive, meaningful developmental process which adds value through enhancement of individual, team and organisational effectiveness. In a study of performance appraisal in universities, for example, Bryman *et al* (1994) found that top-down control-based approaches produced procedural compliance rather than intended productivity improvements.

The value of a subjectivist perspective

A less influential subjectivist perspective argues that competencies can be emancipatory and enabling, thereby providing a positive approach to workforce learning. In philosophical terms, developmental humanism holds individuals will work towards attainment of organisational aims, provided they have significant autonomy and self-control over their work. Power-relations – inherent within formalised competency-based approaches – are antithetical to precepts of developmental humanism (Holmes, 1995), although much depends on contextual factors and how competency models are applied. Commitment rather than control-based approaches will yield different outcomes (Walton, 1985). To summarise,

commitment-based approaches involve engaging 'hearts and minds' (Guest, 1997), emphasising autonomy, trust, involvement and self-regulated motivated behaviour (Wood and Wood, 1996) set ideally within a flat organisational structure where control and coordination relies on shared aims and values rather than hierarchically-determined relationships. A number of theoretical and empirical studies suggest a commitment-based approach is more effective than controlling approaches in terms of improved organisational performance and turnover (Boselie *et al*, 2005; Arthur, 1994).

Phenomenological discourse indicates competency is determined by individual life (including work) experience – not to the intrinsic value of competency statements (Tyre and Von Hippel, 1997; Fielding, 1988). To understand competency in the workplace, it is necessary to consider factors relating to organisational context, individual identity, job role and work experience. Ellstrom (1997) highlights the importance of focussing on the interaction between work and worker to take account of job and individual characteristics. For example, job related factors relate to facets of 'informal' and 'formal' organisational life, such as autonomy, involvement and the nature of the task, including individual facets like past experience, self-awareness and confidence. Organisational cultures influence competency: with organisational ethos, values, expectations and precedents helping to define competent working (Stuart and Lindsay, 1997).

Conclusion

Rationalism has had an immense influence on Western thought by pervading organisational lifeworlds through widespread diffusion of rational managerialist values, principles and approaches. Rational managerialism offers plausible, rational, logical solutions to prevalent problems and the prospect of bringing order to a chaotic uncertain world. Although a dominant paradigm in organisational theory and practice, rational managerialism inheres properties which limit its efficacy when applied to social, cultural and human complexities. These include the elision and simplification of complexity; reification of measurement; dehumanisation of organisational processes; and viewing power and control in unproblematic terms.

The KSF is conceived as a rational managerialist practice to support individual learning and development. Existing research into the KSF's implementation confirms its introduction has been problematic. To date, research into the KSF has been undertaken from a rational managerialist perspective, confining analysis to matters of 'instrumental rationality' (Habermas, 1971; Weber, 1947). As a result, researchers have made a number of important 'instrumental' recommendations involving greater control, prioritisation and managerialist effort. In effect, doing more of the same, with greater intensity. Rational managerialism is unable to circumvent its strictures to answer '*why we do what we do*' (Knights and McCabe, 2002). It is argued in this study that research from an interpretivist/constructivist

standpoint will provide insights to supplement rational managerialist research to enable consideration of issues of value rationality.

The literature on competency is predominately objectivist and rationalist in nature, conforming with and helping to sustain a control-based rational managerialist narrative. This perpetuates simplistic and reductive notions of competency; privileges the value of technical skills over human qualities; and fuels a belief that competency-based arrangements as a technocratic process can be applied within organisation as a means of improving productivity and performance. A range of dysfunctional characteristics can arise from the application of competency-based approaches. The belief that such arrangements can be unproblematically instituted by management action is open to question, as evidenced by the experience of implementing the KSF. There is a lack of evidence linking competency-based approaches to improved productivity and performance. It is suggested a less influential interpretivist/humanist competency discourse (Boyatzis, 2008; Goleman, 2006), steeped in psycho-sociological understanding, can enhance development of knowledge workers when allied to conducive environmental conditions. It is posited that less accepted interpretivist, subjectivist phenomenological competency ante-narratives, engaged with contextual complexities, offer greater potential when seeking to mobilise and enhance the autonomy and productive capacity of knowledge workers.

The socio-economic progress and performance of the NHS relies on knowledge(able) workers. This raises important questions surrounding the

effectiveness of an approach rooted in reductive twentieth century scientific management thinking in the knowledge era.

CHAPTER THREE – THE DEVELOPMENT AND CONTRIBUTION OF KNOWLEDGE WORKERS

Introduction

Adoption of competency-based approaches and reliance on knowledge workers by many organisations, including the NHS, results in engagement with both constructs to maximise performance. The nature of work in contemporary societies is considered, with particular attention drawn to predictions of the abandonment of bureaucracy (Handy, 1984) and low skilled jobs (Leitch, 2006). The efficacy of the former in supporting knowledge worker development and performance is explored. The knowledge worker discourse, its beginnings, development and central features are considered. The nature of knowledge and knowledge management is examined as is the role of leadership and management in optimising the contribution of knowledge workers. Given their importance within the empirical field, the nature of professional archetypes as a form of knowledge worker is examined.

Reconciliation of systematic competency-based approaches with the requirement to leverage knowledge worker productive capacity presents a dilemma for many organisations. Conceptualisations of knowledge workers, exemplified by Drucker's (1999) later works which privilege personal autonomy and freedom and their conceptual compatibility with rational managerialism, is explained, extrapolating

conditions conducive to supporting the development and contribution of knowledge workers.

Knowledge workers – an imperative for the twenty-first century

The decline of traditional industries and growth of knowledge work and service sector employment (Handy, 1984), according to Drucker (1968), provides the greatest management challenge in the twenty-first century. The challenge is to harness the performance of knowledge workers, just as increasing manual worker productivity was the imperative for industrialised economies during the last century. In the industrial age, most work was physical and repetitive, set within stable environments in which creativity, innovation and decision-making were the preserve of top management (Ehin, 2008). The move towards a knowledge society (Hargreaves, 2003; Drucker, 1999, 1993, 1969, 1957; Despres and Hiltrop, 1995; Stehr, 1994) intensifies prevalence of knowledge work and increases the numbers of knowledge workers (Ramirez and Nembhard, 2004; Davenport, 2002; Drucker, 1999) conceived as 'engines of growth' (Yigitcanler, *et al*, 2007; Raspe and Van Oort, 2006; Glaeser, 2000) and the most important assets within contemporary organisations (Stewart, 2001).

Even so, knowledge workers are difficult to define and count (Davenport, 2005). Whilst agreement exists that the number and proportion of knowledge workers has increased over the last sixty or so years, estimates differ because of definitional

differences (Rüdiger and McVerry, 2007). A persistent feature of the UK economy is a high proportion of low skilled, poorly paid jobs. Keep (2011) estimates around 6.9 million people are in jobs that do not require a qualification, undermining the optimistic estimates of the Leitch Review (2006) which projected that jobs requiring no qualifications would have all but disappeared by 2020. It is misplaced to assume all emergent occupational trends involve knowledge work (Fleming *et al*, 2004). For example, call centres are often organised on scientific management principles (Menzies, 1996), with work practices systematised through procedural routinisation designed to limit autonomy, discretion and judgement – removing knowledge from work and imposing control over workers (Braverman, 1974). Handy's (1984) predication of the demise of bureaucracy is also contentious as the vast majority of workers in post-industrial societies continue to be employed in bureaucratic organisations (Huczynski and Buchanan, 2001). It appears that modern capitalist states remain dependent on bureaucratic organisation (Giddens, 1971) as the only viable basis to structure large organisations (Jacques, 1990). A characteristic of bureaucracy is control and regulation of individuals through standard rules and procedures to induce behavioural conformity, efficiency and predictability.

Knowledge and skills obsolescence implies knowledge workers must continuously learn, unlearn and relearn. Feedback and activity systems applied by knowledge workers are longer relative to other workers and their performance is difficult to quantify and measure using objective criteria (Despres and Hiltrop, 1995). The appropriateness of "*the performative regime*" (Ball, 2003: 226), bureaucratic modes

of functioning and formalistic, competency-based systems are questionable means to improve knowledge worker development and performance. Rules and procedures can stifle initiative, creativity, flexibility and adaptability; authority rooted in hierarchy can prevent individuals engaging in problem-solving, decision-making or even caring about issues beyond their immediate work-setting (Huczynski and Buchanan, 2001).

The impersonal nature of bureaucracy is relevant to healthcare as standardisation of treatment can dehumanise processes and alienate employees who perceive themselves as functionaries undertaking prescribed roles instituted by a higher authority (Huczynski and Buchanan, 2001). In Foucauldian terms, caring is seen as an 'ordinary' activity, while technical acts are perceived as 'valuable', thus minimising the value placed on caring roles (Savage, 2006). The organisation, as a result, becomes dehumanised, devoid of passion, personality and agency – the machine becomes the model and the metaphor (Grey, 2005). Rational discourse sublimates emotion (Bolton, 2002; Bone, 2002) and 'soft skills' as they are viewed as incompatible with orthodox conceptions of effective workers and workplaces.

Scientific management (Taylor, 1911) complements Weber's (1968) formulation of bureaucracy. Both are underpinned by rationalist precepts, presuppositions and principles. The "*disciplinary, rational conditioning and training of workers proposed by Taylor was known to and approved by Weber*" (Huczynski and Buchanan, 2001: 491). Many organisations remain persistently wedded to Taylorist and Fordist scientific management formulations (Ashton and Sung, 2002).

Development and key features of the knowledge worker discourse

Drucker's (1999, 1995, 1994, 1993, 1969, 1959) works have been instrumental in establishing the knowledge worker discourse, whose 'surfaces of emergence' (Foucault, 1972) were constituted in post-war conditions – above all in the US – where government and corporate strategies were targeted towards mass production and consumption. This required a critical mass of knowledge workers and affluent consumers. Drucker (1959) identifies the post-war explosion in higher education as the genesis of the knowledge worker discourse, as educated individuals were expected to achieve a return-on-investment by contributing to organisational prosperity. Knowledge work is thus viewed as economically, socially and politically desirable – conferring status, social advancement, in addition to financial well-being (Reich, 1991).

Commoditisation of knowledge – conceived as an organisational resource detached from its human creators, owned by the body corporate – underpins many knowledge management initiatives (Empson, 2001, Blackler, 1995). Managerialist mechanisms create power effects separating knowledge from the knower. Technology and a culture of knowledge-sharing are widely used to promote knowledge dispersion. In terms of the former, a rational managerialist approach may privilege the rationality of technology over (ir)rational human beings. Accordingly, technology is conceived as a central discursive object that can consign people to the periphery of the discourse. Knowledge-sharing is often

promoted by normalising practice through socio-cultural values, advancing notions of community and the common good (Adelstein, 2007). In the main, individuals are more willing to share knowledge where conducive support exists and sharing is valued and accepted as normal features of work (Fenwick, 2008), with manager/worker conflict less visible in knowledge intensive environments (Roscigno and Hodson, 2004).

Official organisational narratives sustained by those with power are subject to challenge by alternative 'other' narratives – namely narratives emanating from knowledge workers' perspectives. Alternative or ante-narratives on knowledge management might posit that the concepts are incompatible, as tacit knowledge is not amenable to management (Schultz and Stabell, 2004; Fuller, 2002; Scarborough, 1999). Alternatively, the concepts can be viewed as a management fad (Ponzi and Koenig, 2002), or as the application of Tayloresque scientific management (Wilson, 2002). Notions of knowledge management tend to emphasise management and control over knowledge (Newell *et al*, 2009). As alternative narratives engage with economic and organisational conceptions of knowledge work(ers) they tend not to disrupt the dominant narrative. They do, however, highlight human and social dimensions, power relationships and contextual complexities, which surface, problematise and undermine the rational managerialist meta-narrative.

Cultural development is aligned to discursive conceptions of organisational learning (Falconer, 2006; Easterby-Smith *et al*, 2000; Easterby-Smith, 1997; Brown

and Duguid, 1991), social identity (Alvesson, 2001, 2000, 1994; Brown, 2001) and teamwork (Akgun *et al*, 2006; Doorewaard and Brouns, 2003; Zeller, 2002) which provide intersecting discursive nodes to knowledge work (Adelstein, 2007; Robertson and Swan, 2003; Blackler, 1995; Drucker, 1993). Managerial 'authorities of delimitation' cite such discourses in attempts to make tacit knowledge explicit. Effective management of knowledge and knowledge workers is conceived as a 'rational' feature of organisational performativity and competitiveness in a globalised world (Nonaka *et al*, 2000; Davenport *et al*, 1998; Teece, 1998, 1981). Drucker (1959) argued that knowledge workers should be organised by professional managers and consent to imposed goals and terms. Here, he drew a distinction between individual and groups of knowledge workers, the latter requiring managerial control and the former conceived as a 'professional' capable of self-management and personal accountability. Later, of course, Drucker (1999) would emphasise the autonomous nature of knowledge workers and inherent difficulties in imposing managerial control over their activities.

Characteristics of knowledge work(ers)

A consensus exists that knowledge work is less tangible than manual work, and knowledge workers' intellectual capacity, motivation and conducive environmental conditions are key to activating productive capability (Davenport, 2002; Drucker, 1999; Thomas and Baron, 1994). Drucker (1959) first described knowledge workers as high-level employees, who work with intangible resources and apply

analytical and theoretical knowledge. Accordingly, employees with higher levels of educational attainment are more likely to occupy knowledge worker roles and engage in development of new services and products (Drucker, 1994). Knowledge workers are typified as motivated to improve their performance and contribute to knowledge building (Marsick, 2009). Moreover, research suggests knowledge workers often need to make a sustained and valued contribution to relevant bodies of knowledge beyond their immediate organisational sphere (O'Donohue *et al*, 2007). In addition, other researchers emphasise that knowledge can be generated from informal sources through experientially-based learning and access to personal, organisational and external knowledge (Nickols, 2000).

The uniqueness and competitive advantage of knowledge workers lies in their capacity to apply tacit (as well as explicit) knowledge (Lee and Yang, 2000) and prioritise personal knowledge over organisational knowledge. Personal knowledge exists within an individual and is difficult to imitate, reproduce or replicate, whereas organisational knowledge is available to organisation members, transmitted formally and informally, through established systems and processes. Personal knowledge involves “*what individual persons bring to situations that enables them to think, interact and perform*” (Eraut and Hirsh, 2007: 16), emphasising holistic conceptions of what people do and who they are. Personal knowledge incorporates codified knowledge – know-how in the form of skills and practices; personal understandings of people and situations; memories of cases and episodic events; personal expertise; practical wisdom and tacit knowledge; and self-knowledge, attitudes, values and emotions. Much of what knowledge workers do

relies on practical as opposed to technical knowledge (Eraut, 2004b, 1994, 2007 with Hirsh), which is context-specific, difficult to codify, and therefore not addressed by formal educational approaches or formalistic competency-based schemes. Practical knowledge is experientially derived, tacit in nature and central to continuing development of professional practice. While role related knowledge can be controlled by organisations, tacit knowledge derived from experience and historical context are not susceptible to organisational control (Tsoukas, 1996). The distinctive features of explicit (codified) and tacit (practical) knowledge (Polanyi, 1975) provide the core of competing conceptualisations of knowledge as a resource and a relational process (Cegarro-Nevarro and Dewhurst, 2006).

Affirmation that “all knowing is personal knowing – participation through indwelling” (Polanyi, 1975: 44) highlights the personal and subjective nature of knowledge held by individuals. People often utilise a combination of tacit and explicit knowledge when taking action (Polanyi, 1962). Tacit knowledge, although necessary for performing an activity, is not amenable to explanations as it consists of chaotic fragments located in a person’s mind and concealed from cognitive processes. It is therefore difficult to explicate the relationship between individual elements and holistic activity (Polanyi, 1962). This has led Blackler (1995) to draw a distinction between embrained and encultured knowledge, recognising knowledge held by individuals is reliant on their conceptual skills, capacities and social interactions, which in turn reflect and contribute to evolution of organisational culture.

Knowledge workers are involved in the generation, communication and application of knowledge (Davenport, 2002). Drucker (1993) draws a distinction from the manufacturing process, where production and consumption of goods is separated by time, and 'service workers' whose product is simultaneously produced and consumed. Knowledge workers tend not to transform the state of tangible materials, but instead convert knowledge from one form to another (Nickols, 2000). Horvath (2001) defines a knowledge worker as anyone whose work involves development and use of knowledge, engaging in a range of tasks to transform information into other formats. Through the manipulation of intangible ideas, images and symbols, knowledge workers identify and resolve problems – a process described as symbolic analysis (Reich, 1991). The invisibility of knowledge work makes it difficult to measure and control and there is no defined knowledge threshold which legitimises the use of the term knowledge worker. Arguably all work requires knowledge (Warhurst and Thompson, 1998), although there are variations in intensification and degree (Collins, 1997). Knowledge workers are unable to acquire all the knowledge they require to accomplish tasks and rely on supportive organisational processes, workflows, accessible contextualised learning and knowledge management systems (Mosher, 2007).

Knowledge work, originally used as a description for white collar work (Ramirez and Nembhard, 2004), has been conceptually expanded to embrace differences amongst types of knowledge workers. For example, Coates (1986) differentiates three categories of knowledge worker: clerical, professional and managerial. Dove (1998) segments knowledge workers into three different classes: (i) those who

create knowledge based on innovation; (ii) those who possess and apply portable knowledge; and (iii) those who possess specific knowledge not transferable to other settings. There is no agreed definition of knowledge work. It is often described relative to manual work, omitting key differences amongst those labelled knowledge workers. Drucker (1999) situates manual and knowledge workers at opposite ends of a continuum, recognising that many roles incorporate both knowledge and manual work. He describes such individuals as 'technologists', suggesting they are the largest and fastest growing group of knowledge workers. The distinction between manual and knowledge work is open to challenge as it assumes manual work is a de-skilled activity with minimal knowledge requirement; manual and mental work are not mutually exclusive (Smith, 1981).

Professionals and knowledge work

In common with the NHS, many organisations rely on knowledge workers (professionals) and have invested in the systematic adoption of competency-based arrangements. In order to consider the viability, compatibility and efficacy of the latter, it is essential to appreciate the nature and characteristics of the former. As mentioned earlier, the NHS has imposed the KSF on over a million employees, a majority of whom can be categorised as knowledge workers if not professionals. This section explores the properties and operation of knowledge workers (professionals) within the NHS and the environmental conditions conducive to maximisation of their contribution.

Although widely applied within academic and practitioner literatures, the term 'knowledge worker' is less used in the NHS than other employment sectors. However, the characteristics and attributes of knowledge workers resonate with many working in organisations where the term rarely features. In many organisations, a preferred way of describing (highly) specialised, knowledgeable and skilled workers is to designate them as "professionals". Specialist knowledge is difficult to codify and confers implicit power on its holders (Ham and Dickenson, 2008). Within the NHS, for example, there are the medical, nursing and dental professions; a range of Allied Health Professions (AHPs), including physiotherapists, radiographers, occupational therapists, podiatrists, dieticians, speech and language therapists; and other professional groupings, such as pharmacists, clinical psychologists, scientists and managers, each with unique traditions, values and cultural properties. The term professionalism "*can mean anything and nothing, can be invoked in whatever way serves the purpose of the moment. It assists the bland elision of complexities and difficulties and potential conflicts*" (Humes, 2009: 74). Collins (1997) argues that, rather than representing a new classification of worker, knowledge worker is a rebranding of archetypal professionals or acknowledged experts.

The medical, legal, accountancy and many other professions – in common with the priesthood in antiquity – act as 'authorities of delimitation' to patrol and guard their knowledge boundaries from external incursion to maintain the privileged positions of their members. For example, professions typically require (i) strict and demanding entry criteria, controlling the quality and numbers of entrants; (ii)

selection determined by senior professionals; (iii) lengthy 'apprenticeships'; (iv) extensive periods of formal study and continuing professional development; (v) clear hierarchies and career progression based on acquisition and application of 'expert' knowledge; (vi) use of specialist terminology (which can be daunting and impenetrable to lay people); (vii) self-regulation over matters of professional standards, conduct and capability; (viii) public presentation and affirmation of altruistic motives; and, (ix) as Alvesson (1999, 1993b) observes, adoption of rationality, neutrality and technocracy "*as ideologies for justificatory purposes.*" Notions of professionalism incorporate a selfless image, a scientific episteme and are sustained by rhetorical commitments to empowerment, autonomy and duty (Harrison, 2006; Watson, 2006; Bradshaw, 1995). These characteristics have enabled members of professions to enjoy (relatively) high incomes (Berlant, 1975), social status (Raelin, 1992) and public legitimacy (Abbott, 1998).

The dysfunctional consequences of such attributes led George Bernard Shaw to castigate professions as "*a conspiracy against the laity.*" Here notions of professional bureaucracies are salient with authority vested in knowledge accumulation and professional standing. Rational discipline is internalised through socialisation, self-regulation and professional standards which operate in parallel with rules, controls and authority from above. Schon (1983) challenges the widely accepted notion of 'technical rationality' which holds that competent professional practice relies on the application of theoretical knowledge. This pervasive notion elides 'real world' complexities and the way professionals work in practice, notably their reliance on knowing and reflection-in-action, tacit knowledge, spontaneity and

intuitive reactions (Schon, 1983). In concurrence with Schon, Eraut (1994) proposes a complementary concept of 'performance period' which acknowledges the need for professionals to deal in real-time with multiple competing demands, serving to undermine notions of experience as discrete sequential individual problems, cases or tasks.

Medical staff report that it is not uncommon for patients to attend a consultation armed with the 'latest research' – often gleaned from cyberspace. Although a little knowledge can be a dangerous thing, it is generally mediated through the doctor-patient consultation process. A key strand of health policy is to promote self-care and encourage individuals to assume ownership for their health (Scottish Government and Long-Term Conditions Alliance Scotland, 2008; Scottish Government, 2007). This necessitates a clinician-patient relationship based on partnership transcending notions of protection, supervision and control (Collins, 2004) – a very different dynamic from previous generations where patients were willing to supplicate themselves to the reassuring hands and knowledge of healthcare professionals. Perceptions of professional competence are socially accepted and reinforced when a professional's capabilities are acknowledged and valued by others.

Advances in medical science have intensified NHS professionals' knowledge and specialisation: in fact there are 61 discrete medical specialties and within them 34 sub-specialties (General Medical Council, 2011). Specialisation has led to nurses doing tasks that were previously the preserve of doctors – for example, it is now

common for nurses to undertake endoscopies, administer anaesthetics, prescribe medicines and lead services. As the role of nurses has changed so too have the responsibilities of nursing assistants who now do work previously undertaken by registered nurses. As the corpus of medical knowledge expands and specialisation increases, no individual can know everything needed to treat and care for patients. This accords with Hayek's (1948) understanding that knowledge is dispersed with individuals possessing partial knowledge. Effective healthcare depends on teams drawn from varied 'professional' backgrounds who collectively possess a broad range of requisite knowledge and skills.

Scarborough (1999) suggests knowledge workers transcend traditional notions of professionals, highlighting a need to transform roles and methods of working based on the imperative to interact and forge productive relationships to accomplish assigned tasks – more so, certainly, than was the case in the pre-knowledge era. Such arguments do not diminish the crucial role of deep knowledge and high skill levels embodied within archetypal professionals; rather, it suggests how their contribution could be enhanced. The unique contribution of knowledge workers lies in their multi-skills and awareness of different bodies of knowledge to resolve complex problems (Frenkel *et al*, 1998). Many workers acquire years of experience and formal educational attainments, yet do not meet the stringent and restrictive requirements to be categorised as a member of a profession (Alvesson, 1993a). The NHS provides a very good illustration of this phenomenon with its reliance on a plethora of highly-skilled 'technical' support workers like pharmacy, laboratory, physiological measurement and dental technicians; physiotherapy,

radiography, dental and occupational therapy assistants, cognitive behavioural therapists and a range of workers supporting management and administrative functions.

Watson (1995) argues that the descriptor 'professionalisation' could be expanded to include such knowledge workers as special kinds of professionals. This resonates with accommodation of Allied Health Professionals within the NHS, who were previously designated professions allied to medicine – the master profession – reinforcing perceptions within inter-professional groupings that some are deemed more important than others. For example, doctors through their pre-eminant position within multi-professional teams tend to assume a lead role, ensuring a focus on their areas of interest, while the higher status accorded to their knowledge can marginalise other professional 'voices' (Currie and Suhomlinova, 2006).

An examination of healthcare knowledge workers reveals the complex nature of their roles and relationships. Key characteristics include: loyalty to profession and colleagues rather than their workplace (Pratt *et al*, 2006); commitment to those served; importance of partnerships (including with patients), teams and networks; reliance on tacit knowledge; importance of trustful relationships; and the need to balance competing priorities. This lays open to question the value of rational managerialist practices including prescribed, top-down, formalistic, individualised competency-based arrangements in supporting knowledge workers, professional and personal development and productive capacity.

As knowledge creation, sharing and use depends on voluntary social interaction, within what is often called a 'community of practice' (Wenger, 2000, 1998; Duguid and Brown, 1991; Lave and Wenger, 1991), it is unlikely that such processes will be susceptible to control through hierarchicalist mechanisms (Thompson, 2005; Bate and Robert, 2002). More probably, professional associations and affinities, mediated through social networks, will influence the behaviour of its members, although since the 1990s management of knowledge work and knowledge workers has been conceived as a control issue for organisations (Neef, 1998). In healthcare, government policies which fail to recognise institutional power sources and relationships are likely to fail (Currie and Suhomlinova, 2006). Within the NHS, lateral modes of organising, partnerships and networks coexist with vertical command and control structures, systems and processes, which are difficult to supplant (Ferlie *et al*, 2003).

Conditions to support contribution of knowledge workers

Holding most knowledge of their jobs, knowledge workers should identify tasks to be accomplished and act as 'business partners' deploying their knowledge and capability in the organisational interest (Drucker, 1999). Kogan and Muller's (2006) ethnographic study indicates knowledge workers devise their own strategies, processes and techniques, distinct from those instituted by organisations. To maintain the commitment, loyalty and productivity of knowledge workers, Drucker (2002) advises organisations implement appropriate compensation arrangements,

supportive structures and processes, and (perhaps most importantly) conducive leadership and management styles. Barriers to knowledge creation, sharing and use can emanate from incompatible leadership, cultures, social interactive processes and technology-based infrastructure (Li *et al*, 2009).

Leaders and managers influence organisational culture (Marsick, 2009), and the way knowledge workers function within organisational (learning) environments. Traditional, hierarchicalist scientific management practices, as well as bureaucratic forms, are too inflexible and prescriptive to facilitate freedom and autonomy to galvanise the creativity, innovation and productivity of knowledge workers (Drucker, 1999; Macoby, 1996). This requires an emphasis on social networks; self-management and devolved power; promotion of self-learning; and creation of an environment where knowledge is generated, shared and used. Leaders should engage in the quasi-resolution of conflicts at institutional, organisational and personal levels (Scarborough, 1999). As Mintzberg has argued:

“At the individual level, leaders mentor and coach and motivate; at the group level they build teams and resolve conflicts; at the organisational level, leaders build culture”

(Mintzberg, 1998: 145).

Conclusion

Knowledge work reliant on human endeavour is intensifying in many workplaces. This highlights a need to better understand how performance can be enabled, developed and maximised. Increasing reliance on knowledgeable and educated individuals, flatter hierarchies and intelligent technologies have led many in organisations and academia to question rational management approaches and the efficacy of standardised training systems premised on extracting “*expertise from a few and ensure adoption of practices across the many*” (Marsick, 2009: 265).

Increased dependence on knowledge workers is said to contribute to a heightened awareness of the pervasive nature and role played by informal learning in the workplace. Knowledge workers, unlike workers undertaking prescribed tasks, often exercise judgements and take decisions in uncertain and changing circumstances. Knowledge workers have an aversion to bureaucracy and administration (Root-Bernstein, 1989), and will resist imposition of rules and structures. They also favour autonomy (Rosenbaum, 1991), freedom, empowerment, self-management and a collegial leadership style (Despres and Hiltrop, 1995). Such approaches are “*a consequence of the type of work and are a way of managing a type of worker rather than features of the work or the worker*” (Paton, 2009: 93).

It is argued that key determinants of knowledge worker effectiveness lie in their autonomy and responsibility to define and carry out tasks, innovate solutions and be supported by continuous learning. Knowledge work is a matter of quality, not just quantity: workers are an asset to be nurtured and grown, rather than a cost to be controlled and minimised (Drucker, 1999). It is reasonable to postulate that Taylorist techniques and Weberian principles, embodied in modern rational managerialist approaches, and in behaviourist oriented competency systems, have limited and possibly deleterious consequences, when aimed towards improving knowledge worker development and productivity.

CHAPTER FOUR – THE NATURE OF POWER AND THE IMPORTANCE OF CONTEXT

Introduction

This chapter locates power dynamics in the operating environment as a central concern of the project. The chapter is in four sections. The first focusses on the work of Foucault and explains the relevance of his theorisation to the research. Secondly, consideration is given to the influence of power and human qualities on actualisation of workplace learning. The third section examines power relations in the empirical setting (the NHS), highlighting their dynamic and ‘embedded’ nature. Finally, New Public Management (NPM) is explored, outlining its effects on public services.

Foucault’s thoughts – notably his conceptualisations of discourse, power/knowledge and governmentality – are used to inform analysis and general understanding of power. Discourse is introduced to explicate how dominant narratives are formed, developed and sustained as rational, normal and natural features of lifeworlds. Like rational managerialism the political rationality of the modern state is ill-equipped to deal with complexity, uncertainty, disorder and flux. This facilitates an understanding of wide-scale adoption of rational managerialist practices across public spheres. The nature of power/knowledge, its contextual dependency, primacy over absolutist truth claims and transmission through

technologies (social institutions) and techniques (practices to induce compliance), are utilised to understand power dynamics and their effects in temporal material contexts.

The chapter examines how power and other human qualities influence situated learning activities. Vince's (2002a) conceptual framework foregrounds key human factors elided by rational managerialism which influence learning processes. Mainstream individuated acquisitional and social participative modes of learning and their role in human development are examined to identify their compatibility with rational managerialism and how learning is understood and translated in workplace environments.

Prepotent social forms and 'expert' power systems within NHS institutional arenas are identified. The social position, status and powerbase of key groupings are indebted to their perceived expertise which, according to Reed (1996), forms the nexus of power struggles in modern societies. As will be explained, the balance of power in NHS organisations is open to contestation as managers (corporate rationalisers) and clinicians (professional monopolists) engage in fluctuating power relations (Page, 2012; Ham, 2009; Alford, 1975) influenced by an overarching political context.

As the predominant 'external' influence on the NHS (and other public services), attention is focussed on the political domain, encompassing national and transnational institutions. The phenomenon of NPM (Hood, 1991) is examined

charting the reasons for its ascendancy, underpinning political rationality, attributes and impact on public services. It is argued NPM is sustained by a compelling simple narrative rather than objective empirical evidence of measureable material success.

An alternative ante-narrative emanating from 'complexity theory' is identified which if accepted would require a different leadership approach from the control-based hierarchical tendencies of rational managerialism. The compatibility of 'complexity leadership theory' with the needs of knowledge workers is examined as is the possibility of notions of 'complexity' perturbing the discursive boundaries of the dominant rational managerialist discourse.

The work of Michel Foucault and its relevance to the study

Power is situated as a potent, structural, generative mechanism within society. Conceptually, it is notoriously slippery, ill-defined, contested and difficult to comprehend. This study seeks explanatory purchase on how power is actualised in the empirical setting. It is argued that Foucault's works provide useful insights and resources which enable the operation of power and its effects to be better understood. A Foucauldian 'lens' provides a penetrative conceptual framework which helps explain how power (/ knowledge) influences the construction of dominant narratives which influence the lifeworld.

Foucault's (1997b, 1988, 1982, 1980, 1979, 1978, 1977a, 1973, 1972) works on discourse, knowledge, power and government(ality) provide an insightful analytic 'tool-box' to examine how discursive practices are historically determined, obtain authority, and are replicated, dispersed and adapted. Constructivist theories of meaning and representation accept physical objects and actions exist, although they only possess meaning and become objects of knowledge through discourse. Foucault conceives discourse as a system of representation, incorporating practices and rules, which generate meaningful statements, and regulate its formation within a particular time and place.

Reality is constructed through language, and can be understood and conceptualised against other textual materials, as opposed to being validated against an external truth. Building on linguistic theory, Foucauldian discourse seeks to surmount a distinction between what individuals say (language) and what they do (practice) (Foucault, 1972). Objects of knowledge – in this case competency-based arrangements and knowledge work(ers) – are defined and produced through discourse, governing what can and cannot be discussed, reasoned and acted-on. Meaning and meaningful practice are determined and normalised through discourse, which excludes alternative interpretations and actions, closing off other possible, less stable fragmented discourses. The state of knowledge and ways of thinking at a particular time – *episteme* in Foucault's terms – enables correspondent discourses to manifest in different texts and conduct within a range of institutional settings and epistemological fields, which coalesce into a type of unity described as a discursive nexus (Foucault, 1972). A dominant

discourse must secure institutional support and legitimacy; a process supported by invocation of adjacent and other linked discourses, which tend to totalise its object and shift discursive boundaries that are permeable and subject to change (Foucault, 1972). Similarly, coherence of an emergent discourse is enabled by production and dispersion of congruent thematic statements to those established in resonant knowledge fields. The application of Foucault's analytical framework to the area of study directs attention to how rationalist discourse has pervaded interrelated knowledge fields and institutional settings. Thus, mainstream rational organisation and management theory and institutional praxis are implicated in reinforcing the dominant managerialist paradigm, ensuring competency-based arrangements and the way knowledge workers operate are consistent with rationalist precepts and values.

Discursive statements made by those possessing authority, legitimacy and expertise act as 'authorities of delimitation' – for example, governments, managers, professionals and academics, who determine what is included and excluded in a discourse, creating new forms of domination (Best and Kellner, 1991). Legitimated authorities control truth claims within a knowledge field and preserve the integrity of a discourse through rules and norms used to judge acquiescence and adherence of individuals and groups to the dominant discourse. Managers, professionals and government agents often cite scientific or other expert opinion to authorise and give credibility to a dominant discourse. There is an inherent pressure to conform to an official discourse, as not to do so could jeopardise legitimacy and capacity to participate within an institutional setting. It would be difficult for employees not to

participate in an organisation's competency-based arrangements or adhere to prescribed professional standards. Such non-compliance could result in corrective measures and sanctions against recalcitrants.

Foucault devised the couplet power/knowledge recognising the indivisibility of both concepts, with knowledge implicated in power relations and regulation of social conduct. Following Nietzsche (1910), Foucault privileges power/knowledge over absolutist truth claims, with discursive practice allied with power effects able to assume truth-like authority which are partial, local and parochial (Hunnicut, 2006; Foucault, 1980), and subject to the vagaries of prevalent power-systems (Taylor, 1984). Foucauldian analysis rejects progressive rationalism, focussing on systems of thought which characterise discourse in a particular period (Haugaard, 2012, 2003) and how historically constituted practices influence contemporary conduct, as opposed to acceptance of totalising unified narratives, imbued with cultural coherence, consensus and homogeneity (Toews, 1994).

Canonical philosophical works on power (see for example, Machiavelli, (1985); Hobbes, (1982); Marx, (1977); Dahl, (1957); Weber, (1947); Nietzsche, (1910)) propound conventional hierarchicist conceptualisations (Hall 1997) where power emanates from a specific legitimate authority. Such 'sovereign' power relates to the ability of those in positions of power to exert their will over others (Buchanan and Badham, 1999; Townley, 1994, 1993). There are no power relations without resistance (Foucault, 1980); power is not simply a case of the powerful subjugating the weak but rather a negotiated, relational process involving degrees of autonomy

and dependence (Giddens, 1984). Foucault's kinetic conception of power situates actions of the powerful over the less powerful as a successive iterative relationship, played out in a context determined by discourse and practice (Brass, 2000). Foucault not only views power in sovereign terms – as acts of conscious intentionality to institute mechanisms of social control – but also as an omnipresent, insidious (often obscured and imperceptible) feature of social existence (Foucault, 1980).

Foucault (1978: 90) draws on the Nietzschean belief that reason masks power and commends others to “...*conceive...power without the King*”, arguing it is diffused throughout [public and private spheres of] modern ‘disciplinary’ societies. “*It [power] is never monopolised by one centre, it is deployed and exercised through a net like organisation*” (Foucault, 1980: 98). Accordingly, power “*needs to be thought of as a productive network which runs through the whole social body*” (Foucault, 1980: 119). Since the eighteenth century, the ‘*micro-physics*’ (Foucault, 1977a: 134) of power has dominated social institutions, comprising ‘disciplinary societies’ through “*many localised circuits, tactics, mechanisms and effects through which power circulates*” (Hall, 1997: 77) “*right down to the depth of society*” (Foucault, 1977a: 27), connected through a ‘capillary movement’ to sources of power located in the wider environment. Power in modern societies is mediated through technologies – institutional mechanisms such as prisons, hospitals, universities and schools, and techniques, including discipline, supervision, surveillance and punishment which permeate the texture of social life. Disciplinary practices attempt (unobtrusively and efficiently) to influence individual and

collective conduct through rules (regulations and procedures) suffused with power which shape human properties such as behaviours, attitudes and dispositions. Examination of technologies (NHS organisations) and techniques (the KSF and associated rationalist managerial processes) and their intersection on knowledge workers' lived experience enables a material analysis of power, in contrast to conventional approaches which articulate idealised power constructs (see for example Connolly, 1993, 1974), or seek to establish motive and intent of those holding positional power.

A central feature of Foucault's method, which he urged others to emulate, is not to follow common historiographic practice and seek explanation in terms of continuities and their origins, but instead to identify and study discontinuities in knowledge – configurations which delineate disjuncture and transformation in successive '*epistemes*'. Foucault advocated a search for beginnings as opposed to origins: the former, he argued, are generated from arbitrary ruptures in continuities, while the latter are replete with foundational myths and seamless unarguable accounts, unimpinged by fragmented 'other' viewpoints and versions of truth (Delaporte, 1998). The quest to find hermeneutic foundations and historic meaning cannot be realised as they do not exist (Dreyfus and Rabinow, 1982). A 'beginning' point of this thesis is the rupture of political continuity, contingent upon rejection of the post-war 'Keynesian' welfare state consensus, and subsequent dominance of neo-liberal thought within socio-economic policy domains, which prefigured the NPM phenomenon, with implications for public sector state bureaucracies, including the NHS. Foucault's commitment to locating social

studies to the particularities of time and place enables NPM to be surfaced to exemplify how a 'world-view' (neo-liberalism) with traction in the political environment influences the functioning of individuals within public service organisations.

Disciplinary power acts to obtain information about individuals which is deployed to regulate and control behaviour, actions, performance and competency in accordance with acceptable norms and measurements. Individuals are thus known, moulded and subjected. These practices result in appropriation of knowledge and lead to generalisation of technical rules and routines which guide and delimit human praxis. Actualisation of competency-based approaches and operation of knowledge work(ers) are examined to better understand the application of these processes in the lifeworld. Surveillance involves hierarchical observation, normalisation and examination. Examination integrates 'hierarchical observation' and 'judgement normalising' by illuminating individuals through assessment and classification techniques. The examination process involves documentation, records and written assessments, which provide a reductive, objectified conception of human faculties. These describe individuals, make them visible, and once known, render them susceptible to management and control.

Recording the examination of individuals provides the basis to aggregate knowledge of a population (Foucault, 1977a), enabling the simultaneous construction of individual and collective knowledge repositories. Conduct in modern societies and organisations is regulated through diffused normalisation

processes – not overt suppression. The accumulated knowledge of individuals makes possible comparative assessment against established norms and standards to determine compliance, deviance, conformity and non-conformity against apparently rational and objective criteria, legitimising corrective action on maladaptives. The ‘social sciences’ are implicated in the development, application and proliferation of ‘scientific’ classification and categorisation processes, encouraging measurement and assessment of human capacities and contribution. For example, systematic competency-based arrangements provide a rational means to assess, measure and regulate individual performance. Professional education is bound in networks of power and techniques of discipline, such as surveillance, normalisation and examination. Attendant technology (often electronic) assists application of these processes at a population level.

In this study, actualisation of competency-based arrangements, and operation of knowledge workers as mechanisms of power in their local context, and how they are linked to wider power-structures are examined. This suggests a need to analyse the activities of knowledge workers in their operating context to understand power from the bottom upwards, explore how mechanisms of power operate in their own right, and how they are diffused in wider networks and appropriated by those seeking to exert their will on others.

Individuals are active agents engaged in their self-production (Dreyfus and Rabinow, 1982). Acknowledgement of short-comings can contribute to individual identity formation, involving ritual confession as a means of establishing truth and

absolving confessants. As Foucault asserted, '*Western man has become a confessing animal*' living within a '*singular confessing society*' (Foucault, 1979: 59). Many professionals and managers play a legitimated role in hearing confessions and passing authoritative judgements to reprimand, rehabilitate and develop individuals. Foucault's (1988) later work on 'governmentality' considers how macro-political power interrelates with micro-level 'techniques' of power and practices of the self to regulate human attributes such as behaviour, thinking and actions. Lemke (2007, 2002) argues it is impossible to study the technologies of power without an understanding of their underpinning political rationality. Disciplinary techniques constitute key components of social regulation within a governmental framework which comprises a 'triangle of power' – sovereignty-discipline-government through which justification, representation and management of political problems are formed. Like disciplinary power, governmental power relies on established ways of knowing and utilising knowledge to instantiate practice. Here, the practices of professions and management assume importance as social forms, which deploy expertise and knowledge in institutional settings, as well as being implicated in transmission of governmental power. Modern complex disciplinary societies could not function without such 'expert systems' (Giddens, 1991) to manage and mediate social existence. Expert systems depend on expertise based on generalisable knowledge and technical proficiency. Accordingly, this study examines the nature of expert (professional and managerial) power systems within the NHS.

Modernity signals a move from the “*particular to the universal*” and “*the timely to the timeless*” (Toulmin, 1990: 30: 31). The political rationality of the modern state has limited toleration and capacity to deal with uncertainty, complexity, ambiguity and plurality. For example, development of technologically aided competency-based arrangements in the NHS cover all workers and creates a temporal space for individuals to self-examine for evidence of competent working and to consciously develop the self through acquisition of sanctioned knowledge and skills. Control is thus self-inflicted – individuals who are not rational, responsible and disciplined are pushed to the margins, and subjected to intensive control, discipline and possible ostracisation. The interrelated themes of ‘individualisation’ and ‘totalisation’ enable governments to forge ‘networks of power’ between actions intended to supervise and regulate populations, and the techniques and practices which manage individuals (Gordon, 1991). Political regulation of individual conduct is an integrated and interdependent process. In his ‘theory of police’, Foucault (1988: 79) posits government rationality is concerned with “*a live active productive man*”, spawning an assemblage of techniques and practices that form a distinctive modern approach to political rule. This emphasis on the ‘*techne*’ of government guides analysis towards to what extent and how political rule and its aims are achieved (Rabinow, 1984).

Competency arrangements and operation of knowledge workers cannot be actualised without individual involvement; the degree of engagement depends to some extent on conscious acceptance of individual responsibility. Here, techniques and practices of the self assume significance, embodied within specific

technical processes that can facilitate individual transformations in conduct, behaviour and emotions. Such techniques are an attempt to change individuals (and collectivities) toward perceived desirable future states and act as 'capillaries of transmission' between political intent and action. Political aims are thus specified with practical programmes for their enactment which seek to engage individual participation or passive acceptance. For example, the political aim to ensure a highly skilled and knowledgeable NHS workforce is to be achieved by engaging employees in the KSF.

Critiques of Foucault highlight considerations relevant to those intent on utilising aspects of his theorisation and 'tool-box' to social studies. Foucault's '*little tool boxes*' contain a rich assortment of methodological guidelines, rather than definitive, specified methods. As Brass contends:

"...the aim is to identify the linkages among bodies of knowledge, institutions and practices prevalent in society at a particular time that converge on your research topic..."

(Brass, 2000: 313)

Scholars in keeping with Foucault's spirit of enquiry have found a variety of ways to read and make use of his thoughts. The "*major critique*" (Hall, 1997: 78) relates to the potential to neglect influences of material structural factors in the actualisation of power/knowledge. Also, emphasis on discourse has opened Foucault's approach to charges of being overly structuralist whilst negating subjectivities (Bielskis, 2009; Barrett, 2001; Hall, 1997). As Hall argues: "*Subjects may produce*

particular texts, but they are operating within the limits of 'episteme', the discursive formation, 'the regime of truth' at a particular period and culture" (Hall, 1997, 79). According to Hall (1997), prioritisation of discourse, representation and historical contexts leads to a radical historicisation and dispensation of the subject. Foucault certainly dismisses idealised conceptions of the subject as a conscious, autonomous, empowered actor, embodied with unfettered free-will as the source of meaning, power and action (Hall, 1997). He recognises the capacity of structural mechanisms to limit choice-making and deliberative action; however, charges that he concludes the death of the subject (Bielskis, 2009) seem excessive. Foucault invokes agential power through the actualisation of hierarchical power relations, and in his later work, attributes reflexive qualities and self-awareness of conduct to individuals (Foucault, 1988), whose actions are not totally determined by externalities.

It is imperative to be aware of the role of structure and agency when undertaking social research and seek to transcend their potential duality. Structure and action are interdependent processes situated in autonomous domains. Analytical dualism connotes a commitment to an analysis of interactions between structure and agency. Structure is conceived as an outcome and medium of social interaction and one dimension should not be privileged over the other, or conflated, as this would negate an "*examination of their interplay of the effects of one upon the other and ... their relative contribution to stability and change at any given time*" (Archer, 1995: 14). Individuals possess physical and mental capacities (Paton, 1998), including knowledgeableability (Giddens, 1984) and are engaged in positioning

themselves within power relationships (Knights and Vurdabakis, 1994). Knowledgeability is the key feature enabling individuals to reflect and act in response to prevalent circumstances (Giddens, 1984). People possess emergent properties within their embodied nature which are bound (although not determined) by enabling and constraining mechanisms situated in their structural context. The later Foucault (1993) acknowledges individuals are reflexive agents with a capacity for self-determination and action:

“it is always a versatile equilibrium, with complementarity and conflicts between techniques which assure coercion and processes through which the self is constructed or modified by himself”

(Foucault, 1993: 204)

A subjectivist/constructivist orientation recognises social processes derive from the complex interaction between generative structural forces and individuals producing an *“emergent reality in a continuous state of construction and reconstruction”* (Bryman, 2004:17). Subjectivity needs to be examined in the context of power and social relations that are its medium and consequence: the subject cannot be isolated from its context. Alignment with a ‘big’ position, preconceived theory or philosophy can impede the planning and conduct of qualitative research (Denzin, 2010, 2009). Developed from his unique standpoint, Foucault is antithetical towards ideological determinism.

In this study, Foucauldian perspectives are utilised to better understand how power (/ knowledge) is actualised in specific temporal contexts. In particular, Foucault’s

theorisation is used to help answer the following questions: What is the dominant meta-narrative?; How is it (re-)constructed and sustained?; What is the underlying political rationality?; What are the 'authorities of delimitation' and how do they shape and influence lived experience?; How is power transacted through technologies (institutions) and techniques (disciplinary [compliance] practices)?; What social forms (expert systems) are implicated in the transmission of 'governmental power'?; How do 'expert systems' operate in the empirical setting?; How do mechanisms of power influence construction and conduct of the self and collectivities?

The next section challenges rationalist conceptions of power by situating power and politics as an every day (although often sublimated feature) of organisational life, which due to human nature and social interaction influence actualisation of workplace learning processes.

The centrality of power in the actualisation of workplace learning processes

The actualisation of learning processes is influenced by (and influences) power relations within an organisational field – an organisation and its operating environment (Stacey, 1977). Here Vince's (2002b) conceptual framework provides a basis to obtain an understanding of the influence of power dynamics on the actualisation of workplace learning processes.

Vince (2004, 2002, 2001) argues that organisational learning can be explained through organisational dynamics, stimulated by interaction between politics (power relations) and emotions within an organisation, creating a socio-political context where organising work and learning are situated. Power and micropolitics are central features of organisational life (Holbeche 2005; Burrell and Morgan, 1979). Although there is agreement that an analysis of organisational learning requires consideration of individual, group and organisational phenomena (Crossan *et al*, 1999), much of the literature on workplace learning has been directed towards individual learning, explaining the ubiquity of personal appraisal arrangements and their link to training and development programmes (Sloman, 2005; Vince and Broussine, 2000). Workplace learning is thus often conceived as the sum total of individual learning.

Vince's (2002b) conceptual framework transcends prevalent notions of acquisitional individual learning, shifting focus towards the influence of relational and power dynamics on workplace learning. Vince's framework is underpinned by three premises:

Premise 1: Learning processes are directly mediated by power relations.

Premise 2: Emotion determines the possibilities and limitations of both learning and ongoing learning.

Premise 3: There exist organisational 'dynamics' which are more than the sum of individual and collective learning.

Vince uses the term 'establishment' to express connections between emotions and power; emphasising a need to consider how individuals and organisational power relations intersect to create temporary 'troubles' or 'realities' that mediates and moderate conduct. Organisational activities, like learning and innovation, are conditioned by existing (and emergent) power relations (Bain, 1998) with managers invariably preoccupied with issues of management and control, locating the majority of organisational members in positions of relative inequality and powerlessness (Vince, 2002b).

The political dimension of organisations comprises "*groups which have separate interests, goals, values and in which power and influence are needed in order to reach decisions*" (Huczynski and Buchanan, 2001: 822). Politics and power relations are conceived as an integral feature of organisational life that influences mediation of knowledge use, learning and change. Competency-based systems are a rational approach involving measurement of outcomes (Garvin, 1993), development of prescribed behaviours (Bartram *et al*, 2002) and explicit capabilities (Ulrich *et al*, 1993). However, learning is more than a rational process, involving the complex interplay of social relations, impacted by individual and collective emotions derived from conscious attempts to promulgate and prevent learning (Vince, 2002b).

Emotions such as fear, happiness, guilt and jealousy are often avoided or ignored and, although part of the human condition and an inherent feature of organisational life, they somehow constitute 'uncomfortable knowledge', leading individuals to de-

emotionalise communications and find expression in more acceptable rational terms (Fineman, 2004, 2000, 1993). This is reflected in enactment of leadership roles, where individuals seek to avoid overt, emotive, public displays of power over others. Whilst power is often not amenable to observation, it is always present, and as social creatures, people are continuously engaged in mutual learning activities, involving “*a range of emotional levels of connection across the boundaries of person, role and organisation*” (Vince, 2001: 8). As Holbeche (2005: 33) asserts:

“...to understand organisational politics involves breaking away from the realm of rational managerialism and being able to embrace a pluralistic perspective, including a study of human emotions, motivation and meaning making.”

In the literature, power transacted through hierarchical structures is considered an inappropriate mode of governance for knowledge workers (Toffler, 1990), and it is suggested that this “*reduces the learning capacity of an organisation*” (De Geus, 1997: 190). Centralist command and control regimes can engender ‘surplus order’ beyond that necessary to function, reinforcing and perpetuating extant power structures. Toffler (1990) believes this is an immoral corruption of power – a view echoed by Rawls (1971), who in his ‘theory of justice’ postulates that the exercise of power and privilege can only be justified to the extent broader social benefits are derived. A significant opportunity cost arises from the exercise of ‘surplus control’ and power through bureaucratic structures, as significant resources and energy are deployed to maintain hierarchical control over decision-making and employees

actions, potentially concealing and limiting opportunities for learning, transformation and increased productivity (Bartlett and Ghoshal, 1998).

Micromanagement arises when managers preserve systems and processes which perpetuate 'surplus order' (Owenby, 2002). Policy-makers exercise a powerful influence on meaning-creation and learning processes (De Geus, 1988; Daft and Weich, 1984; Duncan and Weiss, 1979), and, as organisational reality is socially constructed, it is possible for the seductive language of learning to be appropriated as a positive unifying ideal and integrative medium to engage employees towards achievement of organisational aims. In an analysis of situated learning theory, Contu and Wilmott (2003) highlight Lave and Wenger's (1991) work on 'communities of practice', which acknowledges the influence of power on learning processes. Learning as a situated practice, Lave and Wenger argue, is a "*complex notion, implicated in social situations involving relations of power*" (Lave and Wenger, 1991: 36). This point has been marginalised by the popularisation of the concept and its assimilation within the field of management (Brown and Duguid, 1991). As Contu and Wilmott (2003: 294) contend:

"the analytic potential of situated understanding of learning will be fulfilled only when studies of learning in organisations can fully appreciate and demonstrate how learning processes are inextricably implicated in the social reproduction of wider institutional studies."

This resonates with Foucault's injunction to seek understanding of underlying political rationalities, and exemplifies how a dominant 'official' narrative acts to submerge 'other' ante-narratives.

The term 'learning' is commonly used by policy-makers, researchers and practitioners (Fuller *et al*, 2003) – 'learning' and 'development' are frequently cited in the KSF documentation with little, if any, reference to 'education' or 'training', which can evoke mainstream notions of formalistic processes involving the conscious transmission of explicit knowledge, skills and attitudes from an expert source. Such individuated, acquisitional, cognitive and behaviourist learning theories and practices assume absorbed knowledge and skills are context-free and transferable to other settings. This dominant 'standard paradigm of learning' (Beckett and Hager, 2002) fits within the rational managerialist construct, given its susceptibility to control, measurement and transmission through structured pedagogic processes. A common characteristic of policy documents in the field of learning and education, emanating from national and supranational institutions, is to extol the rhetoric of lifelong learning (see for example, Department for Business, Innovation and Skills, 2010; Leitch, 2006; Fryer, 1997; Kennedy, 1997; National Committee of Inquiry into Higher Education, 1997), whilst advocating and measuring participation in formal education and training (see for example, Eurostat, 2003; European Commission, 2002) and excluding measures of informal, experiential workplace learning. Organisations tend to enumerate facets amenable to measurement, precipitating a focus on formal learning approaches and emphasis on input and output measures such as training expenditure, training

hours, educational attainment levels and participation rates on training courses. This is a manifestation of a broader conceptualisation which conceives learning as formal, individualised, measurable processes to acquire and accredit knowledge and skills. Similarly, process-oriented frameworks for measuring and evaluating organisational learning performance – such as the ‘Investors in People’ standard – exhibit a bias towards formal training (Westphalen, 2001). Over the last two decades, information generated by the Labour Force Survey, Learning at Work Survey, Workforce Employee Relations Survey (WERS), National Adult Learning Survey and the CIPD’s Learning and Development Survey has focussed on data collection for training course attendance and associated costs, with little attention given to work-based learning.

Whilst providing useful information, surveys are limited when applied to informal workplace learning, which is not well suited to quantification and measurement. Surveys, as Felstead *et al* (2004) have claimed, tend to capture deliberative, conscious and planned learning activities and are unlikely to apprehend learning activities that arise as part of the work process. Moreover, recent research indicates involvement in training and acquisition of accredited qualifications are only “*potential measures of skills and development as most learning arises naturally out of the demands and challenges of everyday work experiences and the interactions with colleagues, clients and customers*” (Felstead *et al*, 2004: 1). This highlights the importance of social interaction and mutual support in individual and group learning. Rational managerialism values and promotes measurement and quantification. It also directs attention to measuring aspects susceptible to

enumeration. The requirement to count employees with a Personal Development Plan (PDP) does not address the more challenging question as to the benefits (or disbenefits) arising from actualisation of the process. It is simply assumed that having a PDP will lead to improved performance. Furthermore, difficulties in measuring informal learning negates rational economic evaluations, based on cause and effect or return on investment approaches, advocated by human capital theorists (Becker, 1993). If informal workplace learning is not subject to meaningful 'scientific' assessment, it is possible that interest amongst policy-makers and executives would dissipate (Skule, 2004).

The 'standard paradigm of learning' has been challenged by social theories of learning, which reconceptualise learning as a feature of social life, involving participation in experiential organic, collaborative, context-dependent processes directed by learners – learning as a naturalistic, socially constructed process activated through human interaction within a workplace setting cannot be easily transferred to another context. Socio-cultural and social constructivist perspectives, situated learning theory and communities of practice (Lave and Wenger, 1991) offer much as alternative theories and critiques of cognitive, behaviourist conceptualisations and practices, emphasising social, informal, practical learning experiences which occur outwith formal educational settings (Cross, 2007; Gergen, 1999, 1994; Sfard, 1998; Barr and Tagg, 1995). However, it would be misguided to adopt a polarised position in favour of either acquisitional (formal) or participative (informal) 'modes' of learning; instead it is necessary to recognise their respective characteristics and contribution to human development

“...there are few if any situations where either informal or formal elements are completely absent” (Colley *et al*, 2002: 5). The ‘mind’ and ‘social world’ are not discrete separate entities (Hodkinson *et al*, 2004) – with workplace learning actualised at the intersection between the work-setting and individuals’ inner psychological interpretation and acquisition processes. The introduction of competency-based approaches can be construed as an attempt to ‘formalise the informal’ (Malcolm *et al*, 2003a, 2003b), providing a means to prescribe, assess and accredit workplace learning at a time when many organisations – at least at a rhetorical level – profess to be on a journey from formal training to informal learning (Sloman, 2005).

Rationalist precepts exert a pervasive influence on many organisations, including the NHS, providing a ‘philosophical’ rationale and guiding narrative underpinning the adoption of ‘rational’ managerialist practices, including widespread imposition of competency-based approaches. Rationalism conceives power and control in unproblematic hierarchical terms, potentially disguising how power is mediated through work relationships and how this implicates on the actualisation of competency-based arrangements and the development of knowledge workers. Furthermore, rationalist conceptualisations tend to situate learning as a cognitive individuated acquisitional process, with visible, measureable outcomes occluding ongoing workplace learning through *participation* in work and interactions with others. Rationalism reifies measurement and ‘scientific’ reasoning, privileging aspects amenable to quantification to the neglect of human, social and cultural factors not conducive to measurement.

Power dynamics within the empirical setting (the NHS)

Concepts like 'knowledge workers' and 'competency-based approaches' need to be understood and related to the power of individuals and groups located within an organisational field (Edmondson and McManus, 2007; Stacey, 1977). Interdependent learning and work practices are subject to forces within an operating environment. Here, an institutional lens is useful to foreground existing power relations between key groups and social entities inhabiting organisational lifeworlds. This emphasises the necessity to examine key influences on the NHS (the empirical context), which shape priorities, ways of working and the organisational (learning) environment. Forces located in the political, managerial and professional domains are identified as key influences on the actualisation of power dynamics within the NHS and its wider environment. The relationship between professionals and managers has historically been problematic due to differences in their respective roles, belief systems, and how core values and competing ideologies (Connelly, 2004) implicate on key aspects of healthcare: for instance, clinicians are generally attentive to individual patients and local circumstances, while managers tend to focus on collectivities, populations and corporate issues (Harrison and McDonald, 2008; Edwards, 2005). Diagnosis and treatment are complex and unpredictable (Barr, 1998); however, rational managerialist approaches assume a world of predictive clinical outcomes (Sweeney and Cassidy, 2002).

Top-down politically inspired managerialist approaches – such as targets, performance management, measurement, audit and regulatory frameworks – were key components of the New Labour modernisation agenda of public services, and “*involve the capacity to establish rules, inspect others’ conformity to them, and manipulate sanctions...in an attempt to influence future behaviour*” (Scott, 2001: 52). This provided government with a means to control its agencies – an intrusion often perceived by organisational actors as a form of external pressure (Currie and Suhomlinova, 2006). Imposition of such organisational mechanisms, based on hierarchically driven exchange relationships, result in coercive isomorphism (Di Maggio and Powell, 1991), aligning the dependent organisation (in this case the NHS) in terms of climate, structure and behavioural focus to that favoured by the more powerful institution (in this case, central government). This contrasts with normative isomorphism (Di Maggio and Powell, 1991), created by professionalisation, and defined as “*the collective struggle of members of an occupation to define the conditions and methods of work...and [the] legitimation of their occupational autonomy*” (Di Maggio and Powell, 1991: 52). Commonalities in behavioural characteristics, knowledge patterns and meanings within professions are encultured through educational and socialisation processes and shared career paths (Meyerson, 1994). Members of professional groupings are more susceptible to engagement in communities of practice supporting their learning (Brown and Duguid, 1991), with collaboration across professional boundaries likely to be more problematic and less common (Currie and Suhomlinova, 2006).

The balance-of-power between professionals and managers within the NHS is disputed. Some commentators argue that hospital doctors are pre-eminant (Ham, 2009; Ackroyd, 1996; Dopson, 1996; Ferlie *et al*, 1996; Strong and Robinson, 1990), whereas others suggest that managers are able to influence senior clinicians through carving out a distinctive area of legitimate managerial authority (McKee *et al*, 1999; Ashburner, 1996; Fitzgerald, 1996; Glover and Leopold, 1996; Whittington *et al*, 1994; Dent, 1993). Others argue institutional dynamics necessitate increased interdependence between doctors and managers as opposed to shifting power dynamics in favour of one over the other (Harrison and Lim, 2003; Klein, 2001; Ong *et al*, 1997). Whilst the relationship between professions and management is complex and contested, it is clear that doctors and other healthcare professionals retain considerable power due to acceptance of the 'medical-model' (Currie and Suhomlinova, 2006) and associated processes of self-regulation and clinical autonomy (Ham and Dickenson, 2008; Schultz and Harrison, 1986).

Starr (1982) identifies social authority, where medical professionals exert control through instruction and cultural authority, based on socially accepted medical descriptions of reality. Medical dominance is maintained through the medicalisation of healthcare, with healthcare professionals conceiving the human body as an 'anatomical atlas' viewed through a medico-scientific prism (Foucault, 1975). This conception, along with the monopoly of medical knowledge held by doctors and associated professions, ensures only they can legitimately define 'medical work', its diagnosis and treatment (Calman, 1994), consolidating the

sovereignty of medical professionals and their privileged status within society (Freidson, 1970). Stacey (1977), in concurrence with Foucault, argues that individualistic notions of health predominate in Western societies, based on an imperative to find cures for illness and disease arising within the human biological system. Acceptance of the 'medical model' legitimises the role of doctors, nurses and other healthcare professionals (and hospitals as institutions), helping to explain investment patterns in healthcare.

Pollitt (1993) conceives managerialism as an ideology to reframe healthcare in ways which can be comprehended by those lacking clinical expertise – above all, politicians, corporate managers and the public – through the appropriation of managerial symbols and language. Managerialism can be seen as an attempt to change the narrative of healthcare and provide a means to persuade professionals to accept the managerialist rationale, as well as the reality of resource constraints (Harrison and Pollitt, 1994). In general, managers exhibit a tendency to describe healthcare in quantifiable terms, such as consultant episodes, throughput levels, bed occupancy rates, budgets and contracts. Ashburner *et al* (1996) indicate that objective, quantifiable approaches interpret experience on rational grounds, although professionals are disinclined towards managerial measurement-oriented approaches, viewing them as an “*inappropriate standardisation, simplification and commodification of complex and ambiguous clinical processes into managerial data for measurement purposes*” (Thorne, 2002: 20). The translation of efficacious clinical practices into valid objective measures has not been realised (Pollitt, 2003a). As Foucault (1984: 10) claimed: “*discourse is the power which is to be*

seized.” Managerialisation of clinical work is akin to medicalisation of health by medical professions – positioning respective expertise of clinicians and managers at the nexus of the struggle to control NHS organisation and management (Reed, 1996). Expertise relates to knowledge, skills and characteristics which distinguish experts from non-experts (Ericsson, 2006), notably their ability to execute problem-solving tasks in their professional field (Ropo, 2004). Expertise is a primary arena where “*struggles to control the organisation and management of work are fought out in modern societies*” (Reed, 1996: 574).

From a structuralist perspective, Alford (1975) identifies structural interests, which gain or lose, dependent on how health services are organised and managed. These are categorised as ‘dominant’, ‘challenging’ and ‘repressed’. Dominant interests refer to professional monopolists. Challenging interests relate to corporate rationalist views held by policy-makers, planners and managers. Repressed interests are the population served. Writing in the 1970s, before the abandonment of clinically centred consensus management (Harrison and Pollitt, 1994; Strong and Robinson, 1990) in favour of business oriented management (Griffiths, 1983), Alford suggested medical professions – as the dominant force within healthcare – may be challenged by corporate rationalisers and intermittently by patient groups seeking to represent the repressed interests of service users. Despite the policy interest and rhetorical commitment to greater patient and public involvement, the wider community continues to exercise a peripheral influence on the development and delivery of health services (Pickard *et al*, 2006; North and Peckham, 2001), confirming hegemony of provider over consumer interests (Ham,

2009). Dominant professional and managerial power groupings often cite the interests of patients, clients and the public as the altruistic motive behind their words and deeds. The utility of Alford's model is demonstrated in a study of policy-making in the NHS (Ham, 1981), highlighting the existence of systemic power inequalities and the elite position of medical professions (based on control of knowledge, recruitment and training), and the substantial autonomy and clinical freedom endowed upon its members. Alford's theory provides a useful analytical framework to illuminate sedimented deep structures which underpin political processes and power relations in health systems.

The professional response to managerialist attempts to curtail their power and extend jurisdiction through imposition of rational approaches is instructive. For example, clinical audit (Pollitt, 1993), evidence-based medicine (EBM) (McLaughlin, 2001), new contracts and performance appraisal arrangements (Currie and Suhomlinova, 2006) invoked a behavioural response entailing initial opposition, followed by reframing and incorporation of imposed measures into professional structures and processes in ways which either marginalised their impact (Kerrison *et al*, 1993) or ensured they were reconceptualised and aligned with professional aims and values.

The imperative to engage front-line staff in delivery and development of healthcare is derived from the nature of healthcare organisations as professional bureaucracies (Mintzberg, 1983). Professional bureaucracies are characterised by an inverted power structure, where those at the patient interface can exercise

greater influence on decision-making, problem-solving and resource allocation than those formally in 'control' at the apex of organisational hierarchies. In such disconnected hierarchies, those at the top have to influence, persuade and negotiate, rather than impose their will (Ham, 2009; Mintzberg, 1983). NHS culture is notoriously tribalistic, characterised by rivalry and competition between groupings (Mannion, 2010; Davis *et al*, 2000). The NHS holds in tension competing value-systems of professional, managerial and other social groupings which create sub-cultural divisions, militating against establishment of a uniform corporate culture. Sub-cultures can propagate and promote views in opposition to the aims and values espoused by those formally in control (Morgan, 1986). It would seem "...some [health service] organisations function more or less successfully with discordant subcultures, with each subculture being no more than 'loosely coupled' to other subcultures" (Davis *et al*, 2000: 113). Research suggests attempts to promote a homogenous corporate culture can exacerbate tensions in and between those holding professional and organisational values (Worthington, 2004; Akella, 2003).

As a state sponsored national service, the main influence on the NHS from its 'external' environment is derived from the political domain. The government is responsible for setting the statutory, policy and budgetary frameworks within which the NHS operates, influenced by the general economic climate and how ministers choose to prioritise investment in healthcare. Therefore, it is necessary to identify how the political realm influences the organisation, management and delivery of

health services. New Public Management, as will be shown, provides instructive insights in this respect.

New Public Management – construction and consolidation of a dominant narrative

An analysis of technologies of power is impossible without an understanding of underpinning political rationality (Foucault, 1992). The KSF can be viewed as an exemplar of a broader phenomenon within the dominant rational managerialist discourse. Within the NHS and other public services such measures can be attributed to forces situated within the political environment.

The UK Thatcher (1979-90) and Major (1990-97) Conservative governments, influenced by neo-liberal ideas, chartered a highly ideological (Pollitt, 1990) policy course to reform public services, rupturing the post-war consensus rooted in Keynesian state welfarism (Vabø, 2009). This transformative policy shift became known as New Public Management (NPM), a term coined by Hood (1991) *“for a set of broadly similar doctrines which dominated the bureaucratic reform agenda in many OECD [Organisation for Economic Cooperation and Development] countries [notably the UK, USA, New Zealand, Australia, Canada and the Scandinavian nations] from the late 1970s”* (Vabø, 2009: 3 – parenthesis added) prior to subsequent adoption in other countries (Ilvliia, 2008).

Social ills – like illness, idleness and poverty – are transfigured as matters of personal responsibility and self-care, undermining collective notions of state welfarism and social security. Rational-economic ideals limit and justify governmental action to universalise competition and create market-type systems to frame individual, group and institutional praxis. The market is the regulative and organising principle underlying the neo-liberal state and society (Lemke, 2002, 2001).

NPM's rationale is founded on a critique that public services are inefficient, unresponsive, and, in some cases, inappropriately provided by the state. Weberian bureaucracy – or, more accurately, its populist caricature – are castigated as the embodiment of all that is wrong in public administration (Gregory, 2007), with NPM touted as the answer, challenging the view that government policy is best promulgated through bureaucratic organisation. Weber believed the benefits of bureaucracy far outweighed its disadvantages, based on 'calculability' associated with rational legal domination which made bureaucracy "*...always the most rational [organisational] type from a formal, technical point of view, the needs of mass administration (of people or of things) make it today completely indispensable*" (Weber, 1968; 28). NPM practices have themselves a tendency to assimilate bureaucratic characteristics.

The term NPM is more used in academia than in government or administrative circles and lacks clear definition – it is generally conceived as a range of measures that promote marketisation, privatisation, managerialism, performance

measurement and accountability (Tolofari, 2005). Hood (1991) lists seven interconnected facets of NPM, providing a 'shopping basket' of elements available to policy-makers engaged in public service reform (Pollitt, 2003, 1995). These are: (i) hands-on professional management; (ii) explicit performance measures and standards; (iii) emphasis on output controls; (iv) disaggregation of public sector bodies; (v) increased competition in the public sector; (vi) introduction of private sector management styles; and (vii) discipline and parsimony of resource use. The overall aim of NPM is to make public services more efficient, responsive to consumer needs and reposition the state from provider to promoter and facilitator of services – described as 'steering not rowing' (Osborne and Gaebler, 1992).

The election of the Labour government in 1997 gave fresh impetus to NPM, with aspects translated into Blairite reforms of public services (Freeman, 2009), which promoted a distinctive policy agenda centred on the 'third way' (Giddens, 1998). This agenda purported to offer a middle course for the NHS between the internal market and purchaser-provider system introduced by the Thatcher administration and centralist planning models favoured by previous Labour and Conservative governments. New Labour pledged to build on the policy reforms of the previous eighteen years (Cabinet Office, 1999), albeit on a pragmatic basis driven by a desire "*to deliver more service for less money*" (Hughes, 2008: 9). New Labour's ascent precipitated importation and intensification of 'bundles' of sanctioned 'private sector' rational management practices to control activities, minimise risk, improve efficiency and enhance service quality. This involved adoption of a wide-range of techniques, methods and ways of working which fit within the 'rational'

paradigm. For instance, targets, Lean methodologies, total quality management, business process engineering, project management, risk management, governance, evidence-based guidelines, best practice, organisational restructuring, shared-services, performance management and (most importantly from the perspective of this thesis) competency-based personal development arrangements.

Significant 'local' variations on the NPM theme are discernable within individual countries (Vabø, 2009): for example, Scottish governments have to date rejected marketisation and privatisation in the NHS, with the former constituting an important feature of NHS England. The 1999 constitutional settlement, has given rise to divergence in how health services are structured and organised within the UK. Reforms instituted in the second term of the Blair administration to enhance patient choice, encourage private sector participation and the establishment of foundation trusts were not replicated in Scotland. Successive Scottish governments, irrespective of political predilection, have rejected market-oriented reforms promoted by Westminster, in favour of an approach based on collaboration and cooperation, with strong planning and service integration (Greer, 2003). The reconciliation and optimisation of neo-liberal notions of entrepreneurialism and managerialism, within complex public services possessing entrenched professional and bureaucratic traditions, ethics and values, can contribute to strategic incoherence and perpetuate conflictual mis-understandings, tensions and priorities. Rationality evokes unambiguous scientific notions of how things should be done (Dean, 1999; Dandeker, 1990), which valorise conformity and compliance,

confounding governments stated intent to enable innovation, entrepreneurialism and new ways of working (Clarke, 2004).

Older bureaucratic and professional discourses, and associated organisational and individual identities, do not dissolve as they continue to possess a residual value (Clarke and Newman, 1997). Rather than supplanting previous methods of working, NPM can intersect with, or be superimposed over, existing ways of operating, suffused with meanings, language and power relations (Vabø, 2009; Halford and Leonard, 1999). Top-down NPM efforts may be interpreted, reshaped or impeded by those working in public services in ways which support their own agenda (Ferlie and Geraghty, 2005). Despite professional resistance to aspects of NPM, its concepts are now embedded in public services (Lapsley, 2010).

Policy rhetoric espouses greater freedom for managers (Pollitt, 2003), however the performative regime focusses attention on costs, outputs and performance measures (Davies and Lampel, 1998), fostering centralism and bureaucratic modes-of-functioning (Ferlie *et al*, 1996; Marsh and Rhodes, 1992) directed towards efficient task completion rather than address wider socio-political issues (Grey, 2005). Notions of entrepreneurialism, commended by neo-liberalism, which give priority to individuality, freedom to act and risk-taking, are incompatible with traditional public administration and the practices of rational managerialism embodied in NPM. In the 1990s, widespread public concern, principally arising from time delays for NHS treatments, provided the rationale for allocating extra resources to the NHS. The political imperative was to justify public expenditure

increases through improved NHS performance. This gave rise to centralist approaches described by Propper *et al* (2007) as 'targets and terror', which involved government setting targets and exerting pressure through managerial hierarchies to secure delivery on "*what gets measured gets done*" (Behn, 2003: 559). Targets were prioritised as the prime concern of managers and conditioned their role as conduits to ensure effective administration of the performative regime (Blackler, 2006; Green, 2006).

A serious question over NPM lies in the lack of evidence to confirm real and sustained improvements in performance and productivity. Measurement of NPM outcomes is difficult. The lack of a robust evidence-base (Pollitt and Bouckaert, 2004) is ironic given NPM's prioritisation of performativity and measurement. Pollitt and Bouckaert (2004: 18) highlight this lack of evidence as demonstrating the ineffectiveness of NPM techniques: "*At the level of broad programmes of management reforms we know of not a single study from over twelve countries that convincingly links the actions taken with a set of positively and safely attributable outcomes.*" Drechsler (2005: 4) confirms "*we have no empirical evidence that NPM reforms have led to any productivity increases or welfare maximisation.*" Similarly, Van Mierlo (1998: 401) concludes "*several years of attempts and experience of public management reforms in Western Europe and other OECD countries give evidence of relative failure rather than success.*" During an era where NPM has been a dominant influence, NHS productivity has declined (Office of National Statistics, 2008).

Lack of success has led commentators to suggest NPM has run its course: for example, Jones (2001) argues comprehensive experimentation with NPM reforms have lost momentum. In a similar vein, Savoie (2002) reports the 'movement' is discredited, while Dunleavy *et al* (2006) indicate technological advances have overtaken NPM practices – despite notable failures of the UK e-government project (Lapsley, 2010). Hood and Peters (2004) situate the life-course of NPM as having reached 'middle-age'. In contrast, Drechsler notes it is 'alive and kicking'. The lack of measurable success can leave policy-makers disappointed (Lapsley, 2009), although this has not deterred committed modernisers (Brunson, 2009, 2006; Brunson and Olsen, 1993), seduced by prospects of greater efficiency attained through straight-forward transposition of private sector neo-Taylorian technocratic techniques. Christensen and Laegreid (2010: 10) have claimed: "*Effects are often assumed or promised, but there are few systematic and reliable studies of whether they actually happen, so hard evidence is often lacking.*" Reasons for failure can be levelled at human factors: for example, the limited success of 'TQM' and 'Lean' initiatives have been attributed to disengagement by professionals (Ham *et al*, 2003; McNulty and Ferlie, 2002) leading to "*more and superior*" (Pollitt, 2003a) rational management approaches which attempt to remove or minimise human agency from work processes.

In the absence of empirical evidence supporting improved public service performance, how has NPM become a dominant discourse? Here Foucauldian analysis is instructive, confirming that a discursive nexus, rooted in neo-liberal thought, has occurred as a consequence of resonant discursive statements

achieving a predominant status across a range of epistemological fields – such as politics, economics, business and management and public institutions. Discursive statements are developed, maintained, sustained and legitimised by credible authoritative thought leaders – ‘authorities of delimitation’, notably, politicians, civil servants, academics, consultants, managers and professionals – and transmitted by a ‘capillary movement’, through a plethora of appropriated, rational, private sector managerialist practices including competency-based approaches which implicate on how public service knowledge workers are managed and controlled.

NPM provides a persuasive, simple, compelling narrative. Put succinctly – NPM suggests bureaucracy is inefficient, wasteful, slow, cumbersome and unresponsive to those it purports to serve, so it needs to be abolished or drastically cut-back, streamlined and rendered efficient through adoption of rational management arrangements. NPM is supported and sustained by the neo-liberal presumption of ‘private good, public bad’. Political utterances have reconstituted healthcare in terms of (in)efficiency influencing management values (Moynihan and Pandey, 2005; Cairney, 2002). NPM does not require evidence-based success measures to promote its onward advance (Pollitt and Bouckaert, 2004), as it is driven by a compelling, but ultimately illusory, proposition that enables “*greater calculability and precision in the management of human affairs – not least in social policy area(s) which is generally found to be rather ‘incontrollable’ and characterised by ‘wicked problems’*” [Rittel and Weber, 1973] (Vabø, 2009; 2).

Leading in complexity – a challenge to the rational managerialist meta-narrative?

The rational managerialist meta-narrative is subject to challenge from other narratives (Foucault, 1972). Even so, legitimised authorities endeavour to sustain its integrity and dominance by setting discursive parameters to regulate what is included and excluded in the discourse. What 'other' ante-narratives exist which could undermine the dominance of NPM and rational managerialism and potentially maximise the development and contribution of knowledge workers and (re)-orientate workplace learning practices to engage commitment and learning?

Over the last decade, considerable interest has been expressed in the application of complexity theory within organisational environments. Healthcare can be described as a complex adaptive system (CAS) (McDaniel *et al*, 2009; Grint, 2008; Rouse, 2008; Began *et al*, 2003; Glouberman and Zimmerman, 2002; Pearce, 2000). "*The healthcare field is complex perhaps the most complex of any area of the economy*" (Morrison, 2000: xvii). CAS's encompass a multiplicity of diverse interdependent elements – for example, individuals, teams, professional groupings, departments, institutions which co-evolve and self-organise within a larger ecosystem (Mitleton-Kelly, 2003; 1998) – where the whole is greater than the sum of its parts (Cilliers, 1998). They are non-linear systems where agents interact – producing emergent learning and behaviours to changing internal and external demands (Cilliers, 1998). The evolutionary nature of CAS's and the non-linearity of

people and social relationships defy realist attempts to (re-)create stability and order. Realism elides human subjectivity, reflexivity and knowledgeability (Giddens, 1984) in response to lived experience, while rational managerialism targets agential power as something to be controlled. However prediction and control are problematic with surprise an intrinsic feature of open dynamic systems (Rouse, 2008; Lichtenstein *et al*, 2006; McDaniel *et al*, 2003).

Rittel and Weber (1973) categorise problems as tame or wicked. Tame problems (which can be complicated) are easily defined, analysed and resolved in sequential steps. Wicked problems are ambiguous, intractable, difficult to define and possess no straightforward solution – confounding rational managerialist’s unilarity and (misplaced) confidence that such problems can be overcome by prescribed rational methodologies. It is argued that different approaches are required to resolve these problem types, described respectively as management (tame) and leadership (wicked), with the social construction of the problem determining the form of authority to be applied (Grint, 2008; 2007). In Rittel and Weber’s (1973) typology learning in complex healthcare environments constitutes a wicked problem which is often addressed by rational formalised approaches more suited to the resolution of tame problems.

Tame managerialist solutions will not resolve wicked problems which are political (Grint, 2008) and emergent futures will be different from the past (Blackman *et al*, 2006; Ackoff, 1974). This suggests a very different leadership approach to rational managerialism, challenging heroic leadership constructs redolent in Western

cultures (Cohen 2010). This approach is enabled by leaders acknowledging they do not know everything and accept uncertainty as a normal condition offering possibility (Grint, 2008; 2005; Roberts, 2000).

The dominant leadership style in the NHS has been described as pace-setter leadership. As Ham has argued, this is *'typified by laying down demanding targets, leading from the front, often being reluctant to delegate and collaborating little'* (Ham, 2012: 7). Many incumbent leaders within healthcare (and other public services) have risen within a hierarchy based on command and control (Plesk, 2001) whose authoritarian practices are a 'stumbling-block' to the adoption of new approaches (Reinhard and Stone, 2001). Most managers are promoted due to their perceived capability to apply technical and professional knowledge to solve problems through analysis, logic and experience (Heifetz *et al*, 2009). It is also *"far easier to opt for a management solution – engaging a tried and tested process – or a command solution"* (Grint, 2008: 14) with which most people comply (Zimbardo, 2007).

The managerial (and market) discourses have pervaded the structuring, provision and evaluation of public services for about three decades. These discourses have been absorbed, accepted and enacted by a generation of policy-makers and implementers. The NPM discourse is firmly embedded within the political realm and public institutions, providing a dominant 'neutral' rationalist belief system, which underpins notions of effective governance (Drechsler, 2005). As Lapsley

(2010: 17) contends current economic conditions could precipitate a resurgence of NPM:

“The real politik of the global financial crisis suggests a re-emergence of the NPM ideas of the 1980s as Governments pursue value for money and efficiency studies with the prospect of slimmed down structures and quasi-markets of coordinating mechanisms for service delivery.”

Whether in *“the harsh reality of government and faced with evidence about performance concerns...the default position of hierarchical controls and targets will prevail”* (Ham, 2009: 312) remains an unanswered question. Wide-scale adoption of ‘complexity theory’ in NHS environments would appear to have a long road to travel, if such notions are to penetrate the boundaries of the rational managerialist meta-narrative and change leadership styles.

Conclusion

The work of Foucault is examined as a means to analyse and understand power dynamics in a particular time and place. His conceptualisations of discourse, power/knowledge and governmentality are utilised to inform and guide this study. Foucault’s notions of power as an insidious omnipresence (as well as acceptance of sovereign power) enable a material analysis of power to explain power relations and their effects. His notion of government(al)ity provides a basis to examine how forces in the macro-external environment influence the lived experience of knowledge workers and implicate on the construction of the self.

Vince's (2002a) conceptual framework instates power relations, micro-politics and human emotions as normal facets of organisational life (Holbeche, 2005; Burrell and Morgan, 1979) which influence organisational learning processes. These embedded features are elided by rational managerialism whose characteristics of formalisation, measurement, depersonalisation and control are compatible with traditional individualised acquisitional modes of learning. In contrast, participatory experiential interactive modes of learning are problematic and counter-intuitive to rational managerialist ideals, values and ways of working.

Examination of power dynamics in the NHS confirms professionals and managers as key power formations, owing their pre-eminence to respective areas of acknowledged expertise (Reed, 1996). Alford's (1975) model explicates the dynamic tension and interaction between corporate rationalisers (managers, policy-makers) and professional monopolists (clinicians) which pervade power-dynamics in healthcare. The conception of healthcare organisations as professional bureaucracies (Mintzberg, 1983) highlights the disconnected nature of formal organisational hierarchies, characterised by an inversion of power to frontline professionals. This, together with the capacity of professionals to (re-) conceptualise and accommodate rationalist attempts to change professional practice (and mindsets) to conform with professional values and ways of working, helps explain how rational managerialist efforts may fail to realise intended aims in professional environments.

The political environment is identified as the most important 'external' influence on the NHS (and other public services). The usurping of Keynesianism by neo-liberalism in the 1980s precipitated the rise of NPM as a dominant meta-narrative, shaping public service reform in the UK and across the world – through imposition of private sector rational managerialist practices and market disciplines. NPM is context-dependent and lacks measureable empirical evidence to confirm improvements in public service performance and efficiency. NPM is sustained instead by a plausible simple narrative that public services are inefficient, a condition that can be rectified by 'tried and tested' rational approaches, which may intensify during periods of economic austerity, driven by a requirement to do 'more with less' (Hughes, 2008).

Complexity theory provides an ante-narrative based on a world-view very different from rational managerialism. Emergent complexity leadership challenges rational managerialist command and control approaches. Such an 'environment' is more likely to maximise knowledge worker development and productive capacity. The embedded nature of rational managerialism would suggest that notions of complexity have 'some distance to go' to perturb the discursive parameters of the rationalist meta-narrative. It would be misplaced to conceive complexity and managerialist discourses in terms of either/or alternatives. It is hypothesised that approaches taken should be contingent on the nature of the problem and the context in which it occurs (Grint, 2008, 2005) providing a conceptual and pragmatic basis to exploit the respective strengths of rational managerialism and complexity theory.

Literature Review Summary

Rationalism in modern times has had a profound influence on Western thought, pervading organisational life through acceptance of the rational managerialist meta-narrative, whose characteristics inhibit capacity to address complex human, cultural and social dimensions.

The KSF is a managerialist practice similar to rationalist competency-based approaches applied across many employment sectors. It is generally assumed by rational managerialists that such approaches can be unproblematically instituted by managerial will and leads to improved performance. Evidence of the latter is lacking while experience of implementing the KSF and similar competency-based systems contradicts the former. Control is an attribute of rationalist competency-based arrangements whose actualisation can precipitate dysfunctional consequences. Thusfar, research into the KSF has been predominantly from a rational managerialist perspective, limiting scope to matters of 'instrumental rationality' – unable to transcend rationalist presuppositions and values, resulting in promotion of recommendations involving intensification of managerialist practices.

Many postulate knowledge work in 'the post-industrial' age will increase the number and importance of knowledge workers. The utility of knowledge workers is dependent on factors such as autonomy, freedom to self-manage and capacity to develop productive relationships across social networks. This raises questions as

to the efficacy of rationalist competency-based arrangements to facilitate knowledge worker development and performance improvements. This question is crucial given the (increasing) reliance placed on knowledge workers and the significant investment in competency-based arrangements by many organisations, including the NHS.

Foucault's theorisation is identified as providing a means to consider power relations and their effects within particular contexts. His theorisation indicates power "*helps constitute the individual who is at the same time its vehicle*" (Garland, 1990: 138), reinforcing an imperative to understand forces in the operating environment which implicate on knowledge workers – highlighting a need to identify structural mechanisms within the operating context through a study of academic literature and localised research.

A weakness of rational managerialism is elision of normal aspects of organisational life such as power, emotions, micro-politics and other human qualities. Due to cultural congruence with rational managerialism, traditional 'rational' individuated acquisitional learning modes are privileged over 'uncontrollable' organic, experiential participatory modes (Sfard, 1998).

Despite general acceptance that workplace learning is influenced by the nature of organisations and their 'outer' environments (Pettigrew, 1990, 1983), it is an often neglected area of study (Fuller and Unwin, 2010; Jewson *et al*, 2008). Since the 1980s rational managerialism has colonised public services through NPM, as

characterised by widespread application of rational managerialist practices in NHS Scotland. The KSF is symptomatic of the NPM phenomenon raising questions as to how it supports knowledge worker contribution and development.

Rational managerialism is unsuited to leading co-evolution in CAS's like healthcare and is conceptually incompatible with the needs of knowledge workers. This would suggest on 'rational' grounds a need to move away from the controlling managerialist paradigm towards more commitment-based approaches (Walton, 1985). An alternative ante-narrative derived from complexity theory provides a conceptual basis which could create conditions to better support knowledge worker autonomy, freedom and learning. Emergent complexity leadership theory represents a radical departure from rational managerialism, firmly ensconced within power structures pervading public services. It remains to be seen how the complexity discourse perturbs the discursive parameters of the dominant rationalist discourse and shapes future leadership and management approaches in public service environments.

This study therefore seeks to explore: how power dynamics influence the operation of knowledge workers and the actualisation of competency-based approaches. This review of relevant literature gives rise to two interrelated questions and a number of interconnected associated supplementary questions:

Primary question:

- a) How do rationalist competency-based approaches, like the KSF, support development and contribution of knowledge workers? and

Secondary question:

- b) How do situated power relations and their effects implicate on the lived experience of knowledge workers and actualisation of competency-based arrangements?

The supplementary questions are as follows:

- (i) How is the KSF actualised in organisational lifeworlds?
- (ii) How does this differ from stated intent?
- (iii) How do human agents respond to the KSF?
- (iv) What are the outcomes of the process?
- (v) How is power actualised in local contexts?
- (vi) What forces within the operating environment implicate on local settings?
- (vii) How do these forces materialise and affect lived experience?
- (viii) How is human agency implicated in power relations?

Existing research and theorisation on the KSF and competency-based approaches is predominately viewed through an objectivist rational managerialist lens. This tends to limit analysis to areas of instrumental rationality. It is therefore important to devise a research strategy and methodology able to transcend the rational managerialist paradigm. The following chapter outlines the approach taken to achieve this aim.

CHAPTER FIVE – METHODOLOGY

Introduction

This chapter outlines the research strategy and methods used to address the aforementioned research questions. The rationale supporting a qualitative, semi-structured interview data collection process is explained. Data analysis, ethical issues and reflections from the research experience are also examined.

A qualitative approach

Methodology and methods are selected on the basis of their capacity to answer research questions. Qualitative research is characterised by words used to describe data collection, analysis and representation, as distinct from an approach based on enumeration and quantification measures (Bryman, 2004). Qualitative research has evolved over the last four decades, in what has been described as a “*quiet, methodological revolution*” (Denzin and Lincoln, 2003-ix) to elicit understanding of complexity, detail and context relevant to social research (Mason, 2002). This study analyses social structures, people and their interactions, requiring consideration of ontological and epistemological questions related to the nature of the world and how relevant knowledge can be obtained (Morgan and Smirch, 1980).

The actualisation of competency-based arrangements involving knowledge workers is situationally dependent, subject to structural mechanisms and human agency implicating on workplace environments. Social reality created by continuous human action and interaction is indicative of a social constructivist ontology, which views the social world as a product of people rather than a discrete entity separated from those engaged in its creation. Complexities within psychological and social spheres recommend an interpretivist approach to gain insights and understanding of the interaction of generative mechanisms influencing social existence through individuals' subjective realities. Interpretivist research seeks to explain how causal mechanisms work in particular contexts and is concerned with social structures, people and their interactions. Interpretivist epistemology prioritises "*subjective meaning of social action*" (Bryman, 2004: 13). An interpretivist perspective suggests a need to study the application of competency-based approaches in a specific context, where social interactions can be fully considered.

Increasing numbers of social scientists have developed and utilised a range of less dominating relational approaches which reflect and respect how individuals construct and present meaning in their lives (De Vault, 1999). As Brockmeir (2011: 5), has argued, this is due to "*a profound disappointment: the disappointment over the narrow limits and restrictions of traditional academic attempts to understand the complexities of lived and experienced human reality.*" Knowledge and understanding is socially constructed within unique historical and cultural contexts (Mead, 1934) – with individuals inter-linked with their social milieus (Gubrium and

Holstein, 2009). As Riessman has asserted: "*Meaning is fluid and contextual, not fixed and universal*" (Riessman, 2002: 228).

Research strategy

To answer how and why power dynamics influence the operation of knowledge workers and the actualisation of competency-based arrangements, an approach engaging those involved at various levels within the organisation was adopted. Selection of in-depth, semi-structured interviewing was based on ontological, epistemological and pragmatic considerations. Researchers' ontological and epistemological orientations influence decisions and judgements made throughout the research process. As Fontana and Frey have argued: "*In sociological terms... the type of interviewing selected, the techniques used and the ways of recording information, all come to bear on the results of the study*" (Fontana and Frey, 2003: 99). Ontologically, opinions, perceptions, experiences, memories, emotions and interactions of individuals are meaningful properties of social reality. Epistemologically, listening to accounts and engaging in dialogue is viewed as a valid and legitimate means of generating knowledge of ontological properties, (re-)constructed through engagement in purposeful interactive conversations (Burgess, 1984). Silverman (1997) advises not to confuse individuals' articulated experience and authenticity, as everyone possesses a unique perspective, history (Fontana and Frey, 2003), reflexive capacity and ability to act. Emergent, comparative and divergent findings are conceptual and interpretive in nature, and not empirically

derived from data as in quantitative research. This phenomenological position challenges positivist notions of objectivist truth when applied to 'the social', recognising that valid knowledge is subjective, context-dependent and acquired through the 'lens' of individuals. Truth is not determined by conventional scientific standards of validity and reliability, but by the capacity of research findings to evoke authenticity. To address the research question(s), it was necessary to engage in detailed discussions with knowledge workers to obtain understandings of their lived experience, actualisation of competency-based approaches and how this was influenced by power relations and their effects situated within their social context.

Interviews are not neutral data-gathering instruments. Interviewer and interviewee relationships influence the nature of knowledge generated. Interviews involve two (or more) people, co-creating negotiated and situationally dependent knowledge. As dynamic, iterative, interactive processes, interviews involve contemporary storytelling, with participants offering life accounts in response to questions (Gubrium and Holstein, 2002, 1997, 1995). Story-telling is thus a useful way of creating coherent accounts, eliciting knowledge and preserving it within communities (see for example Gabriel, 2000; Orr, 1996).

The research approach involved semi-structured interviews, encouraging participants to discuss "*work practices and individual workers perspectives as well as the larger organisational, political and cultural contexts*" (Alvarez and Urla, 2002: 40). This enabled participants to express – in their terms – how they made sense

of the world and give meaning to their situated lived experience. An aim was to co-construct 'little' narratives (Lyotard, 1984) based on knowledge workers subjectivities, to be juxtaposed against the dominant rationalist meta-narrative. Stories "*shape the course and meaning of human organisation*" (Boje, 1995: 1001) embodied in notions of '*homo-narrans*' and '*homo-fabulans*' (Currie, 1998: 2) which challenge conceptions of '*homo-economicus*'.

Qualitative interviewing – preparation

Qualitative interviewing is a demanding, creative and active process (Holstein and Gubrium, 1995) requiring forethought, planning, deployment of social skills and intellectual capacities (Mason, 2002). The implausibility of requisite knowledge being generated from an unstructured discussion, and the constraining strictures of rigid prescribed approaches, suggests the need to strike an appropriate balance when devising a 'semi-structured approach' (Mason, 2002).

A semi-structured interview framework provided a basis to explore issues relevant to the research question (Polit and Beck, 2010). The opportunity to construct contextual knowledge and better understanding is enhanced if questions are focussed on individuals lived experience, and how they frame and comprehend events (Bryman, 2004). This process has been described as "*a science of subjective experience*" (Paget, 1999: 81), providing a systematic basis for obtaining and reporting knowledge. Participants should be able to go off at tangents to

reveal insights and create understandings of what is relevant and important from their perspective. Interviews elicit information to investigate participants' experiences through their own accounts (Yin, 2003).

The literature review process and experience of implementing the KSF informed identification of general themes to be addressed during participant interviews. Themes can be regarded as general constructs which emerge before, during and after data collection (Bernard, 2010; Ryan and Bernard, 2003), involving ongoing refinement and synthesis based on participant information and to a lesser extent on further reading and events related to the empirical setting. To illustrate the latter, the research period coincided with publication of an 'Investigation into Management Culture in NHS Lothian' (Bowles, 2012) which, as will be seen, provided a focal point for discussion with some participants, and illuminated issues concerning the operation of power in political and managerial domains impacting on organisational lifeworlds. Maintaining focus on operation of power relations and their effects in wider cultural, organisational and political arenas presented a challenge throughout the research process.

Derivation of themes was made intuitively – based on the semantic content of dialogue, its relevance to the research, and substantiation by systematic examination of the data to confirm validity (Miles and Huberman, 1994). Following Denzin's (1978) recommendation, distinctions were drawn between recurrent representative cases and 'one-off' anecdotes, the general aim being to identify similarities and create an aggregated summation (Riessman, 2002).

It is incumbent on researchers to be transparent with respect to underlying assumptions, approaches and methods utilised (Hiles, 2008). To this end, an interview guide (Appendix refers) was developed to structure interviews. The term 'interview guide', however, is imprecise and can be interpreted in different ways. Guides can be a brief *aide memoire* or a more structured listing of issues and questions to be covered (Bryman, 2004). A 'framework' to structure the interview process was developed predicated on what needed to be known in order to address research questions (Bryman, 2004). Following Mason's (2002) suggested procedure, the overarching research questions were sub-divided into clearly expressed 'mini' research questions, and, for each mini-research question, consideration was given to how relevant issues and themes could be explored. This was adopted as a coherent way to determine what needed to be known. As Mason (2002) recommends interview themes and questions were cross-referenced with bigger research questions to ensure they were addressed. Accordingly, the adopted interview framework provided a loose format to guide a flexible, responsive interview process. The interview guide was piloted with three colleagues who provided constructive feedback on the process. This helped inform the development of the guide, resulting in some minor amendments and enabled the researcher to become familiar with the format and content of the interview process before 'going live'.

Interview process

Interviews took place close to participants' workplaces, usually in offices or meeting rooms. This was convenient, minimised service disruption and provided a quiet, familiar, conducive venue (McNamara, 2009). Interview duration fell between forty-five and ninety minutes, with most lasting around sixty minutes. Interviews followed a consistent format and probed similar themes relevant to the study. Interview introductions covered: a thank you; an explanation of aims, background and research approach; agreement on use of a tape recorder; and reassurance on confidentiality and anonymity. Participants were invited to raise questions or concerns and sign a consent form. Prior to commencement of each interview, it was re-emphasised that participation could be withdrawn at any time.

The second phase of interviews covered participant specific information relating to geographical origin; socio-economic background; family circumstances; organisational role and status; learning career and formal education. Open questions enabled examination of individual biographies and participants' perceptions of work and learning and their influence on self-identity. Determinants of educational and learning choices were identified and considered to appreciate subjective and social implicates of work and learning.

Phase three of the process examined the workplace environment to understand the socio-political and cultural context in which work and learning takes place. The

aim was to address the question: Does lived experience of workplace environments support or inhibit development of individuals' confidence and capacity to engage in key activities such as decision-making, problem-solving and self-management? How work is actualised, its purpose, main challenges faced and prioritisation were explored. Key relationships, including professional and management arrangements, were identified to obtain information on the workings of situated power dynamics to understand how work is directed and the extent of individual autonomy. Reflections of workplace learning experiences were invited to elicit perspectives of enabling and constraining characteristics, so as to identify how knowledge and skills were acquired and the role played by formal and informal learning. Attention was also given to individual experiences of receiving (and giving) feedback.

Phase four focussed on how and why competency-based arrangements influence workplace learning, workplace environments and the development of participants. Participants were asked to articulate experience of competency-based arrangements, describe how the process was actualised and outcomes produced. A central question was: How do 'knowledge workers' perceive the process and its value to themselves, team and organisation? The interview was structured around three themes: (i) appraising past performance; (ii) identifying individual learning needs and (iii) constructing personal development plans. Participants' lived experience as reviewers and reviewees provided insights into the operation of situated power dynamics through practical translation of competency-based arrangements. This yielded perceptions on how the process is viewed – above all,

the extent to which it is conceived as top-down, bottom-up or collaborative in nature. Learning support arrangements were considered to establish whether individuals felt enabled or coerced to participate in work and learning. Memories of critical incidents and learning experiences were discussed to highlight attitudes and perspectives towards different types of informal and formal learning.

The fifth phase of the interview explained the general context in which NHS workplace settings are situated and how forces in the 'outer' environment influenced local lifeworlds. Emphasis was given to mechanisms within political and economic spheres to illicit how they impacted on participants' lived experience.

The sixth phase focussed on knowledge workers' subjective constructions of work and learning and its role in their life and career. This was to test the question: Do those with a strong career orientation and/or professional identities exhibit different behaviours and attitudes towards learning? Interaction between participants, their managers, professional colleagues and service users was considered to better understand the social and cultural context and the role of human agency in influencing power dynamics and competency-based arrangements.

Finally, at the end of each interview, participants were invited to make further comments on areas which may have been neglected. They were then thanked for their participation, and it was explained how the next stage of the process would proceed and how information produced was to be used. Participants were again

reassured that information provided would be treated with utmost confidentiality and anonymity preserved.

Qualitative interviews vary widely (Fontana and Frey, 2003) and are not devoid of technical tactics; for example, one tactic is to 'break the ice' and develop a tone and structure which enables individuals to express themselves freely and effectively. Interviews for this study were conversational in character and commenced with open-ended biographical questions designed to ease participants into the interview before moving onto more demanding areas of enquiry. The researcher sought to be empathetic, respectful, reasonably intimate, sensitive to individual needs, and prepared to share experiences, feelings and viewpoints. The latter was helpful in establishing rapport, purposeful relationships and a sense of mutual co-creation (Oakley, 1981). The approach was informed by Oakley's (1981: 49) suggestion that there is "*no intimacy without reciprocity*" and to "*learn about people we must treat them as people, and they will work with us to help create accounts of their lives*" (Fontana and Frey, 2003: 99). A less structured approach evolved as the interview programme progressed due to greater confidence in the process and familiarity with associated issues. Researchers should reflect – as far as possible – their authentic self, and recognise that perceptions will emanate from their multi-layered identity and presentation of self. Being a senior manager and researcher were indelible facets of the interviewer's persona, influencing participants' perceptions and the overall interview process.

All interviews were tape recorded and transcribed within two days to capture specific nuances, impressions and paralinguistic features. No one objected to the use of the tape recorder; in fact, its presence, in all cases, appeared to be quickly forgotten. An important learning from early interviews was to keep the tape recorder on throughout the entire encounter as some participants yielded important insights and reflections after the formalities of the interview process had been concluded. When interviews were completed, notes were immediately taken to highlight relevant features: for example, how the interview went; key points and impressions; and descriptions of individuals and settings (Davies, 2007). The transcription of tape recordings facilitated repeated analysis of what was said and how it was said to help overcome limitations of memory and note-taking to avoid temptations to 'fill-in gaps' with an intuitive guess based on an unreliable recollection of events.

An abundance of transcript material was generated. Adopting Lofland and Lofland's (1995) advice to undertake data analysis as an ongoing activity enabled emerging themes to be identified which informed the development of subsequent interviews and avoided (to some extent) being 'swamped' by data. Analysis began as the data collection commenced and involved categorising materials into broad themes and sub-themes. Transcribed texts were arranged down the left-hand side of the page (landscape orientation) with a wide margin on the right-hand side used for annotations. An example of a transcript extract drawn from a participant interview is detailed in appendix (iv). Transcripts were analysed to identify relevant themes which were subdivided into numbered episodic segments. These

segments were marked using different coloured highlighter pens which were cut and arranged into thematic piles. Brief notes were made on each transcript segment explaining the overarching story to which the extract referred to avoid transcribed material being taken out of context. The need to focus on shifting meanings undermines reductive practices like counting the number of times a word or phrase appears on a transcript (for a critique of how mainstream qualitative research methods suppress narrative, see Mishler, 1986). Consideration was given to using computer assisted data categorisation programmes. However, this was rejected for fear of missing something important. In the event, this decision helped facilitate immersion in the data, engendering familiarity, thinking and reflexivity. Data analysis took much longer than anticipated as did reading, organising data collection and writing, which (like analysis of the data) were far from discrete linear processes. Synthesis and selection of data was based on the need generated from the research questions, representing a small proportion of total data collected. Data analysis was a painstaking process, a problem perhaps accentuated by the decision not to use a computer software package. The capacious volume of participant information not reported as findings was considerable and forms a repository of unused information which could be put to further use. For example, participants provided information on early life experiences which were material factors in shaping their learning identities.

The research experience suggests much can be gained from listening to the stories of knowledge workers. In retrospect and confidence gained from undertaking the study, there may have been merit in deploying an even less

structured approach, to ensure participants are able to relate aspects pertinent to themselves. The research experience was instructive, thought-provoking and time-consuming and a privilege to be invited into 'others' worlds. The slowness of the process may be attributable to the researcher's lack of experience, again with the benefit of hindsight and given attendant time pressures, perhaps a smaller sample would have been more manageable, without compromising the integrity of the process.

Insider Research

As indicated above, researchers must consider implications emanating from their social circumstances and position. The gender, age, race and status of the researcher – in this case a white male, fifty-seven year old NHS Director – were material factors as “*the interview takes place within the cultural boundaries of a paternalistic social system in which [for example] masculine identities are differentiated from feminine ones*” (Fontana and Frey, 2003: 82). Interviewer and interviewee roles can be conceived in hierarchical terms with interviewers placed in a dominant role, thereby inhibiting joint knowledge and meaning creation between equals (Etherington, 2007). Researchers are a voice in the ‘polyphony’ of organisational life (Jeffcut, 1993) and not a heroic “*...disembodied omniscient narrator claiming universal and atemporal general knowledge*” (Richardson and St Pierre, 2005: 961). Researchers must reconcile (as far as practicable) distorting influences from various roles held. How researchers present themselves is key to

facilitating trustful relationships and meaningful rapport. The visible self is only one of the selves embodied within researchers (Hertz, 1997), whose projection creates an impression which influences the success (or otherwise) of a joint endeavour (Fontana and Frey, 2003). The senior organisational position held and the potential implications this posed for participants was raised by the NHS Ethics Committee, which asked that consideration be given to conducting the research in another Health Board and safeguards devised to protect the well-being of participants.

Parallels can be drawn between researcher–participant and (as will be made clear) reviewer (manager)–reviewee (staff) relationships. Both sets of relationships require trust and engagement to enable meaningful dialogue and mutual endeavour. The researcher sought to be transparent, open and honest, adopting a friendly, collegial and conversational manner to establish and maintain relationships on a “human level”. The researcher explicitly asked participants for their help, acknowledging the need to obtain knowledge and understanding derived from their lived experience. Requests for assistance were timely: participants were very willing to share thoughts and feelings from their initial involvement in the KSF process.

A conscious effort was made to avoid the possibility of participants feeling obligated or pressurised to engage in the research. This necessitated a relaxed approach, providing opportunities for further reflection and discussions with the researcher. Most participants acknowledged they had some awareness of the

researcher, highlighting a need, as someone conducting insider-research, to appreciate they may be preceded by their reputation. Thankfully, this did not appear to create any difficulties, with the researcher's organisational role providing participants with an understandable rationale and legitimising interest in the area of study.

The academic purpose of the investigation was emphasised – it was made clear this was an integral requirement of a doctoral programme and not an investigation on behalf of the organisation. A number of participants had previous experience and awareness of qualitative research which stimulated dialogue on its value and need to support research of this nature. Efforts were made to convey to participants a sense that the interview was a joint endeavour between equals. This involved deployment of a range of measures to reduce social distance and power differentials between participants and researcher (Harklau and Norwood, 2005; Delyser, 2001). The interpersonal nature of the interview was reflected in the researcher's actions and behaviours: there was, for instance, a deliberate effort to be informal, affable and engaging. It would be wrong to view such arrangements as contrivances as they reflected the researcher's preferred "natural" tendencies to avoid personal discomfort resulting from perceived power and status differentials, as well as a belief that this would assist the interview process.

Researcher–participant interactions also conform to normal conventions of social intercourse: for example, prior to the interview there was typically an exchange of "friendly banter" involving conversations on a range of topical issues, such as the

weather, “hot” organisational stories and performance of local football teams. Humour (where appropriate) was an important aspect of the evolving relationships. There was also an opportunity to ask how things were going from the participants’ perspective. This introductory phase also provided an opportunity to express gratitude to participants for their help and acknowledge that this was greatly appreciated given the importance of the work they do and how busy they were in their professional lives (Dundon and Ryan, 2010).

Participants were asked if they would like a cup of tea/ coffee which resulted in the researcher going for the drinks or engaging in an act of (beverage) coproduction (Gerrish, 1997; Dundon and Ryan, 2010). Such acts occurred naturally and were not part of a concerted plan – however, on reflection, such behaviours had a value in breaking-down barriers and creating a relaxed conducive environment. Throughout the interview process, the researcher endeavoured to be respectful, empathetic, listen attentively and engage in purposeful conversation. A number of participants have continued their relationship with the researcher post-interview, expressing an interest in the research and its findings. This has involved the researcher in an ongoing dialogue relating to the research and its potential implications.

Sampling

A problem often encountered in qualitative research is the lack of explanation and transparency as to how decisions relating to sampling and sample-size are determined (Bryman, 2004). Priority afforded to theorisation, rather than statistical adequacy of a sample, commends purposive sampling to ensure a strategic focus is maintained. The sample-size necessary to support convincing findings in qualitative research varies according to the particularities of specific studies. Qualitative samples, for practical purposes, tend to be small (Mason, 2002); for example, it has been suggested between fifteen and twenty-five participants are required for rigorous research based on qualitative interviews (Burns and Grove, 2011). Barroso (2010) supports the use of smaller samples due to the requirement to undertake detailed analysis of written texts. A purposive sample must be capable of providing requisite information to enable research questions to be addressed. Following Mason's advice, an initial sample quota was identified and was subject to systematic review throughout the research period. A provisional indicative purposive sample of twenty participants was selected.

The organisational position of the researcher helped provide access to appropriate individuals within research settings. Prospective participants were then randomly selected according to the requirements of the 'sample-frame'. The complete sample frame incorporated the following details: name, age, job title, profession, pay banding, qualifications, in order to ensure a broad range of ages, professional

backgrounds and organisational levels were represented in the sample. A copy of the 'sample frame' is reproduced in appendix (iii) duly amended to preserve the confidentiality and anonymity of participants. The sample comprised twenty-one, permanently employed NHS professionals, subdivided into three broad categories (seven participants per category). The categories were based on 'Agenda for Change' grade bandings and senior manager pay arrangements utilising the following descriptors – senior-grade knowledge workers (SKWs); middle-grade knowledge workers (MKWs); and frontline knowledge workers (FKWs). To illustrate the multi-vocal nature of the research, participant statements are often clustered around specific themes while preserving the integrity of the individual 'voice'. Where two participants are drawn from the same category they are allocated a (i) beside their 'descriptor', for example, SKW(i).

The overarching criterion was to engage with NHS knowledge workers. The sample of 21 knowledge workers: comprised of 17 holding designated professional and managerial positions; with 4 occupying skilled technical/ administrative roles. Whilst not "statistically" representative of the NHS workforce, the sample was purposive being multi-disciplinary in nature, comprising 50 per cent more women (14) than men (7), with older participants in the SKW category (average age 51 years) and younger participants in the FKW category (average age 32 years).

Knowledge workers tend to be academically well qualified (Marsick, 2009; Drucker, 1994) and this was reflected in the sample. Based on highest level of educational attainment, the sample comprised: doctorates (3); masters degrees (6), bachelors

degrees (10) and higher national certificates (2). Senior knowledge workers generally possessed higher level qualifications than their “frontline” counterparts.

The job titles held by SKWs generally reflect the seniority of their positions, including two Heads of [function deleted]; two Consultants; an Associate Director; Deputy Director and General Manager. They are drawn from the Management, Nursing and Allied Health Professionals staff groups. [These details are omitted from the “sample frame” to preserve participants’ anonymity]. The job titles of the MKW category comprised: two Co-ordinators; Manager; Senior [function deleted]; Practitioner; Specialist and a “Lead”, drawn from Nursing, Management, Allied Health Professionals and Administrative staff groups. The job titles of the FKWs include Practitioner; General Nurse (three); Officer; Technician and Therapist, drawn from Nursing, Administration, Healthcare Scientific and Allied Health Professional groupings.

A theoretical sampling approach concerned with refinement of ideas – rather than determining an arithmetically representative sample (Charmaz, 2000) – meant it was essential to ensure continual reflection and engagement with sampling issues. The sample was continually reviewed in accordance with the emergent theoretical focus and the possibility of reaching theoretical saturation (Glaser and Strauss, 1967). Data collection should cease when “(a) *no new or relevant data seems to be emerging regarding a category, (b) the category is well developed in terms of its properties and dimensions demonstrating variation, and (c) the relationships among categories are well established and validated*” (Strauss and Corbin, 1998:

212). Theoretical saturation is ad-hoc and unsystematic (Mason, 2002) raising questions on how researchers can gauge that saturation has been reached. Ultimately, this requires careful assessment and judgement by researchers. As Altheide (1980: 310) suggests “*the recurrence of familiar situations and the feeling that little worthwhile was being revealed*” is an opportune time to end data collection, as no new insights are being generated or illuminated.

Ethical Considerations

It is imperative for internal researchers to maintain perspective, see things in context, self-reflect and discuss with third parties experiences arising from the research process. Iphofen (2005) recommends novice researchers access mentoring support from more expert researchers to aid ethical decision-making. Accordingly, relationships were established with colleagues in the organisation’s Research and Development Department. This supplemented daily contact with colleagues involved in implementation of the KSF. The nature of the researcher-participant relationship, knowledge of those involved and understanding of the operating context, were kept under constant review. Research was underpinned by a requirement for the researcher to understand their own perspectives, presuppositions and standpoints – viewing the researcher’s role as a catalyst to produce further understanding, explanation and debate.

Qualitative researchers have reported difficulties experienced in their dealings with health service Ethics Committees (Khanlou and Peter, 2005, Oberle, 2002; Ramcharan and Cutcliffe, 2002). The Ethics Committee was geared towards 'scientific' quantitative research, including approval of a significant number of drug trials. As a consequence, navigation of the 'system' was problematic and led to a nine month delay in commencing the research. The submission to the Ethics Committee involved completion of prescribed pro-formas prepared with quantitative research in mind and a research proposal of some twenty pages. The Ethics Committee comprised around 15 members incorporating senior medical professors and consultants, a senior clinical psychologist, pharmacist and nurse as well as lay members.

Discussions with members of the committee revealed a lack of appreciation of qualitative research. Nevertheless, members, including lay representatives, did raise searching questions which was useful in providing a reflective space to crystallise thoughts on ethical dimensions of the study, such as the necessity to ensure participant anonymity was not compromised. The NHS Ethics Committee also asked if consideration had been given to managers selecting participants. It was explained that this was inappropriate as managers may select individuals to influence the research process for their own ends (Hammersly and Atkinson, 1995). Some members of the committee were sufficiently interested in the proposed research to go beyond their 'official' remit and engage in debate as to the value of such research. Again this was helpful in consolidating thoughts on the study's underpinning rationale, justification and relevance. This experience has led

to a piece of work with the committee's administrative support team to make the process more user-friendly for qualitative researchers in the future and expand the committee's membership to include those with experience of such research.

The researcher operated within British Sociological Association Guidelines of Research Practice and Ethics and the University of Leicester's Research Code of Conduct. An information sheet outlining aims and purpose of the research was provided to each potential participant. Data gathered was stored and analysed in a way that guaranteed its confidentiality and security. All data was held on an NHS computer, password protected and encrypted, with all paper-based information kept under lock and key. No person except the researcher and his supervisor was able to access this information. All data reported was anonymised, ensuring it could not be attributed to participants. Data contained on tapes, transcripts and working papers was destroyed on completion of the research, using NHS procedures for the disposal of confidential waste.

CHAPTER SIX – RESEARCH FINDINGS

Introduction

This chapter examines knowledge worker commentaries, arising from perceptions of actualisation of competency-based arrangements and associated learning and developmental activities. The purpose of this is to elicit how and why power relations and their effects implicate on these processes. In addition, consideration is given to how power relations situated in the external environment influence and impact organisational lifeworlds.

As Foucault (1972) recommends, emergent discursive practice articulated through 'little' local narratives are considered to identify themes which exemplify the operation of power relations and their effects in institutional settings. A Foucauldian perspective combined with semi-structured interviews enables examination of discursive practices to understand how knowledge workers mediate and ascribe meaning to the transmission of power/knowledge radiating from political, economic, managerial and professional domains. This helps explicate how problematics of control and authority in social relations ensure hierarchical power and managerialist processes are not always actualised in ways assumed by rational managerialists.

The study identifies findings consistent with existing studies into the Knowledge and Skills Framework (KSF), and is followed by consideration of factors not covered in previous research. As stated above, existing research has been focussed from a rational managerialist perspective, and, as this analysis is based on social constructivist and interpretivist understandings, insights and explanations are provided which supplement and move beyond previous studies.

Forces at a governmental level are the main 'external' influence on the NHS through a process of coercive isomorphism (Di Maggio and Powell, 1991) where climate, practices and behaviours favoured by government are transposed onto NHS organisations. For example, policies relating to public finances, pay, pensions, redundancies, performance management, targets, quality and Lean approaches all featured in participant interviews. As will be seen, 'local narratives' differ from official accounts and expectations specified by political and managerialist elites.

The importance of context

The context within which work and learning are set, whilst generally acknowledged as important, are a neglected area of research (Fuller and Unwin, 2010; Jewson *et al*, 2008). As knowledge/power are located in social practice, and in particular historical contexts, it is essential to understand how forces located in the wider environment influence social existence (Foucault, 1977c). This section examines

how forces in the 'outer' context (Pettigrew, 1990, 1987) impact on organisational lifeworlds and the lived experience of inhabitants.

The research coincided with a period of public expenditure restraint requiring the NHS and other public services to make efficiency savings – a factor which pervaded local narrativisation. In various ways, all participants acknowledged the parlous nature of the financial position:

FKW: *"Where will it end... we can't replace staff when they leave."*

MKW: *"I don't know if I'll be here this time next year. They got rid of 3,000 nurses south of the border."*

SKW: *"We have to save, what is it... £ [withheld] million. I know they say there's no compulsory redundancies and the health service is protected but look at Councils and other Boards – they want volunteers... look at Ireland and Greece."*

FKW(i): *"How will we continue to manage...? [um] to look after our patients. Everyone is so busy... doing their best."*

SKW(i): *"Worse is yet to come, look at England - some Trusts have the administrators in, we haven't even started yet... at least we have a job."*

These extracts were representative of a general sense of fear and uncertainty. This was manifested in concerns for the future of the service, its members and those served. Participants drew on understandings of events in other Scottish public employment sectors, NHS England and other European countries. Concerns relating to (potential) job losses created a general sense of insecurity engendered by a belief that UK public services were not immune to global economic 'realities'. The use of the term 'they' recurrently featured in participant narratives, representing loosely defined 'shadowy' groupings of those holding

managerial and political power. The phrase “*I know they say*” (SKW) signifies a degree of incredulity and the listener (researcher) was invited to consider the validity of statements by juxtaposing central government requirements to achieve savings with political rhetoric claiming that NHS funding was protected.

The use of numbers and measurements (previously identified as a characteristic of rational managerialism) were commonly deployed by participants to support argumentation. The figures “£ [withheld] *million*” and “*3,000 nurses*”, if correct, appear significant, although the former only represents around 3 per cent of NHS Boards annual budget and the latter equates to approximately 0.75 per cent of the total nursing population in England. These figures are in line with the level of year-on-year efficiency savings NHS authorities have been required to achieve over the past decade.

The power of narrative lies in its simple persuasive nature rather than its capacity to facilitate in-depth objective analysis. Individuals draw on perceptions from lived experience and from the media which can question and challenge the credibility of official narratives. In contrast, local narrativisation reflected a generally pessimistic outlook and, although NHS Scotland may have been ‘protected’, a feeling existed amongst participants that financial realities were yet to take effect. The comment “*at least we have a job*” indicated a resigned view that having a job in the current economic climate was preferable to the alternative of unemployment. The following extract from participant interviews gives an indication of this feeling:

- FKW: *“I’m struggling to make ends meet; we won’t be going on holiday this year”*
- MKW: *“I can’t afford to change the car. We’re lucky we’re both working, although things don’t look good at my partner’s work”*
- SKW: *“We haven’t had a pay rise in three years: the benefits we got out of ‘Agenda for Change’ have been wiped out. Is this a way to treat your most important asset?”*
- FKW(i): *“I’ll need to work ‘til I’m 68 at least and pay a lot more into my pension... we’re paying for the bankers... it makes me so mad.”*
- MKW(i): *“When I joined the pension scheme... [um] I entered into a contract with the NHS... I’ve kept my part of the bargain – they’re breaking theirs.”*
- SKW(i): *“The younger ones will have to pay over 10% of their wages for their pension... it’s them I really feel sorry for.”*

Government public sector pay policies have had a material effect on many NHS employees who have experienced a real terms reduction in income and living standards. Participants, though unhappy (and, in some cases, angry) with reduced personal financial circumstances, appeared to accept the ‘austerity’ narrative emanating from government which presented reduced budgets as the only course possible. Public service pay policy is thus conceived as a normal and necessary government measure in the national interest from which NHS employees are not exempt. This, together with an unknown future and attendant fears of future job losses, perhaps helps explain participants’ apparent acceptance of their plight.

Public sector pension reform was a live issue during the period of research. This was also advocated by central government as necessary to stabilise the public finances and secure the long-term viability of public service pensions. It is argued, by government ministers and others who act as ‘authorities of delimitation’ (Foucault, 1972), that current public sector pension provision is unsustainable;

reform measures, as a result, are represented as inevitable. Proponents of reform point to disparities in public and private sector pensions, characterising public sector pensions as 'gold-plated' and suggesting the private sector had 'grasped the nettle' by addressing the problem of unsustainable final-salary schemes.

As highlighted above, a common feature of the New Public Management (NPM) narrative is to privilege private sector practices over public sector ones. This exemplifies in Foucauldian terms how a simple narrative deployed by 'authorities of delimitation' across political, business, managerial and media knowledge fields can mute and overcome opposition by establishing a 'discourse of truth'. This is not to say there is no ante-narrative or resistance to power relations and their effects: as Foucault (1980) argues, power cannot exist without resistance. Some participants, in common with other NHS workers, viewed pension reforms as a breach of trust, a view which the Scottish government states it can understand whilst making clear it has no jurisdiction over NHS superannuation arrangements. NHS and other public sector workers have taken limited forms of industrial action (sporadic one-day strikes) which to date have failed to change the general direction of policy. This study highlights the salience of other concealed and intangible forms of resistance, involving an emotional response which for the most part does not lend itself to simple observation and measurement – such as reduced levels of commitment, engagement, attendance and discretionary effort.

The Scottish government has a 'no compulsory redundancy policy' covering public sector employees, although it is responsible for and has 'commended' the policy to

other Scottish public sector employers, including local authorities. It might be assumed that this policy would assuage concerns about job insecurity (Swinney, 2012). However, participant narratives invoked a range of reactions to the policy from a 'local' perspective which did not reflect this.

FKW: *"I think it's good that health service staff can't be made redundant. It's a pity we can't replace those that leave."*

MKW: *"I met with Nicola [Nicola Sturgeon, at the time Cabinet Secretary, responsible for Scottish Health Services] – I'm on the [Committee withheld]. She explained the policy is not about keeping NHS staff in employment, its based on economic grounds... people in employment can support themselves and their families and purchase goods and services...She's a Keynesian – I agree with her... she also made clear that things cannot go on the way they are, things need to change ... she still wants the NHS to be a good employer."*

SKW: *"As I understand it... [um] the policy comes to an end in March next year [March 31st 2013]... It's not clear what will happen after that."*

FKW(i): *"By not filling vacancies, we're often left with square pegs in round holes and need to do more with less... [er] we need to get real."*

MKW(i): *"Voluntary redundancy is a piece of nonsense. I know a manager in [another organisation] who is sixty-one and got a package. They were going to retire anyway."*

SKW(i): *"They want to cut one in four senior managers, who do they think will do the work?"*

The 'no compulsory redundancy policy' commitment expires on 31 March 2013 and at the time of writing it is unclear what will happen thereafter. Identification of underlying political rationalities requires careful assessment. For instance, the participant MKW, who met with the Cabinet Secretary, offers some instructive insights. It is suggested the primary motivation behind the policy is based on Keynesian economic rationale as opposed to an altruistic concern for NHS workers.

All participants were aware of targets and standards applicable in their work areas and appeared to accept the need to achieve progress towards their attainment.

FKW: *"Its people who deliver results... senior managers don't care about you... it's a about control and targets."*

MKW: *"You never see them [senior managers] ... only when something's gone wrong, when the targets out they want to know who's at fault."*

SKW(i): *"Targets need to be met; it's what we're measured on."*

MKW(i): *"It's impossible – we work our [expletive] off to achieve 18 weeks, they're going to make it 12 weeks... [um] they don't have a [expletive] clue."*

There was little or no evidence to suggest targets were motivational, although their accomplishment was cited from time to time as evidence of the contribution and achievement of employees. Participants in senior positions, with formal accountability for target achievement, were more likely to attach priority to them than those engaged in providing direct patient care.

The assertion that staff only see their senior managers when something has gone wrong conforms to Foucault's (1978) conception of how disciplinary practices operate in modern societies. Providing individuals and groups operate in accordance with established norms and achieve preset performance standards they are less likely to experience intrusion from higher management. Maintenance of required standards ascribes to individuals, teams, departments and organisations, 'earned autonomy' and a 'licence to operate'.

The above statement from the MKW suggests that when things go wrong, rather than seeking to learn from experience, the primary purpose of senior management intervention is to find fault, apportion blame and take corrective action. Such behaviour is antithetical to notions of a learning organisation (Pedlar *et al*, 1988; Senge, 1990), given the pivotal role played by senior leaders in setting a tone and shaping organisational cultures (Bowles, 2012; Marsick, 2009; Mintzberg, 1998).

The use of expletives by MKW(i) was the only time such language was used during the interview process. The term 'they' again refers to a dehumanised, disembodied entity providing an outlet to ventilate frustration, demoralisation and anger. This concurs with Alimo Metcalfe and Bradley's (2008) finding that targets and other managerialist measures can evoke such reactions amongst NHS employees. A common plot-line of participant narratives was NHS staff working hard under difficult circumstances to achieve demanding goals. There was also a tendency for participants to absorb and reconcile pre-determined targets with self-perceptions of personal and professional identities, as is illustrated by the following comment.

SKW: *"It's important to have targets... surely it's better to see patients quickly rather than have them waiting for ages... like we used to have."*

Some participants saw managers as remote, impersonal, uncaring and target-focussed. Targets were seen as acting as 'capillaries of transmission' (Foucault, 1977a) to focus efforts, measure performance and highlight deviance as a signal

that corrective action was needed. This conforms with Dent and Whitehead's (2002: 8) contention that "[performativity] *signals and defines the current obsession with 'efficiency' and the concern to objectively subject this efficiency to empiricist means and measure to test its worth.*" Here, targets are conceived as a method to deliver and demonstrate quicker and better services to patients. The compunction to do better for patients provides a unifying humanised ideal, enabling NHS professionals to (re-)conceptualises targets in ways which make sense and are acceptable on their terms. While concerns were raised in regard to actualisation of targets, there was little, if any, challenge to the legitimacy of those in positions of power to set targets, which appear to be an accepted and embedded way of working in NHS environments (Propper *et al*, 2007; Currie and Suhomlinova, 2006).

Rational managerialist practices are invariably supported by those occupying senior positions within organisational hierarchies, couched in idealised, positive, pseudo-scientific rhetoric which is difficult to contest, ignore or encourage taking alternative courses. The KSF is one of a number of rational managerialist practices adopted by the NHS which constitute 'preferred' ways of working and help to shape workplace (learning) environments. According to participants, such measures possess common attributes, confirming the KSF is illustrative of a wider phenomenon. Managerialist practices are: officially sanctioned; based on best practice; evidence-based; 'tried and tested'; a basis to support staff to be more effective; a means to improve service efficiency and quality; and susceptible to measurement. Another example of this phenomenon, raised by participants, is the

Health Care Quality Strategy (Scottish Government, 2010) which aims to put people at the heart of the NHS and listen to their views to improve care. The strategy seeks to build on the values and commitment of people working with and in NHS Scotland to provide the best possible care and make measureable improvements. Healthcare is described as a human service, involving looking after people according to their wishes and based on the values of those providing services. This resonates with the ideals, values and beliefs elicited from 'local' narratives and align with wider notions of the professional self. However, the lived experience of implementing the Quality Strategy generated a range of responses in participant narratives:

FKW: *"It's about caring for others and doing your best for them."*

MKW: *"Its quality this and quality that – it's the latest thing – last year it was ... what was it... [um] lean... it's all about cutting costs."*

SKW: *"I'm in favour of getting the skill-mix right in the interests of patients... [er] it's about not filling a post or filling it part-time... or on a lower grade... that's not quality – we have to do more with less."*

FKW(i): *"There's an awful lot of paper work involved. I seem to spend my life completing returns."*

MKW(i): *"It seems to be more about demonstrating what we're doing rather than doing the doing."*

SKW(i): *"We spent a fortune doing the 'theory of constraints'... whatever happened to that?"*

MKW and SKW(i) depicted quality as a management fad, likening it to 'Lean' and the 'theory of constraints' which they assert were past fads. It would be wrong to view such faddism as trivial and insignificant, as Abrahamson (1996) reports they

are applied by “*thousands of managers*” to address complex problems and challenges and contribute to organisational cultures.

In 2012, poor performance in implementation of Lean initiatives in NHS Lothian (‘Lean in Lothian’) was highlighted by management consultants, who put this down to projects being “*limited in scope*” and “*tinkering with a few parts of the system to achieve quick wins*” (Bowles, 2012: 25). The consultants suggested problems related to how Lean was applied, eliding consideration about the appropriateness and efficacy of its application within particular NHS contexts. As a ‘tried and tested’ private sector rational managerialist technique, it was sanctioned as a basis for improving performance and productivity. Support and sponsorship by those in formal positions of power ensured discursive closure, making it difficult to challenge, scrutinise and question application of Lean thinking. Where such approaches failed to fulfil expectations, they were likely to be quietly withdrawn (SKW(i)) – as in the ‘theory of constraints’ – as to do otherwise would risk reputational damage to their sponsors. This makes it less likely that such measures will be subjected to rigorous evaluation, thus avoiding opportunities to learn from experience and increasing the chances of replicating a similar cycle of events.

Attention is drawn to the significant effort required by organisational members to implement and maintain rational managerialist practices (FKW(i)) with little assessment of cost against benefits and opportunity costs involved. From a local

perspective, it would seem individuals are expected to cope with such initiatives, as well as continuing to do the day job.

The humanised rhetoric of the quality strategy generally failed to convince participants that it represented a substantive shift from previous initiatives located within the dominant rational managerialist paradigm. Quality was perceived as another managerialist technique imposed on the service to cut costs and associated with non-filling of posts, or filling posts at a lower grade or reduced hours (SKW). The aim of the strategy – that quality of services depends on those providing services – was dismissed on grounds that such discursive statements are incompatible with staff reductions and debasing the skill-mix. Rather than attempt to optimise skills utilisation, reprofiling skill-mix can involve, and be perceived as, a process to deskill and de-professionalise the workforce to reduce unit costs (Dent and Whitehead, 2002). The SKW indicated they were not against skill-mixing provided it was in the interests of patients, rather than a device for saving money.

A participant, engaged in supporting learning, stated:

MKW: *“... there’s areas where you can see people are up for it, eager to change and move things forward... you can see they’re now trying to work together and other areas where I’m just beginning to touch on where this may not be apparent, they say they’re too busy.”*

Areas where the MKW has been involved are claimed to be working well relative to other areas, suggesting they have a capacity to facilitate change and ‘move things forward’. Heavy workloads were cited as a barrier to change which led to the rhetorical question:

MKW: *“How do you evidence that staff are busy?”*

Being busy was a common refrain in local narratives. The MKW appears to suspect that the portrayal of being busy was used as an excuse not to engage in the process of change. The reported inertia may represent resistance and indicates those concerned (for whatever reason) are not in a state of preparedness to engage in change. The MKW sees their role as persuading others to embrace change, implying they know how things should be and have a formal remit to influence others to adopt sanctioned practices.

MKW: *“It’s important I’m up-to-date on the latest evidence and have the right tools to use and follow and share best practice.”*

The participant acts as a transmitter of change, bridging different parts of the organisation by sharing what is regarded as latest best practice. The participant justified their efforts to support service improvement by placing themselves within the wider healthcare team, and adopting a self-image and professional identity rooted in selfless altruism, driven by a need to serve patients’ interests in the best way.

MKW: *“I’m just trying to ensure we are all engaged’... ‘we’re here to provide the best service to the people of [withheld]... to ensure they get the best care.”*

The belief that prescribed linear ‘best practice’ can be applied across diverse and complex environments is likely to result in variable actualisation and outcomes. Local contexts will differ in readiness and capacity to assimilate and apply new practices. The context dependent nature of social change suggests a need to give consideration to situated value systems, power relations and cultural conditions. Rather than seeking to persuade others to embrace commended ‘best practice’ methodologies, change agents could work with individuals and teams to support and enable them to determine how best to proceed. This could involve how tools and techniques might be tailored to support change in local contexts. Those supporting change, rather than being task-focussed instructors and repositories of ‘expert’ knowledge, are reoriented to perform developmental roles which enable others to assume ownership and responsibility for their own learning. Thus people are (re-)positioned as drivers of the process with tools and techniques available to them as supporting mechanisms.

The dark side of rationalism

The below statement refers to an investigation into management culture in NHS Lothian (Bowles, 2012) which found some managers obsessed by targetry, engaged in bullying behaviours towards staff. As the report of the investigation into NHS Lothian was published during the period of research, and given its high profile

and relevance to this study, it was used as a reference point by a number of participants.

FKW: *“Our boss, who’s very good, has been told if you can’t deliver, we’ll get someone who can...its Lothian all over again.”*

The participant’s criterion of ‘good’ was clarified:

FKW: *“[He/ She – gender withheld] treats us really well... always acts with integrity... very competent... someone you can really trust... has the patients interests very much at heart.”*

The Cabinet Secretary, Chair, Non-Executive Directors and appointed management consultant (who authored the report) acted as ‘authorities of delimitation’, restricting the scope of inquiry to areas of instrumental rationality set within the bounds of rational managerialism. The report’s recommendations, like the Institute of Employment Studies (IES) research referred to in Chapter 2, involved a range of rational managerialist practices, effectively amounting to doing more of the same but better, involving a recasting of ‘tried and tested’ formats. The report, as with participants in this study, did not question the role of government in target setting, restricting attention to how targets were managed. Bowles (2012) highlights how behaviours, attitudes and actions of senior managers influence and pervade organisational cultures (Marsick, 2009; Mintzberg, 1998): *“Set[ting] the context and tone with which much of the organisation works”* (Bowles, 2012). If this is the case, is it not also possible that those in formal power relationships over

the senior managers (implicated in the report) may contribute to the creation of environmental conditions influencing behaviours and practices.

Whilst individuals can exhibit unacceptable behaviours, is it not complacent to avoid consideration of structural mechanisms which may influence the operating context? According to Bowles (2012), problems only occurred in areas with targets, suggesting they may be a factor in influencing organisational cultures. Where targets become a political priority, politicians may appropriate them to demonstrate they are more competent stewards than their opponents. This sets in train a political imperative to deliver continual improvement and makes abandonment of targets difficult. Those accountable for local services are directed to meet targets and pass instructions onto managers and clinical leaders who involve others in the project of meeting targets. According to Unwin *et al* (2004), this distances senior leaders from every day work and the role played by informal workplace learning. Failure to achieve targets can result in reprimand and corrective measures to secure future compliance (Propper *et al*, 2007; Currie and Suhomlinova, 2006). This model conforms to Foucault's notion on how technologies and techniques operate within modern disciplinary societies.

Competency-based arrangements and associated learning and development activities

a) Findings consistent and similar to existant rational managerialist research into the KSF

In concurrence with Brown *et al* (2010), most participants supported the KSF in principle, while simultaneously regarding the system as ‘complicated’, ‘bureaucratic’ and not ‘user-friendly’.

The following extracts sets out a number of participant responses on their experience of the KSF:

DC: *What are your experiences of the KSF?*

FKW: *“I’m very much in favour in principle, it [the KSF] needs to be more user-friendly... my manager isn’t committed... doesn’t see the value.”*

MKW: *“It’s far too complicated and clunky...it’s off-putting. We don’t have time to do it justice [um] ...we’re too busy.”*

SKW: *“As [professional grouping] we had our own CPD [Continuing Professional Development] process which was much more simple and straightforward... I don’t see how the KSF adds value... our old system was much better.”*

FKW(i): *“The training was very good but not everybody could attend, including my manager... we’re too busy.”*

MKW(i): *“It’s early days; it takes time to embed a new system... I’m sure we’ll get used to it in time... We need to support anything that supports learning.”*

SKW(i): *“It was a priority to get the system in... we had a target – now we don’t.”*

Lack of managerial commitment (Rees and Porter, 2003) and time were perceived barriers to successful implementation. These factors are connected: for example, if managers do not believe the process is important, sufficient time may not be permitted, while other more prioritised activities assume precedence. A point not cited in previous research is that implementation of the KSF in Scotland was a managerial priority due to it being a government target. This is not surprising as previous research into the KSF has focussed on its implementation in NHS England where there was no national target. A recommendation arising from previous research was for a *"senior national NHS figure to write to all trust chief executives to reinforce [the] need for all managers and staff to have appraisal and PDR/P [Personal Development Review/ Plan] using KSF or similar quality framework, and establish this as a KPI [Key Performance Indicator] for trusts"* (Brown *et al*, 2010: xi).

Existing research has attempted to estimate the number of employees who received *"a KSF development appraisal"* (NAO, 2009). The NHS Scotland HEAT target was similarly based on the percentage (number) of staff with a KSF PDP. This demonstrates a propensity of rational managerialism (and rational managerialist research) to measure facets susceptible to enumeration. The number of staff with a KSF PDP, as a result, becomes a measure of relative success, as used, for example, by the IES to identify organisations deemed successful and unsuccessful in implementing it (Brown *et al*, 2010). This assumes the KSF is an unproblematic process and a straightforward relationship exists between application and resulting outcomes. Implementation of the KSF was

supported by rational managerialist practices, and in the case of NHS Scotland, a requirement to achieve target compliance became a ‘proxy’ measure of success and, to some extent, an end in itself. For example, SKW(i), cited above, appears to view target achievement as a task of greater importance than any perceived intrinsic value of the KSF process.

Another aspect neglected by extant research is how imposition of the KSF superseded professionally sanctioned CPD arrangements. Potential objections or resistance are in effect muted and apparently overcome by wide dissemination of the KSFs ‘discourse of truth’, the acceptance of which is enabled by legitimised ‘authorities of delimitation’ (Foucault, 1972). This is achieved through authoritative discursive statements which represent the KSF as a new innovation, superior to existing systems and an integral feature of ‘modernised’ pay and conditions of service for NHS employees. The ‘Agenda for Change’ pay modernisation project conveys a sense of there being no alternative other than to change, forming a discursive boundary that limits the options of those falling within the ambit of the new arrangements.

In general, authoritative discursive statements are generally positive, benign, normative, rational and uncontentious, emphasising the need to support employee development; clarity about responsibilities and how individuals can be more effective; and equality of opportunity for personal development mediated through a structured fair process (Scottish Executive, 2004). Thus, ‘authorities of delimitation’ construct discursive parameters determining what can and cannot be

incorporated within the dominant discourse, making it difficult for individuals to do more than accept (or appear to accept) the requirements of the KSF.

In contrast to the pervasive belief that rational managerialist systems like the KSF can be unproblematically instituted, this research (in common with previous studies) confirms its implementation has been fraught and difficult. Existing research suggests problems could have been avoided if appropriate managerialist action had been taken (Brown *et al*, 2010), involving doing more of the same but with greater rigour, increased control, more robust accountability and taking remedial (punitive and educative) action where necessary. As one participant commented:

SKW: *“Throughout my career I’ve had many different appraisal systems, none of them worked. In the end we end up going through the motions. The best system was when we had a go at peer review.”*

This statement highlights a long lineage of appraisal systems which have not ‘worked’ and degenerated into ritualised routines before abandonment and replacement. The understanding that a number of similar (but different) systems were adopted over the years and been found wanting belies rational managerialist orthodoxy which suggests associated techniques are ‘tried and tested’.

MKW(i): *“The KSF is like the next big thing... [um] its like we’ve just discovered learning.”*

SKW: *“It feels like déjà vu... we have been here before... it didn’t work then.”*

A shared perception that such systems have in the past failed to fulfil intended objectives led to scepticism about the potential of the KSF to ‘buck the trend’ of previous life experience. Many participants supported the KSF in principle, with some attributing difficulties to initial teething problems and a belief that these would be overcome with experience of participation in the process. As one participant commented:

MKW(i): *“You’re bound to get problems with any new system.”*

The experience of peer review, although later abandoned, is held to provide a better basis for providing feedback, suggesting asymmetries of power within hierarchical relationships might inhibit the process.

At the level of instrumental rationality (Habermas, 1971; Weber, 1948), participants shared concerns articulated in other research. Lived experience of similar (rational managerialist) initiatives disclosed further reservations transposed to the efficacy of the KSF as a latest ‘state-of-the-art’ toolkit. However, its discursive construction as an official ‘discourse of truth’ seeks to compel involvement. The rhetorical foundations of the KSF makes it unreasonable and irrational to oppose such well-

intentioned measures to enable individual learning and development – perhaps helping to explain wide-scale support for its principles.

This directs attention to the gap between rhetorical pronouncements (theory) and lived experience (practice) to understand tensions which disrupt the translation of rational managerialist ideals within organisational settings. Here, limitations in rational managerialism – notably tendencies towards hierarchy, control de-emotionalisation and measurement – render it insufficient when applied to processes intended to support development of knowledge workers. Despite rhetorical attempts to depersonalise the KSF, its actualisation depends on social processes making it a site for compliance, negotiation, resistance and conflict (Rosenfeld *et al*, 2005; 1995). It is a central contention of this study that constructivist and interpretivist orientations provide a means to surmount strictures of rational managerialism to engage with complexities of persona, relationships and context.

b) Transcending rational managerialist research – the need to understand and engage with complexities inherent in human social processes

Previous research into the KSF has suggested:

“Almost all large employers have a declared policy intention regularly to appraise and continually develop the capabilities and contribution to all of their employees. Yet most struggle to implement this in practice in their increasingly fast-moving and often resource-constrained contexts”

(Brown *et al*, 2010: 119)

This statement asserts that nearly all large organisations have a policy to appraise and develop employees. The previous assertion by Brown *et al* (2010) that most organisations struggle to implement such arrangements, is advanced not as justification for their abandonment; rather, the authors contend that such problems can be overcome by improving managerialist arrangements:

“[The] KSF is a process that should be based on frequent and good quality, two-way communication between staff and their managers in terms of how best to enhance their personal skills and contribution”

(Brown *et al*, 2010: 125)

Participants were in general agreement with the sentiments contained in the above statement and implicitly sympathetic with the assertion of Brown *et al* (2010) that this idealised representation often fails to materialise. The proposition that this can be overcome by intensification of managerialist practices (including the simplification of paperwork and attendant bureaucracy) and the mysterious process of *'buy in to the approach'* (Brown *et al*, 2010: 126) is open to question.

The KSF provides a formal process to ensure individuals have a PDP to support acquisition and use of knowledge and skills – mediated by themselves and their manager. Rational managerialists assume managers can provide feedback to individuals on their development and performance. Nearly sixty years ago, for example, Maier (1958) identified the crucial role of feedback in performance review. More recently, Boice and Kleiner (1997) have suggested a primary purpose of feedback is to let individuals know how their performance compares

with managers' expectations. This approach was confirmed by a Scottish Executive document which stated that managers should "*provide feedback in a way that focusses on what the individual has done, not on what they are like*" and "*[c]onsider the evidence brought by the individual on how they have applied their knowledge and skills (e.g. within their portfolios)*" (Scottish Executive, 2004: 31). This signifies a desire to depersonalise the process by focussing on the post, not the person: it also serves to reinforce the legitimate role of managers to judge how individuals apply their knowledge and skills. The process is represented in objective 'evidence-based' terms denying its subjective nature.

DC: *How does feedback work through the KSF?*

FKW: *"I'm relatively new and junior [um] and would not ask my manager for feedback"*

MKW: *"My boss doesn't give me feedback. [He/ she] says if you don't hear from me you're doing a good job."*

SKW: *"As an organisation, we're not good at having [er] adult conversations, we're no good at telling people how it is."*

MKW(i) *"I don't get meaningful feedback. I'm told I'm doing fine or [er] very well... I always give feedback and recognise a job well done."*

Participants indicated difficulties in obtaining feedback from their managers, corresponding with Eraut's (2009, 2007) view that many managers are ill-equipped and fail to provide meaningful feedback. It appears that a hierarchical social relationship within an organisation's power-structure may inhibit feedback, a situation compounded by attempts to manufacture its actualisation through formalistic organisational processes, provoking and intensifying anxieties

associated with self-disclosure, judgementalism and imbalances in power relationships. Feelings engendered by formal interactions may endure and affect the relationships between protagonists in negative (Boswell and Boudreau, 2001) and positive (Drenth, 1984; Blau, 1964) terms. Lee (2006) draws a distinction between feedback and formal appraisal, arguing individuals desire the former rather than the latter.

What conditions may positively influence interactive feedback processes? The following extract gives an insight:

FKW: *“The person needs to be credible and knowledgeable, someone you respect.”*

MKW: *“You need to trust the person [er]... feel safe... the need to be empathetic and able to see things from your position.”*

SKW: *“Trust, trust, trust.”*

FKW(i) *“They need to be genuinely interested in me, set time aside and be concerned for my development.”*

Individuals are likely to not act on feedback if they perceive it to be inaccurate and/or not from a credible source (Levy and Williams, 2004). In the main, feedback satisfaction correlates with satisfaction attributed to its source (Russell and Goode, 1988). Participants highlighted qualitative features of relationships which produce conducive conditions for giving and receiving feedback. Aspects – such as openness, honesty, trust and integrity – were cited as prerequisites to facilitating intimate two-way dialogic relationships. As Gerada has (2012: 26) asserted: “[t]he NHS runs on trust. It is a precious and fragile resource, hard won

and easily lost and in these testing times we need leaders who inspire – and deserve – our trust. Leaders must earn and keep the trust of those we lead and serve.”

Trust has been defined as:

“A psychological state comprising the intention to accept vulnerability based upon positive expectations on the intentions or behaviours of another”

(Rousseau *et al*, 1998: 38)

Individuals need to *“make oneself vulnerable in the face of uncertainty or insecurity based on a belief that the other party will act in a positive way”* (CIPD, 2012a: 5). Key characteristics of trust include job competence, concern for others, integrity (Mayer *et al*, 1995) and consistent behaviour (Maguire and Phillips, 2008; Dietz and Den Hartog, 2006). Research indicates that trust is *“facing strong attack”* (, 2012a: 28) in public service organisations due to close control, monitoring arrangements and remote leadership. Fox (1974) highlighted difficulties in maintaining trust in unequal power relationships. It is suggested leaders should become more personal, accessible and relational (CIPD, 2012a).

The contention that the KSF forces bad managers to do what good managers do as a matter of course is open to question. The success of the process depends on the nature of relationships between those involved and should be conceived as an ongoing relational accomplishment rather than an infrequent formal event. Levels of trust, mutual respect, candour and integrity are variable and contingent on the

nature of relationships, thereby influencing the quality of interactive processes. In contrast, classical organisational and management theory (and practice) holds that it is necessary to control the performance of individuals who require clear job descriptions, instructions and expected standards of performance so they can be held to account with clear consequences.

Similar characteristics are manifest in the KSF system with detailed job outlines, dimensions, indicators and development review arrangements. The KSF comprises 30 dimensions – broad functions necessary to provide good quality services. There are six core dimensions relevant to all posts and 24 specific dimensions which apply to some but not all jobs. Each dimension has four levels with indicators which describe how knowledge and skills are applied at each level. Every post has a post outline which sets out its knowledge and skill requirements, *“not the abilities or preferences of the person”* (Scottish Executive, 2004: 11). The development review process follows an ongoing cycle of review, planning, development and evaluation involving an employee and a reviewer, usually the line manager. As Grubb (2007) argues, such processes appear logical, sensible, rational and assumed to work. According to Brown *et al* (2010: 128) *“... the process either doesn’t happen at all: or if it does, the manager simply follows through a set script.”* Participants typically described the process in terms such as:

FKW: *“It’s like dancing round the handbags.”*

MKW: *“We get it over with as quickly as possible... [um] and agree we’re all fine... This is despite me preparing a lot of evidence which demonstrates I’m performing well.”*

SKW: *“We tick the box and get back to the job.”*

FKW: *“We go through the motions.”*

Where trust is evident in relationships, formalised discussions will be confirmatory rather than revelatory. For example, one participant said: *“I get on really well with my boss – we know where we stand”* (MKW). Conversely, where trustful relationships are absent, formal feedback may well be less effective and result in negative consequences, which arguably explains why individuals avoid meaningful engagement. This resonates with the research of Bryman *et al* (1994) into performance appraisal which found procedural compliance was privileged over using systems to improve performance. Perceptions derived from workplace cultures, organisational power structures and associated micro-politics (Holbeche, 2005; Vince, 2001; Burrell and Morgan, 1979) influence the extent of mutual openness and preparedness to share information moderated by fears of exposing vulnerabilities and precipitating reputational damage (Eraut, 2009). Similarly, individuals may indulge in self-protection and ingratiation strategies by seeking to create a favourable impression and avoid areas of difficulty.

Guidance on the KSF stipulates it is necessary to develop an individual’s knowledge and skills to enable effective participation in the development review

process (Scottish Executive, 2004). Brown *et al* (2010) recommend the production of national training packages to be adapted and used locally. In Scotland, NHS Boards have provided short courses for reviewers and reviewees. Although participants often found the training useful, it is perhaps unreasonable to suppose that this is a sufficient basis to create the relational conditions necessary for productive encounters. On the whole, participants supported a developmental rather than an evaluative focus, concurring with Milkovich and Boudreau (1997) who attribute this to a futuristic and helpful orientation. The role of evaluator (judge) and developer (helper) are difficult to reconcile, with the requirements of the former impeding the transaction of the latter. Development review discussions can be backward looking, concentrate on gaps in knowledge and skills and as a consequence perceived by individuals to be overly focussed on weaknesses rather than strengths, leading them to be construed in negative terms (Buckingham, 2010, 2005; Grubb, 2007; Lee, 2006).

The manager who suggests the absence of feedback is an indication of satisfactory performance fails to exploit potential opportunities to provide positive reinforcement to their colleague. One interviewed colleague confirmed this was something they would welcome:

MKW: *“I work really hard...[er]... we all like our feathers stroked and recognition for a job well done.”*

There is an implication that if the MKW fails to perform to a required standard they will hear from their line manager. Although this sounds threatening, the MKW confirmed this was not the case and emphasised they had a very good relationship with their line manager, who was someone they trusted and held in high regard. This possibly reflects inherent relational difficulties in giving and receiving formal feedback even when relationships of trust exist (Eraut, 2009).

The self-perception of participants as seekers of feedback contrasted with a widely held standpoint that not everyone holds the same view in this regard.

FKW: *“People take feedback personally and don’t like to be criticised.”*

MKW: *“They only ask your opinion when they’re having difficulties.”*

SKW: *“You’re only as good as your team. I engage them in everything and delegate to let them get on with it.”*

MKW(i): *“Asking for help is almost seen as a weakness.”*

SKW(i): *“Not everyone looks for feedback and wants to be involved in problems and taking decisions. A lot of staff... [um] I’d say the vast majority just want to come in, do their shift and go home.”*

The above quotation of SKW (i) suggests the ‘vast majority’ of staff do not wish to be engaged in resolving problems and decision-making. If correct, this would have significant ramifications for service quality and organisational effectiveness. As Ham has argued: *“... organisations with more engaged clinicians and staff achieve better outcomes and experiences for the patients they serve”* (Ham, 2012: 1). Engagement is conceptually different from trust emerging from the positive psychology movement; in effect, it has become an all-embracing concept,

incorporating various ways employers seek to obtain discretionary effort whether in cognitive, physical or emotional terms (Kahn, 1990). Engaged professionals make fewer mistakes (Prins *et al*, 2010, quoted by West and Dawson, 2012) and provide safer patient care (Laschinger and Leiter, 2006). Salanova *et al* (2005) claim engagement improves performance as relationships with clients are energised, resulting in a positive impetus which can motivate others.

Staff engagement is enabled by increased autonomy (West and Dawson, 2012), ability to control work (Mauno *et al*, 2007) and creating a manageable workload (Hakanen *et al*, 2005). These are factors which support the development and contribution of knowledge workers (Drucker, 1999; Despres and Hiltrop, 1995). Control theorists have insisted individuals prefer to be in control of decision-making processes as opposed to passive recipients (Thibaut and Walker, 1975). Without exception, participants confirmed a desire to be involved in decisions which affect themselves, 'their' colleagues, patients and workplaces and a willingness and capacity to contribute to problem-solving. The general disposition of participants and their need for engagement contrasted with the Senior Knowledge Worker's (SKW(i)) perception of 'others' – who, it is claimed, do not wish to be engaged. Participants gave many examples of involvement in decision-making and problem-solving, although these varied in degree within local contexts.

In the main, participants concurred with Rees and Porters' (2003) finding that giving criticism is problematic, with managers often seeking to avoid confrontation (Boxhall and Purcell, 2008) and employees not wanting to receive negative

feedback (Ashford *et al*, 2003). This aligns with Grubbs' (2007) contention that managers and subordinates can collude to avoid difficult discussions. Communication of information sustains a power-sharing equilibrium rather than exchanging useful knowledge, thereby eliding problems, uncertainties and risks. For example, managers may withhold negative information to preserve a colleague's self-esteem and prevent demoralisation. In their study of nurses at the beginning of their careers, Eraut (2004b) confirmed that negative feedback on mistakes was much more likely than positive or constructive feedback on areas where performance could be improved. Feedback tended to be task-based and short-term with little opportunity for more reflective medium or long-term feedback. This was attributed to the hectic nature of senior nurses' workload and their disposition to view such feedback as superfluous. Lack of reflective dialogue on progress and competence was identified as a major reason for nurses contemplating leaving the profession.

Feedback is not sought when it may be conceived as a sign of weakness or result in criticism. Despite systematic attempts to depersonalise the process by focussing on work rather than the worker, it is unrealistic to expect individuals who put effort (physical, intellectual and emotional) into their work to view it in terms other than personal. For many, and certainly for the participants in this study, work was conceived as a central life interest involving emotional commitment.

- FKW: *“My job is very important to me, its something I always wanted to do. If you weren’t a caring person, this job would not be for you.”*
- MKW: *“I’m here for the long haul – it’s important to use all your skills and training.”*
- SKW: *“I’ve worked hard to get to where I am.”*

One participant stated that a requirement of their role was to provide constructive feedback and challenge colleagues to improve their practice.

- SKW: *“That’s part of my learning curve, how to give feedback which is perceived as helpful, constructive and not seen as negative” and*
“It’s not easy for me coming in and I’m challenging them to improve their practice... I’ve sort of stirred things up but that’s the role of these [job designation] jobs.”

The SKW viewed providing feedback as a skill to be learned and situates their challenge to others as a job requirement, disassociating it from personal agency and aligning with the characteristic of rational managerialism to depersonalise human processes.

Participants were able to cite an assortment of informal feedback sources. For example:

- FKW: *“I seek out feedback from colleagues and look to engage with as many people as possible.”*
- MKW: *“I have a wise mentor who acts as a critical friend and makes me reflect on what I do.”*
- SKW: *“... they send me results... what people thought of my session...[um] it’s quantified and formal.”*
- FKW(i): *“It’s important to learn from experience and listen and observe more experienced colleagues... not just from your own discipline.”*

MKW(i): *“The patients are an excellent source of feedback... they’re our customers after all.”*

SKW(i): *“It’s important to use performance information and get beneath the figures to identify what is really going on.”*

MKW(ii): *“Last month I got two bunches of flowers.”*

The statement made by FKW(i) recognises the salience of experiential learning and drawing on the knowledge and skills of experienced colleagues on a multi-disciplinary basis. The SKW implies feedback has greater salience if it is ‘quantified and formal’, while SKW(i) recognises the need to ‘get beneath’ numerical measurements of performance to understand what is going on to inform consideration of future actions. Both FKWs acknowledged the need to learn from experience by (among other things) listening to colleagues. Mentoring and listening to patients were also identified as examples of informal feedback opportunities valued by knowledge workers.

The feedback received through the KSF tends to be formal and ‘safe’ in character. This was confirmed by a number of participants.

FKW: *“My boss doesn’t give me much in the way of feedback, we tend to discuss what, if any, in-house courses I need to attend.”*

MKW: *“I certainly get feedback... I have objectives and a plan of where the department is going... and what I have to do over the next period of time... so that’s looked at and discussed... how I’m doing against my plan, how am I going to achieve it and that’s reviewed on a regular basis.”*

SKW: *“Personal objectives need to be formal based on what we need to do as an organisation.”*

The MKW and SKW emphasised a need to set individual job aims within the context of departmental and organisational goals, indicative of a top-down rationalist approach.

In summary, feedback is a vital organisational process which occurs in a variety of informal forms, often stimulated by the actions of individuals who assume a degree of personal responsibility for seeking and obtaining information and knowledge to improve practice. Rational managerialists conceive the process in hierarchical terms, believing it can be unproblematically instituted as a systematic formalised process. The findings of this study, in contrast with previous rational managerialist research, suggests feedback is a complex process, best mediated through trusting relationships which may be inhibited by power imbalances located in hierarchical structures and application of formalistic official procedures. This can reduce motivation, creativity, innovation and a sense of ownership for task completion. Eraut (2007) distinguishes between long-term strategic feedback on general progress and short-term specific feedback indicating the former is often absent, creating uncertainty and reducing the confidence and commitment of employees. Kidd *et al* (2004) report only 7 per cent of employees in a study found formal appraisal discussions useful. In another study, Winter and Jackson (2004) found the lack of developmental discussions to be a major cause of dissatisfaction for high performers and a reason for them moving on to other employment.

How do knowledge workers learn?

As the below extracts show, participants exhibited a tendency to draw on formalised acquisitional modes, consistent with conventional notions of education and training. Such constructs evoke a conscious process which involves prescriptive transmission of explicit knowledge and skills from an expert source.

DC: *What sort of learning have you undertaken?*

FKW: *"I did a one-day course on 'Lean' so I can help make our processes more efficient."*

MKW: *"I'm professionally qualified... undertaken a Masters [um] and keep my professional skills up-to-date, for my CPD [Continuing Professional Development]. I recently attended a formal course on [subject of course withheld]."*

SKW: *"I've done a one-day course on quality improvement so I can have the tools to improve quality in my area."*

FKW: *"I was advised to do some e-learning programmes in my own time."*

MKW: *"We record mandatory training I've undertaken... we can't afford to send people on courses... the service has to come first."*

SKW: *"I did the [programme title withheld] – it was genuinely life changing... I'll never see my role in quite the same way again. It's getting results through people."*

These responses concur with previous research (Felstead *et al*, 2004) which suggest NHS professionals value traditional methods of professional education which privilege and prioritise 'learning' activities which fall within the 'dominant' standard paradigm of learning (Beckett and Hager, 2002). Thus, learning is conceived as synonymous with 'going on a course' – or, as increasingly is the case, completing an e-learning module.

The authors of KSF guidance (Scottish Executive, 2004) use the terms 'learning' and 'development' as opposed to 'training' and 'education' (they also use the term 'review' rather than 'appraisal'). Such discursive shifts do not axiomatically lead to a new way of thinking and conduct. These rhetorical changes do not appear to signify a substantive move in the journey from formal training to informal learning (Sloman, 2005). Participants confirmed PDPs tended to record details of formal 'learning' programmes to meet organisational expectations, with little attempt to capture details of informal participatory experiential learning activities.

According to Fuller and Unwin (2010), workplace learning is constructed in line with the character of organisations and their wider context, thus impacting on the practice of situated learning (see also Billett, 1999a; Darrah, 1996). Traditional individuated acquisitional learning modes are fore-grounded due to a convergence of pervasive professional educational values and the dominating effects of rational managerialism. It is relatively easy to identify details of formal training – such as courses attended and record details – in PDPs and training records.

The following extracts highlight the tendency to privilege formal training.

FKW: *“We do an awful lot of sheep-dip training. Along with everyone else I had to do an e-learning module on health and safety. I did it, passed and don't remember much about it. I'm all for health and safety, but can't see the value...”*

MKW: *“Valuable time is spent doing mandatory refresher training whether it's needed or not.”*

SKW: *“For some staff, all their PDP says is to go to the annual fire lecture – this ticks boxes as far as the Scottish Governments concerned.”*

FKW(i): *“I would really like to develop my people management skills but can’t get approval to go on a course.”*

These extracts highlight the tendency to prioritise formal training. These participant extracts also indicate that such approaches can be wasteful and ineffective. FKW(i), whilst recognising a need to develop people management skills, conceives a course-based solution to the exclusion of other work-based possibilities.

What an individual does with the acquired learning, knowledge and skills is not measured and recorded. Transfer and application of learning in lifeworlds tends not to be visible or tracked at an organisational level because of resource constraints. Generally speaking, knowledge workers are motivated learners keen to improve their work (Marsick, 2009), and, whilst acquisition of formal qualifications was highly valued, participants were able without difficulty to provide examples of work-based participatory modes of learning which they valued and recognised as important. The worth attributed to formal acquisitional modes of education concurs with Fuller *et al* (2003) contention that NHS professionals valued such learning experiences.

As will be seen, formative periods of professional education are a major influence on the formation of professional identities. Other formal in-house ‘mandatory’ training programmes were often seen as a chore and not particularly valued by

participants. This study found participants also recognised the importance of informal workplace learning opportunities, highlighting the salience of both formal acquisitional and informal participatory modes of learning in supporting the development of knowledge workers. This tends to refute Fuller *et al* (2003) contention that formal education is seen as more important than informal learning by NHS professionals.

FKW: *“When I worked in the [withheld] team it was great – everyone pulling in the same direction and helping each other out. I still keep in touch with some of my mates...they were great days.”*

MKW: *“We learned a lot more working for [name withheld] than at any other time. [He/she] was old school. It was early in my career and I picked up a lot of good habits which have stood me in good stead.”*

SKW: *“I enjoyed my time in the community – you were trusted and left to get on with it.”*

FKW: *“It’s important to keep up-to-date – medical science changes so quickly. You have to know your stuff and keep on learning.”*

MKW: *“When we established the [name withheld] care pathway, it was very clear we were a learning community where we can learn from each other.”*

Participants, when invited to identify meaningful learning experiences, invariably recounted stories involving informal experiential participatory modes of workplace learning (Sfard, 1998). There was a tendency to reflect periods in the (work) life course regarded by participants as important. They often indicated these to be formative, productive, involving change, enjoyable and rewarding. Experiences of working in ‘effective’ teams, where they were engaged and possessed autonomy, were regularly cited as factors which supported learning. While participants welcomed involvement and freedom to act, this was related to favourable

dispositional and relational circumstances, such as levels of self-confidence, trust and support.

In concurrence with Watson (1995) participants confirmed informal interrelationships provide significant learning opportunities. This involved a range of informal relationships with individuals acting as role models, coaches, mentors as well as providing support. These relationships were predominantly informal as opposed to formally instigated by deliberative management action. In concurrence with Eraut (2009, 2007), there was little evidence of line managers being engaged in providing direct learning support to their staff.

Learning as a context dependent socially constructed process – actualised through complex human interactions – cannot be unproblematically transferred to other settings. Drawing on socio-cultural and social-constructivist perspectives, there is an increasing interest and awareness of the efficacy of informal workplace learning (Cross, 2007; Gergen, 1999, 1994; Barr and Tagg, 1995; Lave and Wenger, 1991; Sfard, 1998), challenging professional and managerialist conventional wisdom that formal educational approaches are superior. Research suggests that the majority of workplace learning is informal (Li *et al*, 2009) and provides the most effective means of acquiring knowledge, skills and competences for work (Skule *et al*, 2002; Boud and Garrick, 1999; Ashton, 1998). Sorohan (1993) reports 90 per cent of workplace learning occurs informally. Similarly, Marsick and Watkins (1990) found that 80 per cent of individual learning was due to employees deploying a range of learning strategies within work environments, including listening, observing,

questioning, reflecting and reading. While participants saw a personal value in informal participatory work-based learning, such approaches were less recognised and supported from an organisational level.

As a number of researchers into workplace learning have indicated, it is essential to take account of structural and subjective components (Fuller and Unwin, 2004; Ellstrom, 2001; Billett, 1998). Structural components are objective aspects which are observable independent of human subjectivity and provide opportunities for workplace learning. Subjective aspects relate to how structural features are understood, experienced, evaluated and valued by individuals, determining the extent they engage in learning opportunities afforded in the workplace (Billett, 2011). This can result in a range of benefits, including rapid transfer of learning to practice, improved performance, enhanced employability, and increased flexibility and adaptability of learning congruent with contextual requirements (Dale and Bell, 1999).

As the following extract shows, a dichotomy existed between participants' positive perception of their ability to provide feedback and learning support and negative views of the capacity of their managers and the organisation in this regard.

- FKW: *"I enjoy coaching the support workers, to give them skills so they can do more for patients."*
- MKW: *"My manager thinks training is about sending people on courses, they don't see coaching as a part of the job."*
- SKW: *"I know the strengths and weaknesses of my direct reports and help them to make improvements."*

There is a need to discuss development in holistic terms in addition to specific needs relating to current roles: extant research advocates such discussions should be planned, but not formalistic and overly prescribed (de Hann *et al*, 2010; Hirsh *et al*, 2004; Kidd *et al*, 2004; Winter and Jackson, 2004). Eraut (2009) suggests many managers have knowledge and skills deficits when it comes to supporting development. It is argued that managers need to have a greater appreciation of the modes through which individuals learn and assume responsibility for overcoming barriers to learning and support longer-term development of employees. In a similar vein, the CIPD (2012a) identified the main leadership skills that organisations lack as performance management, leadership and people management.

FKW: *“I can do the job – that is not the issue – its understanding what others do and having good relationships...[er]...that’s how we get things done.”*

MKW: *“We’re so busy, we don’t have time to train.”*

SKW: *“I’m not a trained trainer. I have to manage the service and achieve our targets – that’s what we’re judged on.”*

Confidence is a key determinant of individuals’ preparedness to seek challenge, feedback and learning opportunities dependent on the extent they feel supported and trusted by colleagues. As Eraut asserts: *“Confidence relates more to relationships than the work itself”* (Eraut, 2009: 21). This is not to say that allocation and structuring of work are unimportant – imbalances in workload can result in individuals being either over or under-challenged. Learning and feedback are influenced by a range of factors, including the extent to which work is individual

or collective, exposure to new challenges and working with others possessing greater expertise and experience.

Knowledge workers – construction of the self

According to Foucault (1979) the human body is the ultimate site where power relations and their effects are inscribed. This directs attention to how dominant power formations within the empirical setting implicate on the construction of knowledge worker identities. This raises the question: how does professionalisation and managerialism influence knowledge workers' sense of self? More specifically, how does the KSF (and other managerialist initiatives) implicate on professional identities and influence their ongoing construction. Professional identity formulation is a subjective process involving engagement within professional practice and its associated tasks (Nystrom, 2009; Fuller *et al*, 2005; Hodkinson and Hodkinson, 2003). The following commentaries, which were common features of participant narratives, highlight the importance of vocation, social contribution and service to others.

FKW: *"Since I was a wee [lassie/laddie] I always wanted to be a [profession withheld] and help those who need our help."*

MKW: *"At the end of the day, it's all about the patients...[um]... that's why we're all here."*

SKW: *"It was an ambition of mine to do something worthwhile...what could be more worthwhile than working for the NHS."*

FKW(i): *"At the end of the day, I have to make a living but it's great to be doing a job that's so worthwhile and necessary..."*

MKW(i): *“Money can’t be that important or I wouldn’t be working in the health service. I’ve always wanted to make a difference.”*

SKW(i): *“When you see someone who’s been very ill getting better – that’s what it’s all about.”*

These statements were representative of a common narrative suggestive that NHS professionals are driven by apparently altruistic motives (Harrison, 2006; Watson, 2006) and a desire to make a positive impact on the lives of others. Working in the NHS is cited as proof that participants must be motivated by higher ideals beyond the need to make money – suggesting they would be doing something else if financial reward was the primary motivation.

Projected identities were closely associated with valued social roles, selflessness and altruistic motives (Craib, 1998). Participants tended to (re-) define and (re-) create their self-image through discursive construction of preferred identities (Martinez-Roldan, 2003), set within a continuous life-biography in a perpetual state of being and becoming (Hodkinson *et al*, 2008). This masks an array of individuated ego-centric motivations which may not be aligned with general conceptions of the public good suggesting social structures are less ordered, impermeable and predictable as understood by realists and managerialists (Dent and Whitehead, 2002).

Participants often cited their experience as trainees and students undertaking professional education as a major life transition – a right of passage into the adult world. Three participants on leaving school pursued other avenues of employment

before embarking on professional education: one joined the army and another two worked in the private sector – one in a bank and one in a small commercial company. Participation in professional education for eighteen participants involved leaving home and was seen as an ambition realised, providing a sense of purpose, direction and achievement. In concurrence with Fuller *et al* (2003), this period was considered to be a formative experience where participants came to terms with what it meant to be a professional, involving inculcation of professional values and developing a sense of belonging to a broader community. The following extracts from participant interviews is illustrative of this feeling:

FKW: *“My graduation was the best day of my life...becoming a [withheld] – it meant so much to me.”*

MKW: *“There is no job like it...its people looking after people.”*

SKW: *“It’s important to treat people the way you would like to be treated. It could be your mother in that bed.”*

Early work experience involving patients and colleagues provided a repository of participant stories reflecting the importance of early career stages in professional socialisation. It appears early work and educational experiences reinforce development of professional mindsets and characteristics conducive to operating in healthcare environments. Participant narratives suggest these are foundational experiences instrumental in shaping enduring professional identities. Traditional professional values and commitment to public services were seemingly more important to participants than any affinity towards the organisation in which they

were employed. The below participant comment was reflective of this widely-held viewpoint:

MKW: *“I’ve had several employers in the time I’ve been here. We still have signs for the Trust that was abolished nearly ten years ago...it doesn’t matter who pays your wages – I’m here for the patients and work for the NHS.”*

The following extracts relate to interactions with managers and other authority figures which were commonplace in participant narratives. While participants presented themselves as well intentioned individuals (Goffman, 1959) living worthwhile lives, this contrasted with how they might conceive and represent others. For example, as previously noted, participants often felt able to provide feedback and support to others, while articulating a view that others were less capable in these areas.

FKW: *“My first boss was great, so calm and self-assured, a really nice person with bags of patience and...kindness. I’ve never forgotten [him/her] – I remember thinking that’s how I would like to be.”*

MKW: *“I remember being terrified of a particular [withheld] [he/she] was never happy with anything I did, the [withheld] ran like clockwork.”*

SKW: *“I can go back to when hospitals were run by Matrons. I know some people want to go back to those days...let me tell you the good old days weren’t all they were cracked up to be.”*

The FKW highlighted the personal attributes of a senior professional acting as a role model. Such recollections regularly featured in participant narratives. When mentioning valued qualities, participants tended to focus on ‘human’ abilities and characteristics rather than technical competencies which were rarely, if ever, cited – technical proficiency being assumed.

The matron archetype is deployed by the SKW to suggest the inappropriateness of the associated authoritarian management style. The MKW indicated that they were fearful of a senior colleague, whose area *'ran like clockwork'*. This end, it was suggested, did not justify the means employed. This individual and the fictitious archetypal matron (if true) may not accept these interpretations or claim their primary concern is for the well-being of patients over junior staff. Acting in patients' interest was consistently deployed in participant narratives to justify behaviours and actions.

There were numerous stories of early career success, obtaining a position of responsibility and advancing through the professional hierarchy. A feature of career progression was its opportunistic nature, with personal and contextual circumstances playing a significant role.

KW: *"I was asked if I would like to go on a secondment – a job came up and I got it...I never went back."*

MKW: *"When a colleague left, the boss asked me if I could take over and this got me on the first rung of the ladder."*

SKW: *"They created this new job and I went to speak to the manager responsible – we hit it off...I applied and was appointed."*

SKW(i): *"A number of years ago when I worked for another Board, four of us were summonsed to the boss's office who explained that we were restructuring and in essence moving from four posts into two and outlined the process to be followed. No sooner had I got back to my office and I received a call from the boss who told me to come back to his office but use the back door...he then let me know that I would get one of the two posts and not to worry. I still carry feelings of guilt for this."*

The SKW (i) provides an example of the operation of micro-politics. The boss, while appearing to be fair and above board, resorted to subterfuge to achieve their desired outcome. This experience had a lasting effect on the participant, who confirmed that their trust with the boss had been shattered and that the ability to trust others had been impaired.

Each profession has delineated hierarchical structures with individuals aware of 'rule of thumb' experience and qualification requirements to obtain particular positions within 'the professional hierarchy'. In the main, career experiences were at the patient interface – which, again, reinforced shared professional values. As participants progressed through professional hierarchies they assumed management responsibilities for budgets and people. How participants viewed their managerial roles was often reflected in the stories they told:

FKW: *“I supervise support workers who are great...I've supported their training – they have SVQs and do a lot more now than they used to do.”*

MKW: *“It's about achieving things through others – you get more from people if you treat them well, work alongside...[er]...and come and go with them.”*

SKW: *“You're only as good as your team – it's about creating conditions which enable members of the team to give of their best...I've been doing this job for a long time now and know my staff very well – and they're all professional people. They know I'm here to help as and when required.”*

Participants indicated they were looking to embark on a career rather than a job. Furthermore, they all confirmed being pleased with the choice of career and that for the most part their expectations had been fulfilled.

The language of managerialism was routinely used by knowledge workers:

FKW: *“I’ve been on the ‘Releasing Time to Care’ programme which is all about efficiency and productivity – things like good housekeeping and tidy paperwork.”*

MKW: *“I’ve looked at my [withheld] performance against national outcome measures to see how we compare.”*

SKW: *“Our workforce profile demonstrates we have some scope to adjust our staffing levels, to meet our efficiency saving target.”*

On the whole, the role of managers was perceived as getting the best out of people who were viewed as fellow professionals and therefore trusted. Participants confirmed that ongoing professional development was important and in the main conceived their role as supportive and enabling in character. This people-centred management approach to provide the best possible care to patients through application of established professional practices sits comfortably with professional identities.

Deliberate managerialist approaches are perhaps more difficult to reconcile given the dehumanised and control-based orientation, as evidenced by the following extracts:

- FKW: *"I wish they'd just leave us alone to get on with it."*
- MKW: *"Looking after patients is more complex than 'Lean' or 'Business Process Engineering'. We're not turning out tins of baked beans."*
- SKW: *"We need to integrate more health and social care, and primary and acute. This is not a linear process. I don't know if anyone knows how this can be done."*
- FKW(i): *"They keep saying we need to change but to what? I know we need to be more efficient but everyone is working very hard."*
- MKW: *"We can't keep doing what we've always done; it's not sustainable."*
- SKW: *"We've got to balance the books, redesign services and meet our targets. Every year we're told how hard it is financially, but we always get there in the end. We meet most of our targets most of the time. Its service redesign we're not good at and by that I don't mean structural change."*
- MKW: *"I came into the service twenty-five years ago to care for patients – not to tick boxes and this is what I will continue to do."*

'Box ticking' was a phrase used by a number of participants and refers to meeting requirements of rationalist processes. This infers such processes do not add value, have an opportunity cost and militate against the core purpose of patient care. While such sentiments were expressed, it was difficult for individuals to challenge legitimacy or withdraw participation. The MKW conveys an impression that, if 'push comes to shove' and they had to choose between providing care to patients and 'ticking the box', they would opt for the former.

As previously established, the KSF as a manifestation of organisational commitment to 'learning', is widely supported and a notion consonant with professional identities and the requirements for continuing professional development (CPD). Similar to other managerialist measures (see Currie and

Suhomlinova, 2006; McLaughlin, 2002; Kerrison *et al*, 1993) the KSF is marginalised, reframed and reconceptualised in ways commensurate with professional identities. As confirmed by this study, actualisation of the KSF involves development of personal strategies which enable the 'box to be ticked' in ways which do not disrupt self-perceptions of the professional self. This is not to say that individuals who believe they are autonomous professionals and have to deal routinely with rational managerialist practices do not develop conflicting and unstable identities (Robertson and Swan, 2003; Alvesson and Wilmott, 2000; Alvesson, 1993a). It would seem, however, that experience of the KSF and its outcomes are reconciled with professional identities. It is recognised that this may be more problematic when dealing with other managerialist practices such as targetry.

Notions of 'earned autonomy' and 'licence to operate' suggest that, once health authorities can demonstrate they can balance the books and meet their targets, they are free to do other things to improve health service provision in their locality. It is postulated that a similar rationale can occur at the level of the individual, and once the 'box has been ticked', knowledge workers have latitude to do what is required to improve patient care. Within healthcare the 'illusion' of organisational identity absorbs notions of professionalism where beneficent behaviour in the interests of patients is aligned within rhetoric of emancipation and empowerment. Such unity is fragile ultimately relying on control through unitary processes, for example, shared values and personal development (Costea *et al*, 2008).

These extracts highlight the complexities of organisational life, the need for change and requirement to become more efficient. How this is to be done is unclear, although doubt exists as to the capacity of rational managerialist practices to support change and produce efficiencies, particularly within complex environments. The inference is that such approaches are intrusive, unwelcome and circumstances might be better without them. This paints a different picture of a messy, changing uncertain world, contrasting with rational managerialist constructs based on certitude, measurement and control. The former emphasises human qualities denied by the latter. As one participant asserted:

SKW: *“My department has participated in [withheld] a national pilot to support frontline staff to provide better services. We’ve done alright, but the day job has suffered. We haven’t been able to do what we’re supposed to do.”*

This statement prompted discussion to establish why the national pilot assumed precedence over established activities.

SKW: *“The national lead is keen to promote our profession – fair enough – and sees this as the way forward. If I didn’t pitch-up they would get someone who would.”*

This statement demonstrates how national priorities can override local service provision in circumstances where local professionals do not believe it is in the service interests. Also, they felt unable to challenge the direction advocated by those at the centre responsible for setting the agenda.

SKW: *“We were all at meetings, but you know what its like – you have to go with the flow.”*

This narration highlights how power relations – situated in the operating context – influence the operation of knowledge workers within local organisational lifeworlds. This theme is further explored in the next section which utilises a Foucauldian perspective to consider how mechanisms in the political environment affect knowledge workers’ lived experience.

Summary of key findings from a Foucauldian perspective

In this section, Foucault’s constructs are utilised to analyse key themes emerging from the investigation. Particular emphasis is attached to structural and agental components recursively implicated as determinants of social existence.

NHS organisations are nested within a wider political, socio-economic environment whose mechanisms exert a pervasive influence on their situated social practices. These mechanisms are complex, dynamic interrelated and difficult to apprehend – here Foucauldian notions of discourse and governmentality provide explanatory purchase on how environmental forces operate to shape lived experience. Foucault’s theorisation was used in two ways: firstly, to explain the ascent of the ‘competency movement’ and its rationalist control-based orientation; and, secondly, to identify the dominant managerialist NPM meta-narrative explicating its origins, political rationality, characteristics, evolution and impact on public services.

These insights provide understanding of why things are the way they are and open to question rationalist descriptions of such phenomena as normal and natural facets of organisational life. Foucauldian notions of discourse go beyond linguistic formulations by incorporating social practice to define and produce knowledge (Hall, 1997). A discursive field can be dominated by '*globalising discourses*' (Foucault, 1980: 83) which sublimate and delegitimise other discourses, marginalising alternative standpoints, however, the discursive boundaries of a discourse are permeable, ensuring fluidity and susceptibility to modification.

The 'competency movement' is an exemplar of the Foucauldian phenomenon of a 'discourse of truth' being talked and actioned into being through official accounts sanctioned by legitimised sources of authority, supported by resonant discursive practices across a range of mutually reinforcing knowledge arenas (Holmes, 1995) and institutional contexts. Competency-based approaches, rooted in aspects of scientific management (Taylor, 1911) and bureaucracy (Weber, 1968), like NPM, fits within the majoritarian rationalist paradigm. These forces are instrumental in framing the environment in which the NHS and other public services are situated and provide the conditions which support the adoption of rationalist management practices as a basis for improving efficiency and quality, enabling operationalisation of the KSF. Foucauldian conceptualisations of disciplinary practices are used to shed light on the operation of the KSF and other managerialist 'techniques of surveillance'. What follows confirms this is not a straightforward matter.

The KSF can be conceived as a rational managerialist device whose adoption is intended to improve job performance and productivity. In Foucauldian terms, it may be construed as a disciplinary practice (technique) to control, monitor, measure and assess employees. According to Foucault, power is transmitted through individuals, and not just an entity to be supported or opposed (Butler, 1997). Individuals who fail to self-govern in accordance with normative standards may be subject to remedial guidance and discipline by 'expert' authorities (Dean, 2002) – in this case their line manager. Differences and deviances from acceptable norms and expectations are identified by techniques of surveillance and control to isolate 'the other' from the social body. Miller (1987: 10) indicates that power is conceived as "*a multiplicity of practices for the production and regulation of subjectivity*". The intensification of disciplinary power, often in the name of order to eliminate chaos, can never be equated with idealised and illusory projects to establish a disciplined organisation or society (Foucault, 1996). This highlights a paradox of neo-liberalism which seeks to govern through individual freedom while employing forms of power to establish and maintain "*a comprehensive, normalisation of social, economic and cultural existence*" (Dean, 2002: 129). Competency-based techniques can draw upon and induce a mind-body dualism categorising individuals as skilled and unskilled; competent and incompetent; trained and untrained against preset standards; and normalising judgements based on managers' perceptions.

Foucault (1979) argues that ritualised confession is an imbued feature of Western societies whose inhabitants assume the mantle of confessant. The complex nature

of relationships within organisational power structures and the requirements of formalistic processes – like the KSF – create conditions in which those involved conspire to perform ‘a dishonest ritual’ (Armstrong and Murlis, 1998). The defining characteristic of modern disciplinary power, according to Foucault (1977), is the ‘web of surveillance’ transacted in organisations through a range of familiar techniques such as development review and appraisal interviews (Townley, 1994, 1993). The intensity and pervasiveness of the ‘panoptic gaze’ compels individuals to self-regulate behaviours and performance. According to Townley (1994), these techniques – which include mentoring, counselling and coaching – operate in similar ways to Foucault’s analogy of the religious confessional, where individuals are ‘supported’ to reflect and analyse their thoughts and conduct against normative expectations under the tutelage of an authoritative figure and, where necessary, submit to required corrective action. Although participants were prepared (or felt obligated) to participate in the KSF ritual, there was little evidence of the ‘*confessing animal*’ (Foucault, 1979: 59) bearing its soul in search of absolution. Participants were more likely to present themselves positively in superficial dialogue and avoid difficult discussions. Individuals, who in Foucauldian terms fall outwith the bounds of normalness, may seek to recant their sins and crave forgiveness. This could, of course, occur outwith the KSF process. The positive developmental nature of the process and situated conventions governing social relationships may militate against the KSF being an obvious site for a confessional.

Circulation and mediation of power through technologies (institutions – physical and material practices with transformative functions) and techniques (disciplinary

practices), while possibly activated by the KSF process, are not clear cut, overt or perceptible. This study confirms that human interactive components are complex, difficult to discern and often occur in ways inconsonant with rational managerialist or idealistic learning standpoints. Asymmetrical power relationships and formalism may result in individuals regulating behaviour, engaging in superficial interactions and eliding meaningful dialogue, conflicts and mutual learning. This study suggests naïve notions of the KSF, as a Foucauldian disciplinary practice is misconceived as “[S]ome measure of agency is always present” (Bruner, 1991: 7) which presupposes ‘some measure’ of choice and freedom, confirming individuals are able to exercise autonomy, free-will and self-determination constrained and enabled by structural mechanisms. The foregrounding of knowledge worker perceptions instates their poly-vocal voices as a central focus of the research to understand the operation of situated power/knowledge in local power relations. This highlights the gap between idealised dominant managerialist narratives of how things should be and how things are perceived to be by knowledge workers.

A straightforward reading of Foucault can convey an impression that “*the micro-physics of power*” (Foucault, 1977a: 134) are easily identified and analytically apprehended. This can lead to an imbalanced structuralist interpretation which fails to acknowledge agential power manifested in, for example, individual reflexivity and knowledgeability (Giddens, 1984); self-awareness of conduct; psychological defence mechanisms; and a capacity to learn from experience. In addition, micro-political considerations influence social interactions involving game-playing, deliberate behaviour and actions to advance self-interest (Longenecker *et al*,

1987). This study suggests that power in NHS contexts is rarely surfaced in 'raw' overt, emotive terms (Holbeche, 2005; Vince, 2002a, 2001; Fineman, 1993) – although, it can be, as the narrativisation on targetry confirms (see Bowles, 2012). Lack of observable evidence of actualisation of power relations and their effects does not mean they are moribund; instead, they are manifest in less visible human relations, emotions and micro-politics (Holbeche, 2005; Burrell and Morgan, 1979) – aspects of the human and social condition discounted by rational managerialism. This investigation indicates 'simple' structuralist interpretations of Foucault's constructs are misplaced, aligning with his central conceptualisation of power as an invisible, dynamic omnipresent network of forces pervading and constitutive of social existence. In summary, rather than conceiving power in unproblematic 'sovereign' terms, this investigation indicates it needs to be understood in more nuanced and subtle terms.

The research confirms the contextual nature of power relations and emphasises the inappropriateness of considering the KSF review process as an infrequent formal encounter detached from the power relations in which it is embedded. The nature of these power relations are key determinants of how the formal review process is actualised and how those involved in their everyday dealings relate to each other on a human level. Factors such as trust, integrity, honesty and transparency were identified by participants as prerequisites to enable productive and effective relationships and interactions. The KSF process should not be considered as an isolated event – a yearly '*rite of passage*' (Armstrong and Murlis, 1998) – but should be seen as an integral component of an ongoing relational

accomplishment situated within a particular temporal space. New systems like the KSF, rather than being perfectly applied and consistent with rational managerialist presuppositions, are instead refracted by personal value-systems, perceptions of the self and social relationships. This process of change is evolutionary and often concealed, actualised through everyday informal and formal interactions to achieve negotiated order (Strauss, 1978). As Knights and Vurdabakis (1994) claim, people continuously negotiate their space within power-systems. Foucault's notions of power relations and resistance usefully illustrate the nature of interactive processes engaged in the actualisation of competency-based arrangements and associated 'work-based' learning.

Rational managerialism and Foucault's notion of modern disciplinary societies emphasise dehumanised processes over human relational attributes. Rational managerialism's hierarchically-based understanding of the operation of disciplinary power, which act to control and depersonalise human behaviour, is usurped and made problematic by the behaviour of humans, confounding attempts to objectify what are subjective processes. This recursive complexity is incongruent with reductivist, objectivist and managerialist conceptualisations which fragment holistic human attributes through categorisation, measurement and assessment consistent with rational managerialist precepts and Foucauldian conceptions of how power is transmitted in modern (disciplinary) societies.

Ideals of autonomy and self-governance are in tension and disrupted by disciplinary systems of control which can create an impression that they prevail

over agential resistance. This can ascribe an implausible and unwarranted level of effectiveness and coherence to such rational techniques (Thompson and Ackroyd, 1995). As Foucault (1980) contends, power always gives rise to forms of resistance and recalcitrance, which this study suggests are contingent on the nature of power relations and can take a multiplicity of forms often subtle and not susceptible to observation. Foucault's (1997) notion of power relations would collapse without the possibility of resistance which requires individuals capable of action '*... [P]ower relations are only possible insofar as the subjects are free*' (Foucault, 1997: 292). Resistance is not an isolated event – it is a process of self-transformation facilitated by the minimisation of states of domination (Foucault, 1997). All forms of resistance are a pre-condition of power conditions and a response to its ongoing actualisation. To accept a lack of overt resistance to the KSF as evidence of no resistance would be misplaced and denigrate the actions and motivations of those involved. Resistance can take many forms which may not involve outright opposition and conflict between oppressed and oppressors. In relation to the KSF, resistance took a variety of forms including administrative non-compliance, non-participation (Brown *et al*, 2010) and collusion in a ritualised routine.

Navigation of the KSF process appears to rely more on tacit relational knowledge than explicit 'expert' knowledge or technocratic systems. Outcomes of the process privilege explicit codified knowledge with development plans prioritising individuated acquisitional learning over informal participatory modes (Sfard, 1998). Adherence to the 'standard paradigm of learning' (Beckett and Hager, 2002)

reflects its enduring encultured nature as a 'discourse of truth' colonising influential knowledge fields, notably education, government and management. This is manifested in healthcare professionals' inclination towards formal education and credentialism (Felstead *et al*, 2004) and rational managerialism's bias to formalism, accreditation and measurement. The respective belief systems and values embedded in professional and managerial power systems coalesce to authorise and sustain formal learning activities as a legitimated basis to address learning needs. Such approaches are more susceptible to control and measurement: for example, it is easier to specify course participation on a PDP and note subsequent attendance, than to record informal workplace learning.

Measured presenteeism on a course (classroom-based, distance or e-learning) does not guarantee the transfer and consequent application of learning. Rational managerialism's risk-averse nature can manifest itself in competent individuals undertaking a range of mandatory 'sheep-dip' training as an organisational defence mechanism. For example, participation on 'mandatory' manual handling training satisfies a requirement of the Health and Safety Executive, which from time to time seeks to establish who has (and has not) participated in such training. This illustrates Foucault's 'panoptic gaze' which is activated to assess and segment individuals and populations into those deemed 'up-to-date' and trained, along with their binary opposites. This is also consistent with rational managerialism's tendency to measure facets amenable to measurement with course attendance providing a proxy measure substituting assessment of competency which is more problematic. As a measureable phenomenon, 'learning' is thus susceptible to

control, directing managerial attention and prioritisation of mandated formal modes of learning over informal participatory forms. This may compound manager's lack of awareness of informal participatory workplace learning and inhibit activation of their latent capacities as enablers of such learning (Eraut, 2009).

The managerial culture and role of managers in supporting learning is complex and multi-layered. At an organisational level, leaders play an important role in shaping organisational cultures (Bowles, 2012; Eraut, 2009; Marsick, 2009; Mintzberg, 1998) influenced by forces situated in the external environment. Commitment-based approaches (Walton, 1985) are more likely to support participatory modes of learning (Sfard, 1998) and address the needs of knowledge workers. However, this may not be practicable in the NHS and other public service environments, given the nature of the political and administrative domain and attachment to rational managerialist practices. Mintzberg (1998) suggests managers at a local level should coach, mentor and motivate team members. Eraut (2009) reports, however, that many managers do not engage in such activities as they may not possess requisite skills or confidence. Conditions in the operating environment will influence whether managers perceive such activities as a legitimate integral feature of their role. These activities, like development review and appraisal discussions, are human and relational in nature whose quality and value is contingent on factors like trust, honesty and integrity. Managers are more likely to conform to culturally congruent role requirements and be inclined to prioritise tasks they perceive as valued by the organisation – or more precisely – their organisational superiors. In rational managerialist cultures, managers may engage in activities such as

planning work, giving instructions, monitoring and measuring performance, as opposed to acting as enablers of learning or motivational agents. Foucault's (1980) 'turn' to ethics suggests an individual's learning is not simply an investment yielding a return but involves self-conscious engagement in practices forming the self – interacting with established rules of conduct and modes of existence. This (re-)instates the self-regulating, self-cultivating ethical subject constituted by technologies of the self and technologies of domination as a vital unit of analysis.

CHAPTER SEVEN - CONCLUSION

Introduction

This study has focussed on how power dynamics influence the operation of knowledge workers and actualisation of competency-based approaches, both concepts conceived as ways to increase productivity, achieve organisational aims and advance socio-economic progress.

Rational managerialism presents a dogmatic truth and seeks discursive closure of a particular view of reality predicated on order, control, certitude and dehumanisation. The micro-lifeworld is in contrast messy, dynamic, uncertain and humanistic, in which truth claims are connected to individual perceptions. Knowledge workers' perceptions provide a means of understanding how they interpret, make sense and react to rational managerialist prescriptions and practices.

Within the empirical setting (the NHS), the interaction of sedimented power structures and their effects located in political, managerial and professional spheres are abstracted as key influences on knowledge worker conduct and actualisation of competency-based approaches. The Knowledge and Skills Framework (KSF), the world's largest competency-based 'system' in terms of employee coverage, is a rational managerialist response to support employee

learning and development. This thesis situates competency-based approaches as a manifestation of rational managerialism, sharing a philosophical heritage vested in Taylorian and Weberian orthodoxy – as aspects of “*ceaseless attempts to reorganise the world in pursuit of our desire to subsume all aspects of human life under a totalising rationalism*” (Sewell, 2005: 692). Implementation of the KSF has been problematic. To date, published research has been from a rational managerialist perspective recommending problems encountered be addressed by more rigorous application of rationalist methods.

The adoption of competency-based approaches across the developed world (and beyond) (Boyatzis, 2008) assumes they can be unproblematically instituted by political will and managerial dictat. In practice, competency-based approaches can be bureaucratic, reductive, inflexible, decontextualised, unresponsive, unsuited to complex roles, an instrument of control and constraint, which reinforces the *status quo* rather than resolving emergent issues. Claims that competency-based arrangements improve performance lack empirical evidence. Its popularisation is due to related dominant rationalist discourses across epistemological fields and institutions propagated by legitimised authoritative sources (Holmes, 1995). This convergent ‘unity’ has propelled the take-up of competency-based approaches as rational, normal and natural features of organisational life – suppressing and marginalising other subjectivist humanist and phenomenological discourses.

In the post-industrial knowledge age, many predict labour market changes will increase the numbers and importance of knowledge workers, given their role in

delivery of organisational aims and economic advancement. The NHS, like many organisations, relies on the contribution of ‘professionals’ and other knowledge workers, whose utility depends on a range of factors, including autonomy; adaptability; personal accountability; freedom to self-manage; ability to resolve problems and take decisions; and a capacity to evolve productive relationships across social networks.

Conceptual incompatibility of Drukerian notions of knowledge workers with rationalist competency-based approaches suggests a need to consider how their practical application might be reconciled. Foucauldian analytics indicate a need to examine other discourses and their potential to perturb the discursive parameters of the dominant rational managerialist discourse. In terms of competency-based arrangements, a less prominent holistic interpretivist ante-narrative, encompassing socio-psychological properties, is identified as a potential alternative (Boyatzis, 2008; Goleman, 2006; Spencer and Spencer, 1993). In relation to knowledge workers’ leadership approaches, derived from notions of complexity theory, would theoretically support the development of environmental conditions conducive to optimising their contribution. Given the embedded nature of rational managerialism within political and managerial public service power structures, such ante-narratives look unlikely to disrupt the dominance of the rational managerialist discourse. However, ‘globalising discourses’ (Foucault, 1980), although appearing indomitable, are tenuous, adaptive and subject to change.

Control in modern organisations (and societies) is regulated by disciplinary mechanisms congruent with preferred systems of rationality and morality (Foucault, 2000), often concealed by language games (Witgenstein, 1953, 1942) involving idealised, neutral, positive, depersonalised rhetoric and textual materials (see, for example, 'The Knowledge and Skills Framework and Development Review Process' – Scottish Executive, 2004). This masks the "... *persistence of control in organisations where 'empowerment', 'autonomy' and 'discretion' are trumpeted*" (Sewell, 2005: 698). It is essential to appreciate how words are used and their effects (Johncox *et al*, 2009) in order to expose and challenge inherent logocentrism in authoritative texts and practices, who's claimed legitimacy and validity is vested in an appeal to logic and rationality (Derrida, 1982, 1978, 1976).

This study confirms notions of competency-based approaches (and other managerialist practices) are consistent with the dominant rational managerialist master narrative (Lyotard, 1984), whose characteristics constrain development and contribution of knowledge workers, operating in complex environments. This suggests a need to transcend the rationalist paradigm and develop other approaches to maximise knowledge worker performance. The human/social nature of organisational 'realities' eschewed by managerialism require to be acknowledged, understood and enabled in order to move beyond its dominating effects. Building on such understandings commends a radical cultural transformation in the management of health (and other public) services, which devolves power to knowledge workers and repositions them over prescribed

managerialist methodologies. This would close the rhetoric-reality gap, by treating (knowledge) workers as 'our most important asset'.

Discussion on key findings

a) Competency-based arrangements and associated learning and development approaches

This study concurs with existing research into the KSF confirming the process is supported in principle and perceived as 'bureaucratic', 'complicated', 'time-consuming' and not 'user-friendly'. Previous research recommendations, involving an intensification of rational managerialist measures, are challenged by the findings of this investigation as a basis for overcoming problems associated with actualisation of the KSF process. Managerialist measures and simplification of the process – although possibly beneficial at an instrumental level – are unlikely in themselves to resolve difficulties precipitated by enmeshed human, cultural and social conditions, eschewed by rational managerialist research and practice (see, for example, Bowles, 2012; Brown *et al*, 2010). The elision of such innate factors explains why previous attempts to implement 'similar' systems have foundered, precipitating widespread dissatisfaction with such approaches (St. Ong *et al*, 2009; Fletcher, 1997). Past failures have not deterred attempts to install 'state-of-the-art' practices illustrating shortcomings and dominance of rational managerialism.

Rational managerialist assumptions that systems like the KSF and hierarchical control can be instituted without difficulty requires critical and empirical examination (Knights and McCabe, 2002). This study, in contrast to existing research into the KSF, confirms actualisation of the process is far from straightforward and operates in ways not envisaged by proponents, due to the intricacies of situated power relations and human interactions. This research indicates integrity of the KSF as an interactive process depends on open, honest trustful relationships, which can often degenerate into a ritualised performance (Armstrong and Murlis, 1998) with meaningful dialogue compromised by hierarchical relationships, formalised procedures, micropolitics and personal agendas (Holbeche, 2005; Burrell and Morgan, 1979) that obviate difficulties, joint endeavour, overt conflict and learning. In common with recent research, this analysis highlights trust as a necessary precondition for effective relationships (Gerada, 2012) (and by extension the operation of the KSF), impeded in public service environments by close control, surveillance arrangements and remote leadership (CIPD, 2012a). It is suggested managerialist attempts to depersonalise and objectify what is a personal and subjective process is counter-productive and arguably futile. The containment of the process to comfortable, superficial and rational concerns (Fineman, 1993) sublimates and fails to address deeper, emotive, contentious issues to the detriment of personal and organisational performance, development and well-being.

The KSF aims to facilitate feedback – a key organisational process – which is perceived by rational managerialists in unproblematic terms mediated through

hierarchical relationships between managers and their direct reports, re-designated as 'reviewers' and 'reviewees'. This study highlights the problematic nature of giving and receiving feedback and the tendency to focus on 'safe' non-contentious areas and avoidance of difficult discussions. This study reflects Eraut's (2009, 2007) contention that many managers lack necessary skills or confidence to support informal learning, conditioned by the credibility of individuals giving feedback and the relationship between those involved.

In general, personal development plans (PDPs) focussed on formal individuated acquisitional modes-of-learning which participants indicated could be misdirected and wasteful. This commitment to 'the standard paradigm of learning' (Becket and Hager, 2002) was consistent with the tenets of rational managerialism and mainstream professional education and practices (Felstead *et al*, 2004). The dominating nature of the rational managerialist discourse acts to inhibit managers from performing roles as enablers of informal workplace learning which tend not to be valued or reflected in formal organisational processes, including the KSF.

Whilst managers were on the whole felt to be ineffective at providing meaningful feedback and acting as facilitators of informal work-based learning, participants indicated these were functions they routinely performed. This reflected participants' sense of self, whose core professional preferred identity was represented in terms of an altruistic life in the service of others (Goffman, 1959). Periods of formal professional training and early work experiences were often cited as formative socialisation experiences, instrumental in shaping professional

identities (see also Jewson *et al*, 2008). Managerial responsibilities are superimposed over and reconciled with professional roles and values as individuals progress through professional hierarchies (Mintzberg, 1998). Professional 'managerial' roles emphasise a need for collegiality, driven by the desire to provide optimal care to patients inculcated into constructs of the professional self.

Notions of autonomous professionals are resonant assumptive upon qualified professionals being technically proficient and responsible for their continuing professional development and keeping up-to-date with evolving professional practices. Support from managers is focussed on ensuring participants attend appropriate professional training courses and participate in 'mandatory' training. Participants cited engagement in a wide-range of informal participative modes of learning and feedback arrangements which appear more valued and effective than officially sanctioned formalised arrangements.

Rational managerialist practices – originating in political and managerial domains – can be perceived by NHS knowledge workers as 'external' imposition and more difficult to reconcile with 'core' professional identities. Such measures were often dismissed as 'faddist', with lived experience of previous 'similar' rationalist initiatives exerting greater influence on individuals than positive rhetorical presentations by authoritative sources. Despite feelings of incredulity and doubt, at no time did participants challenge the legitimacy of those in formal positions of authority to institute managerialist practices as a basis for improving efficiency and

performance, illustrating acceptance of the rational managerialist meta-narrative. However, this study identified a tendency for individuals to go along with, rather than necessarily being whole-heartedly engaged in the KSF and other managerialist initiatives. Commitment and involvement is to some extent contingent on position within a professional hierarchy conditioned by propinquity to 'senior management' and the 'patient interface'.

Participant perspectives conveyed acceptance of a need to change and be more efficient based on an assumption that current arrangements are not sustainable. There was, however, a lack of clarity and specificity as to the nature of required changes. The requirement to improve efficiency, quality and performance in a challenging financial climate could lead to greater intensification of rational managerialist practices (Lapsley, 2010).

b) Contextual Considerations

Workplace learning is influenced by the nature of organisations and the context in which they are set (Fuller and Unwin, 2010, 2003; Jewson *et al*, 2008). Its operating environment – culture, structure, systems and processes – are key determinants of learning (Marsick, 2009) and competency (Boyatzis, 2008). It is therefore essential to consider environmental conditions in which knowledge worker learning is set.

This study suggests the greatest 'external' influence on the NHS and other public services is derived from the political realm. This occurs in two distinct ways. Firstly, New Public Management (NPM) highlights how wide-scale adoption of private sector managerialist practices and the establishment of 'internal markets' are deployed to make public services more efficient. Secondly, this study suggests governmental policies on issues like public sector pay, pension reform and redundancy set a tone which is reflected in local narrativisation, shaping the context in which knowledge workers operate. Both forms of 'governmental' influence are not necessarily perceived in ways intended by senior political and managerial leaders. What is conceived as rational from a political/ senior management perspective may be perceived differently at a local level. For example, the no redundancy policy intended to "*provide greater job security and confidence for public service workers*" (Swinney, 2012), did not deflect concerns relating to job prospects. Participants drew on lived experience and wider media representations, citing unfilled job vacancies, reduced skill levels, voluntary severance agreements and macro-economic austerity narratives, factors they juxtaposed against government claims that investment in healthcare is and will continue to be 'protected'. Austerity narratives and staffing reductions emphasise the need for greater efficiency and questions on rational grounds the extent to which continued performance improvements are realistic.

Participant statements relating to managerialist 'flag-ship' policy initiatives such as Lean, targetry, quality strategy and competency-based arrangements portray a degree of doubt and scepticism rather than outright opposition and overt

resistance. The importance attached by government to rationalist initiatives is reflected in managerial prioritisation explaining why, for example, achievement of waiting-time targets receives greater priority than implementing competency-based arrangements. Managerialism can be viewed as an ideology to reframe the healthcare discourse, imposing rational objective values and quantifiable approaches to leverage efficiency and attenuate the power of prepotent professionals – whose status is enshrined in socially imbued notions of ‘the medical model’. Medical professionals, whilst challenged by ‘corporate rationalisers’ (Alford, 1975), remain a dominant force within the NHS. This has contemporary relevance, given the UK coalition government’s commitment to abolish bureaucracy and relinquish authority to more trusted healthcare professionals.

Rhetoric advocating the take-up of other managerialist practices in common with the KSF tends to acknowledge the central role of staff in administering prescribed processes. For example, the quality strategy’s supporting rhetoric (similar to the KSF) confirms those engaged in service delivery are well placed to identify and enact quality improvements, with many discursive statements ‘going with the grain’ of autonomous professional identities. Such notions, however, are disrupted by discursive practices involving the adoption of an assemblage of rational methods derived from the so-called improvement sciences, as an officially sanctioned basis for enhancing quality. The imposition of approaches transposed from the manufacturing sector reduces the sense of ownership, commitment and engagement necessary to harness and maximise their utilisation. Participants

tended to view the quality strategy as another managerialist initiative, making judgements based on personal experience and understandings of limited success of previous initiatives such as 'Lean', sowing seeds of doubt as to the efficacy of improvement science approaches when applied to the task of improving quality of healthcare.

It is salutary to reflect NPM approaches (consistent with competency-based arrangements) do not have an empirical evidence-base to support the contention that they have been successful in achieving their stated aims (Drechsler, 2005; Pollitt and Bouckaert, 2004, Van Mierlo, 1998). Unquestioning acceptance that rational managerialism provides a solution to 'wicked' problems faced by public services needs to be subjected to rigorous reassessment. The inability of rational managerialism to identify and address fundamental human, cultural and social complexities within ambiguous dynamic environments suggests a different form of leadership is required. This is not to recommend the total abandonment of rational managerialism (which appears inconceivable given its pervasion of existant power structures), but to argue that its application should be restricted, with other more supportive and enabling leadership strategies deployed in complex (human) adaptive systems. The capacity to be flexible and responsive suggests a need to devolve responsibility to the point in organisations where effective action can be taken (Tsoukas, 1996). This study indicates that this, whilst enabling for knowledge workers, would represent a significant cultural shift in power dynamics.

It is necessary to understand the weaknesses (as well as the strengths) of rational managerialism and apply its associated practices in appropriate circumstances. This study suggests the application of such practices in complex human cultural and social contexts should be subjected to re-evaluation. The radical shift in political rationality precipitated by supersession of Keynesian welfarism by neo-liberalism created conditions which enabled New Public Management (NPM) (Hood, 1991) to infiltrate public services through adoption of market principles and private sector managerialist practices. NPM takes many forms, illustrating the influence of government on organisation, management and delivery of public services. In NHS Scotland, the desire of political and managerial leaders to improve efficiency and quality has led to appropriation of private sector rational managerialist techniques. Like scientific management (Taylor, 1911) and bureaucracy (Weber, 1968), NPM exhibits tendencies towards hierarchical control, centralism, performativity, measurement and enforced accountability arrangements. These conditions in turn influence the way other managerialist measures, like competency-based approaches are applied. Imposition of NPM in various guises has been problematic and lacks empirical evidence to confirm its efficacy – during an era where NPM has been dominant, NHS productivity has declined (Office of National Statistics, 2008).

Instead, NPM depends on a simple narrative – public services are inefficient, and this can be rectified by ‘tried and tested’ management practices and market disciplines. Capacity to provide simple, plausible authoritative (albeit partial) responses to a complex, uncertain and changing world helps explain rationalism’s

enduring appeal. The pertinency of the managerialist narrative has been accentuated by the current state of the public finances and the imperative to achieve greater efficiencies (Lapsley, 2010).

Power relations and their effects – the value of a Foucauldian perspective

Foucault's theorisation provides a conceptual framework which underpins this study helping to explain the nature of power dynamics and its effects implicates within the empirical field – directing attention towards mechanisms located in structures and agency. Foucauldian insights were instrumental in gaining understanding of the characteristics of dominant (and less stable) discourses relevant to the study. Also his notions of power and resistance were instructive in examining the operation of power relations involved in the actualisation of the KSF and associated learning and development activities. The experience of utilising Foucault's analytics suggests a need to go beyond straightforward mechanistic interpretations of his earlier work on disciplinary practices which tend to privilege structure (Hall, 1997). Experience of applying Foucault's concepts in this study suggest such readings can be rescued by reference to his later works.

This research is not, in Foucauldian terms, a full genealogical (Foucault, 1988, 1982, 1980) or even archaeological (Foucault, 1972) analysis. It does not fulfil Foucault's exacting criteria to examine everything contained in the archive of

relevant knowledge (if such a thing is possible). The use of Foucault's theorisation is partial and selective, taking-up his invitation to utilise analytical resources from his 'little tool box' to inform the research process, analysis and general understanding. Experience of deploying Foucault's interrelated concepts of power/knowledge, discourse and governmentality in combination, rather than in discrete ways, suggests they offer explanatory purchase when applied to actualisation of power relations and their effects in organisational lifeworlds.

Foucault (1980) accepts that, while there may be intentionality, the broader consequences of actions are not necessarily intended. Implementation of the KSF is intentional. However, non-participation of individuals (Brown *et al*, 2010), or their participation in unintended ways – as confirmed by this study – confound aims envisaged by its instigators. Dominant rationalist 'primitive' discourse of power (Daudi, 1986) pervades mainstream management theory and practice, (mis-) directing much research towards the visible effects of power. Such representations involve a 'technique' of 'dressage' (Foucault, 1977b; 166), an aspect of governmentality which suppresses deviance and resistance in the name of productivity and efficiency. This study suggests a need to penetrate such rationalist constructs to identify and make known hitherto invisible effects of power.

Commoditisation of power as an entity to be possessed and harnessed contrasts with Foucault's notions that "*it [power] only exists in action*" (Foucault, 1980: 89). Notions of dispositional power provides clarification that latent power also influences behaviour (Clegg, 1988). "*The crucial point is that the most effective*

and insidious use of power is to prevent conflict arising in the first place" (Lukes, 2005: 123). Power relations in political and managerial fields avoid overt conflict and maintain control through rationalist discourse, disciplinary practices and engaging in strategies such as arbitration, mediation and negotiation. Foucault's theorisation formulates power as a product of plurality in relationships rather than a dualism between oppressed and oppressors, with his 'genealogical' method aimed at understanding how power is exercised in specific historical contexts. This study of everyday discursive practices, through subtle often concealed interactions, contradicts official accounts of how organisations should work in accordance with rational managerialist precepts.

Foucault's (1988) thoughts on governmentality enable consideration of how macro-political power interrelates with micro-techniques and 'technologies of the self'. Of particular relevance are the enmeshed notions of 'individualisation' and 'totalisation' which conceive political governance and regulation of individuals as sedimented interdependent social processes, thus opening up possibilities of developing a better understanding of how the domain of macro-politics and micro-lifeworlds are implicated.

On a cautionary note, Foucauldian analysts in organisational studies have tended to focus on the disciplinary paradigm, which Foucault himself came to question. As Le Texier (2012: 11) has observed: "*By doing so they seem to have used the most available tools, but not the most appropriate*". Here it is important to acknowledge the salience of Foucault's latter work with its emphasis on subjective autonomy,

which must be considered in the context of his understanding of how structural forces implicate on the human body – the ultimate site where power relations are inscribed on free subjects (Foucault, 1982). Also, there has been a tendency in management studies to avoid larger strategic questions emanating from political and economic spheres, focussing instead on power relations within organisations (Thompson, 2004). Above all, there is a need to heed Foucault's (1972) advice to undertake empirical investigations – in particular historical contexts – to identify distinctions between theory and practice.

Further Research

This investigation supplements existing 'rational managerialist' research into the KSF challenging its presuppositions and recommendations from an interpretivist/constructivist perspective. Research findings confirm the KSF operates in ways not envisaged and gives rise to unintended effects, indicating that informal feedback and workplace learning, whilst (inevitably) taking place, are not well recognised or supported by the organisation through formal managerial arrangements. This study also highlights the significance of informal interrelationships in shaping learning opportunities (Watson, 1995). Therefore how informal work-based learning might be enabled and how managers could facilitate informal learning and create a conducive learning environment are key areas requiring further examination.

The study explores complex interrelationships between the nature of organisational contexts, organisation environments and workplace learning. Investigation of contextual influences on organisational lifeworlds is a pertinent and underdeveloped area of research (Fuller and Unwin, 2010; Jewson *et al*, 2008) which could inform policy-makers, organisational leaders and others as to how conducive learning conditions and processes might be created and maintained. Fuller and Unwin's (2010) incitement for 'much more' research into the influence of organisational contexts on workplace learning is supported.

The KSF is one of a number of rational managerialist practices actualised in NHS environments. It is suggested that other rationalist initiatives such as Lean, targetry and quality would benefit from interpretivist/constructivist studies to understand their actualisation and influence on lived experience. Such understanding and learning could inform how productivity, efficiency and quality may be enhanced.

The KSF is relatively new, with some participants attributing problems experiences to the newness of the system. A further longitudinal study at an appropriate juncture would usefully help understanding of the nature of the KSF's evolution and supplement further research from a rational managerialist perspective.

Policy implications

Ideally, policy should be evidence-based and subject to empirical examination to understand its efficacy against desired intent. In the 'real' world, policy initiatives like competency-based approaches and other managerialist practices often lack an evidence-base to substantiate achievement of intended outcomes. If, for example, the policy aim is to maximise the performance of knowledge workers, this is unlikely to be realised through application of competency-based approaches. Rationalist competency-based approaches – predicated on hierarchy, control, measurement and depersonalisation – are countervailing to knowledge worker requirements for autonomy, freedom and conducive interpersonal relationships.

Policy-makers and organisational leaders must understand the weaknesses (and strengths) of rational managerialism, its effects and the subjective social 'realities' of organisational lifeworlds. Emotions, relationships and micro-politics as endemic facets of organisational life impact on the actualisation of rationalist initiatives. The elision of such human socio-cultural complexities confounds managerialism's means-end linear rationality, particularly when applied within complex environments like healthcare (Morrison, 2000).

This study confirms the salience of human relational factors such as openness, honesty and trust which are not susceptible to rationalist techniques of enumeration, dehumanisation and control. The creation of such conditions

requires a leadership approach which transcends the rational managerialist paradigm. A failure by policy makers to appreciate such complex 'realities' will inhibit the optimisation of human potential towards attainment of desired ends.

To paraphrase Marx (1845) it is one thing to interpret the world, it is another to change it. This study suggests a need to change the way things are done, however, it is unclear what changes are required or whether they are possible. What follows are preliminary thoughts arising from the study and should not be read as a definitive prescription for future action. Changing cultures is a complex and contested enterprise (Bishop *et al*, 2006), however, attempts are more likely to succeed if they align with values and beliefs of individuals who need to feel a normative commitment to an organisation, its aims and values (Bowditch and Buono, 2008). Leaders are key to influencing cultures (Bowles, 2012; Ham 2012, Marsick, 2009; Mintzberg, 1998), highlighting a requirement to ensure requisite leadership capacities and capabilities are developed. NHS leaders favour top-down 'pace-setting' styles focussed on short-term target achievement (Ham, 2012). Such heroic models (Cohen, 2010; Mintzberg, 1999) are unlikely to support human/social aspects identified in this study as salient to the development and maintenance of learning-supportive cultures (Bishop *et al*, 2006).

In contrast, 'complexity' leadership theory conceives leadership as a distributed function emphasising a need to engage nurses, doctors and other healthcare professionals in leadership roles. In this reading, anyone with responsibilities for others is in effect a leader. Rejection of 'command and control' (except *in*

extremis) shifts the role of strategic leaders to creators of environmental conditions which enable others to optimise performance (Mintzberg, 1998). This study suggests factors such as trust, engagement, relationships, autonomy and learning are important in this respect. Notions of complexity leadership has inspired a range of 'similar' theories such as collective (Weick, 1995, 1993), shared (Pearce and Conger, 2002), distributed (Gronn, 2002; Linsky and Heifetz, 2002), engaging (Alimo-Metcalfe *et al*, 2008) and relational (Drath, 2002) leadership. Such theories transcend simplistic understanding of empowerment, driving responsibility downwards, encouraging self-organisation and all to be leaders. This is not to suggest traditional managerial roles are unimportant, and to recognise that the NHS and other organisations need to be effective in administering transactional functions. The suggestion being that transactional managerial approaches are currently privileged over transformational leadership (Kotter, 1990).

Cultivation of trustful work environments and meaningful engagement with employees (and service-users) is not a central preoccupation of many NHS managers (The Kings Fund, 2012; West and Dawson, 2012). It has recently been confirmed that such work environments are supported by a compelling business case resulting in improved: patient experience; infection and mortality rates; financial management; morale and motivation; absence and stress levels (The Kings Fund, 2012).

The most important organisational relationship from an employee's perspective is with their line manager (CIPD, 2012a), whose behaviour, values and approaches

are key determinants of work (learning) climates (Eraut, 2009; Marsick, 2009). Effective development support depends on relationships fostered by informal interactions, a shared analysis of learning needs and honest constructive feedback. Managers can potentially play a significant role as enablers of learning acting, for example, as coaches and mentors (Eraut, 2009; Mintzberg, 1998), however, this is often inhibited due to a deficit in skills and confidence (Eraut, 2009, 2007). This study indicates such roles are not sufficiently valued or encouraged by NHS organisations and can be impeded by hierarchical relationships and formalism. Research confirms larger organisations tend to have lower trust levels, suggesting public service leaders require to be visible, personal and relational (CIPD, 2012a). A way of facilitating such behaviours would be for senior leaders and others to act as role models exemplifying conducive approaches and values through their day-to-day interactions.

Participants suggest management of health services is at a cross-roads and the way ahead is unclear. There is a sense that continuation of existing ways of working is unsustainable. It remains to be seen whether the discursive walls of the dominant managerialist discourse will be scaled precipitating new management approaches congruent with the complexities of human adaptive systems. Were this to occur it would provide a better basis to support and enable the development and contribution of knowledge workers.

Final Reflections

The final version of the thesis conveys a misleading impression that the study followed a conventional linear logic path proceeding from research question(s) to literature review and research. This conceals the lived experience of traversing a messy, disordered, iterative process of learning by discovery.

The originating idea was to do some research into the KSF. This prompted an initial foray into the literature on competency-based approaches which confirmed the rapid rise of 'the competency movement' and its rationalist objectivist characteristics and presuppositions. This raised at least two fundamental questions, relating to the reasons for wide-scale adoption of competency-based arrangements and their efficacy in supporting employee development and contribution.

It was apparent control-based competency schemes often had dysfunctional effects and were conceptually incommensurate with the needs of (knowledge) workers for freedom, autonomy and power. This apparent conceptual contradiction has crucial significance as the NHS and many other employers who rely on knowledge workers and seek to improve performance through rationalist competency-based arrangements.

This led to a working hypothesis that power relations and their effects are instrumental in causation and would help explain "why we do what we do" (Knights and McCabe, 2002). It became clear that power is "*sociologically amorphous*" (Murphy, 1990: 140, attributing the term to Weber), conceptually and practically extremely slippery and difficult to pin down. This contrasted with mainstream texts used in management and organisational studies which tend to conceive and present power in unproblematic hierarchicist terms. Here aspects of Foucault's work were used to provide insights and understanding of how power operates in modern disciplinary societies and social institutions. Foucauldian notions of power assimilate and transcend traditional understandings of hierarchical power and ultimately provided an interpretive analytical frame-of-reference which underpinned the study.

The political environment was identified as the main 'external' influence on the NHS and other public services. Hood's (1991) work on NPM (a term previously unknown to the author) helped explicate how rational managerialism had colonised public services, implicating on lived experience of 'public servants'. A feature of NPM is appropriation of private sector rational managerialist practices. Rationalist competency-based approaches are compatible with NPM and explain why public services including the NHS have been engaged in instituting such measures.

This led somewhat belatedly to a detailed examination of previous research into the KSF which was from a rational managerialist perspective, instrumentalist in nature and unable to escape the strictures of the rationalist paradigm, resulting in

recommendations involving 'more and superior' managerialist measures. This suggested a need for research from a constructivist/ interpretivist perspective utilising knowledge worker perceptions of situated experience of the KSF and associated learning and development activities. These little local stories of how life is from the vantage point of knowledge workers can then be juxtaposed against the rational managerialist idealisation of how things should be.

Having now read many doctoral theses it is often claimed there is a value in understanding something of the author's situation, to gauge where 'they are coming from'. It is suggested that this can occasionally be over done, as Nietzsche contends, the author inevitably reveals themselves on the page and this work is no different. Suffice to say this writer has worked in the NHS for nearly forty years and nearing retirement – the reasons for undertaking this project are self-inflicted and not as a basis for career advancement. This is not to suggest the author is somehow without prejudice and has no 'axes to grind' (there are many). This project has been a significant learning experience; intellectually absorbing, emotionally taxing and personally rewarding. Approaching career-end and a new phase of life has been cathartic – a time for reflection and contemplation which is hopefully apparent in the text. Like Foucault (1999: 111) "*I have no way of knowing how people will interpret the work I have done*". Ultimately, this is a matter for those who take the time and trouble to read the study. It is hoped it is of some value.

Appendix (i)

The Knowledge and Skills Framework

‘An Introduction’

(extracted from
The Knowledge and Skills Framework and Development Review Process
(Scottish Executive (2004))

1. An introduction to the NHS Knowledge and Skills Framework

1.1 What is the NHS KSF?

The NHS Knowledge and Skills Framework (the NHS KSF) defines and describes the knowledge and skills which NHS staff need to apply in their work in order to deliver quality services. It provides a single, consistent, comprehensive and explicit framework on which to base review and development for all staff.

The NHS KSF and its associated development review process lie at the heart of the career and pay progression strand of Agenda for Change. They are designed to apply across the whole of the NHS for all staff groups who come under the Agenda for Change Agreement. That is, they apply to everyone except doctors, dentists and some board level and other senior managers as there are separate arrangements for their development review. Throughout this document, the term 'all staff' is used to apply to all those staff who come under the Agenda for Change National Agreement.

1.2 What is the purpose of the NHS Knowledge and Skills Framework?

The purpose of the NHS Knowledge and Skills Framework (the NHS KSF) is to:

- facilitate the development of services so that they better meet the needs of users and the public through investing in the development of all members of staff. The NHS KSF is based on the principles of good people management – how people like to be treated at work and how organisations can enable people to work effectively
- support the effective learning and development of individuals and teams – with all members of staff being supported to learn throughout their careers and develop in a variety of ways, and being given the resources to do so
- support the development of individuals in the post in which they are employed so that they can be effective at work – with managers and staff being clear about what is required within a post and managers enabling staff to develop within their post
- promote equality for and diversity of all staff – with every member of staff using the same framework, having the same opportunities for learning and development open to them and having the same structured approach to learning, development and review.

1.3 What principles is the NHS KSF based on?

The guiding principles behind the development and implementation of the NHS KSF are that it is:

- NHS-wide – it is applicable to all staff who work in the NHS across the UK, for all the roles that they undertake now and are likely to undertake in the foreseeable future
- developed and implemented in partnership – the NHS KSF has been developed through partnership working between management and trade unions and professional bodies. This partnership approach will continue as the NHS KSF is used for individuals' development in post and throughout their careers.
- developmental – the NHS KSF has been designed to support the development of individuals in their post and in their careers. Through supporting staff to develop, the services offered by the NHS to patients and the public will also improve. The NHS KSF is designed to support policies and plans for the future development of the National Health Service in the four countries of the UK¹. Further information on how the NHS KSF links to UK and national policies and guidance will be made available.

1 The NHS in England; Health and Personal Social Services in Northern Ireland; NHS Scotland; and NHS Wales.

- equitable – the NHS KSF is a framework for all staff and one which recognises the contribution that all staff make to the provision of high quality services for the public. The development review process provides an equitable process for all staff. There is a commitment that all staff – whatever their post, whether they work full or part time, in the day, evenings or at night – will be supported to learn and develop throughout their working lives in the NHS.
- simple and feasible to implement – the NHS KSF has been tested with a wide range of staff groups. The evidence to date is that after a short introduction, staff find the NHS KSF easy to understand and are able to apply it to their own post and development.
- capable of linking with current and emerging competence frameworks² – the NHS KSF has been developed from an analysis of the competences that currently apply to the different staff groups within the NHS. To support the use of the NHS KSF in practice, information will be made available on how the NHS KSF links to different UK/national competences that have been issued or are recognised by statutory regulatory bodies and/or which have been externally quality assured.

2 These will include: regulatory requirements/competences, National Occupational Standards, QAA benchmarks, and other nationally developed competences, that have been externally quality assured and/or approved.

1.4 What is the focus of the NHS KSF?

The NHS KSF is about **the application** of knowledge and skills – not about the specific knowledge and skills that individuals need to possess. As a broad generic framework it is designed to be applicable and transferable across the NHS and to draw out the general aspects that show how individuals need to apply their knowledge and skills within the NHS.

The NHS KSF does **not** seek to describe what people are like or the particular attributes they have (eg courage, humour). Rather it focuses on how people need to apply their knowledge and skills to meet the demands of work in the NHS. It consequently does relate to how individuals behave but only in the sense of what people actually do – not in relation to any underlying characteristics that individuals have. This is because it would not be fair to make such generalisations to affect people's pay and career progression.

As the NHS KSF is a broad generic framework that focuses on the application of knowledge and skills – it does **not** describe the exact knowledge and skills that people need to develop. More specific standards/competences would help to do this as would the outcomes of learning programmes.

1.5 How is the NHS KSF structured?

The NHS KSF is made up of 30 dimensions. The dimensions identify broad functions that are required by the NHS to enable it to provide a good quality service to the public.

6 of the dimensions are core which means that they are relevant to every post in the NHS. The **core dimensions** are:

- 1 Communication
- 2 Personal and people development
- 3 Health, safety and security
- 4 Service improvement
- 5 Quality
- 6 Equality and diversity.

The other 24 dimensions are specific – they apply to some but not all jobs in the NHS. The **specific dimensions** are grouped into themes as shown below.

Health and wellbeing

HWB1 Promotion of health and wellbeing and prevention of adverse effects to health and wellbeing

HWB2 Assessment and care planning to meet health and wellbeing needs

HWB3 Protection of health and wellbeing

HWB4 Enablement to address health and wellbeing needs

HWB5 Provision of care to meet health and wellbeing needs

HWB6 Assessment and treatment planning

HWB7 Interventions and treatments

HWB8 Biomedical investigation and intervention

HWB9 Equipment and devices to meet health and wellbeing needs

HWB10 Products to meet health and wellbeing needs

Estates and facilities

EF1 Systems, vehicles and equipment EF2 Environments and buildings EF3
Transport and logistics

Information and knowledge

IK1 Information processing
IK2 Information collection and analysis
IK3 Knowledge and information resources

General

G1 Learning and development
G2 Development and innovation
G3 Procurement and commissioning
G4 Financial management
G5 Services and project management
G6 People management
G7 Capacity and capability
G8 Public relations and marketing

No hierarchy is intended in the NHS KSF dimensions – the grouping and numbering are purely to aid easy recognition and referencing. No one dimension or level is better than another – all are necessary to provide good quality services to the public in the NHS.

Each dimension has 4 levels. **Each level has a title** which describes what the level is about. An overview of the dimensions and levels is given on the next pages and repeated in Appendix 1.

Attached to the descriptions of level are **indicators**. The indicators describe how knowledge and skills need to be applied at that level. The descriptions of level and the indicators form an integral package and a fixed component of the NHS KSF. This means that for an individual to meet a defined level they have to be able to show they can apply knowledge and skills to meet all of the indicators in that level.

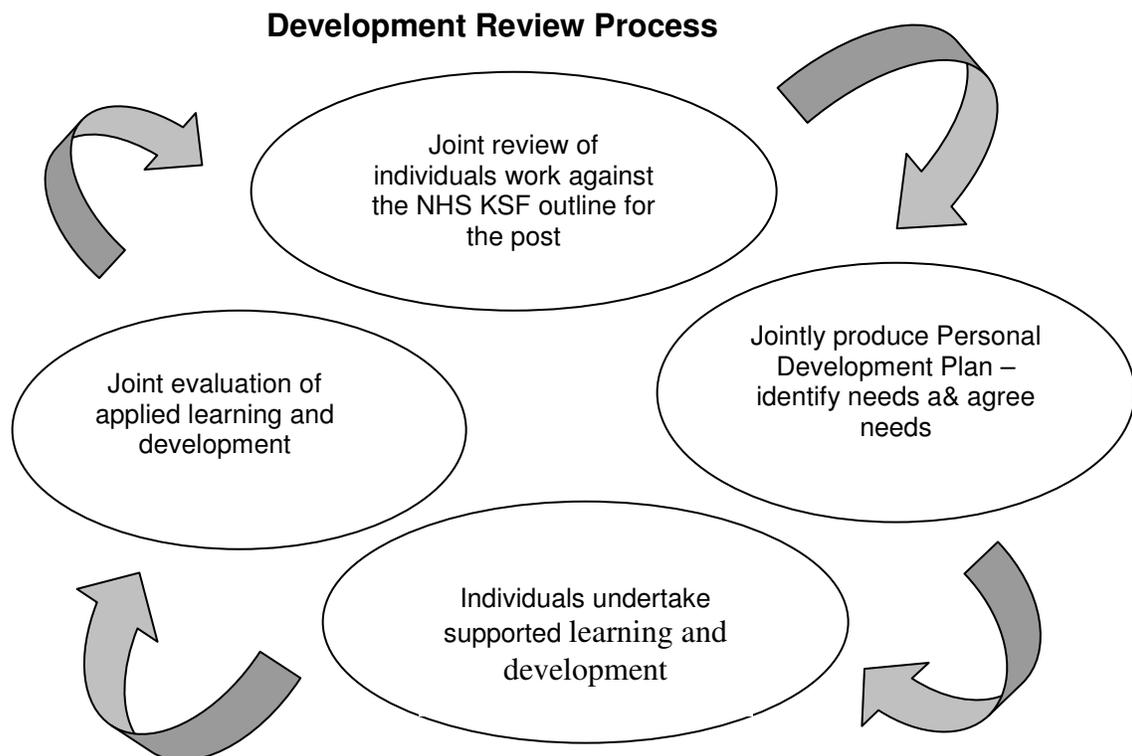
A post outline based on the NHS KSF will be developed in partnership for every post in the NHS. NHS KSF post outlines set out the actual requirements of a post in terms of the knowledge and skills that need to be applied when that post is being undertaken effectively. **Outlines must reflect the requirements of the post – not the abilities or preferences of the person who is employed in that post. They must be developed in partnership by people who understand the requirements of the post concerned.**

Everyone involved in developing NHS KSF post outlines should be realistic about what to include as the outlines will inform decisions about the learning and development which people will need, the learning and development which organisations will be committed to support, and individuals' pay progression.

1.6 How will the NHS KSF be used?

The NHS KSF is designed to form the basis of a development review process. This is an ongoing cycle of review, planning, development and evaluation for all staff in the NHS which links organisational and individual development needs – a commitment to the development of everyone who works in the NHS.

This is shown in the diagram which follows.



The development review is a partnership process undertaken between an individual member of staff and “a reviewer”. The reviewer will usually be the individual’s line manager but the role can also be delegated to someone else. If the reviewer role is delegated, then the individual to whom it is delegated will need to be competent to act in that role and also have sufficient authority to be able to arrange learning and development opportunities. Many reviewers will need support to develop their knowledge and skills in this area; they will also need to commit sufficient time to undertake the development review process effectively as it will become a key feature of ongoing NHS work.

The reviewer and the individual both take responsibility for agreed parts of the development review process. Resources are made available to enable the member of staff to develop and apply their knowledge and skills to meet the demands of their current post and to progress in their careers should they wish to do so.

The development review process is based on an ongoing cycle of learning. It consists of:

- reviewing how individuals are applying their knowledge and skills to meet the demands of their current post and identifying whether they have any development needs – the demands of the post are described in a NHS KSF outline for that post

- developing a Personal Development Plan for that individual detailing the learning and development to take place in the coming months and the date of the next review
- learning and development for the individual supported by their reviewer
- evaluating the learning and development and reflecting on how it has been applied to work.

The basis of the development review process is the NHS KSF as it provides a clear and explicit framework as to how knowledge and skills need to be applied within the NHS.

The development is personal – informed by looking at an individual's own learning and development needs against the requirements of the post as described in the NHS KSF post outline. This means that although a number of individuals may have the same NHS KSF outline for their post, each will have their own, individual Personal Development Plan. This is because each individual will have their own strengths and also their own learning and development needs.

The development review process is based on good appraisal practice. It has been designed so that organisations can combine the development review with their appraisal process so that the two work seamlessly together to support individual's development.

1.7 How will the NHS KSF and the development review process benefit individuals

The NHS KSF and the development review process will benefit individuals by:

- enabling them to be clear about the knowledge and skills they need to apply in their posts
- enabling them to access appropriate learning and development
- showing how their work relates to the work of others in their immediate team and beyond
- identifying the knowledge and skills they need to learn and develop throughout their careers
- providing a structure and process for the NHS to invest in

1.8 How will the NHS KSF and the development review process benefit organisations?

Organisations will be able to use the NHS KSF to inform human resource development and management, such as selection and recruitment. One of its purposes is to move all NHS organisations to a more developmental approach through providing an NHS-wide framework and process which can be readily used for all staff.

In particular, the NHS KSF and the development review process will enable organisations to:

- mainstream the equality and diversity agenda at every level³
- audit the knowledge and skills that exist in the organisation using a common framework and approach applicable to all staff groups
- make informed decisions about the deployment of staff
- identify skill and knowledge gaps within teams and the organisation and plan how to address these gaps
- organise learning and development across staff groups, across the organisation and possibly with other organisations
- develop effective recruitment and selection processes as there will be clarity as to the knowledge and skills required by applicants
- improve services to users and the public through consistent and effective staff development
- develop governance across the organisation through the provision of clear information on individual roles, responsibilities and development
- meet policies, targets and priorities as these are embedded in the NHS KSF and linked to the relevant parts of the framework.

³ For example, through the Positively Diverse Programme in England.

1.9 How does the NHS KSF link to lifelong learning?

The NHS KSF and the related development review process is essentially about lifelong learning. The National Agreement includes a commitment to annual development reviews for all staff and a commitment to the development of all staff. Everyone will have their own personal development plan – developed jointly in discussion with their reviewer. Everyone is expected to progress and develop throughout their time working in the NHS.

The development review will initially focus on helping individuals develop to meet the demands of the NHS KSF outline for the post in which they are currently employed. Once individuals have shown they meet the demands of their current post, and particularly when they have passed through the second gateway, the focus may shift to career development, whether this be upwards or sideways. The NHS KSF, and related post outlines, should be available to everyone in an organisation so that individuals are able to think about their next career steps. Individuals' Personal Development Plans can focus on future career development, once they have shown they can apply the knowledge and skills necessary for their current post.

1.10 How will the NHS KSF support service development?

The NHS KSF will help managers and individuals see and make the links between how individuals apply their knowledge and skills, what is needed in the team they work in, and how this relates to the demands on the organisation. This will also show the links for development purposes.

Linking individual and service demands and development will also facilitate improvements in patient and client care.

Through helping individuals understand how they need to apply knowledge and skills, and giving them support to do this, their understanding of their role in services and the organisation as a whole should increase and services be delivered more effectively.

1.11 What will organisations have to do to implement the NHS KSF and development review?

There are a number of things that organisations need to do. These include:

1. identifying the organisational policies and procedures that will need to be updated as a result of introducing the NHS KSF
2. evaluating the effectiveness of the current appraisal system where it is working well, where there are problems and the reasons
3. identifying the current level of knowledge and skills in the organisation in relation to the appraisal and review of staff and the implications of this for the introduction of the NHS KSF
4. identifying any competences that are being used in the organisation, whether the competences are national or local, who is using them and what for

5. evaluating the current state of job descriptions and related information on the nature of posts and how knowledge and skills are applied in these posts
6. identifying any management of change issues that will arise in moving from current organisational practice to the National Agreement
7. identifying who has the knowledge and skills in the organisation to help take this agenda forward (eg union learning representatives, NVQ/SVQ coordinators)
8. identifying the implications of the NHS KSF and development review for education and training and related funding.

In order to implement the NHS KSF and development review process in the organisation, it will be necessary to work in a management and trade union/professional body partnership to:

1. explain the NHS KSF to all staff and raise their awareness of what it will mean to them in the future and throughout their working lives
2. develop NHS KSF outlines for all posts – this will mean identifying who is to lead on this and how it will be undertaken in partnership ensuring that those involved have the necessary knowledge and skills about the posts for which they are developing NHS KSF post outlines
3. develop the knowledge and skills of individual members of staff on how to participate effectively in their own development review

4. develop managers' knowledge and skills on how to review the work of individuals and support their development
5. identify any specific training that managers will need to promote equality and diversity in the development review process
6. identify how to manage and support the transition between any competences that are currently being used in the organisation and the implementation of the NHS KSF for career and pay progression
7. identify how to link the NHS KSF and development review process into the organisation's appraisal system and business planning cycles
8. review existing policies and procedures (eg equal opportunities, recruitment and selection, induction, career breaks/sabbaticals, redundancy /redeployment, sickness and absence, maternity leave), in the light of the NHS KSF and associated development review process
9. develop a robust system for monitoring and reviewing progression decisions
10. ensure there are systems and structures to support the development of all staff equitably
11. plan and develop a learning and development strategy for the organisation that balances the needs and interests of all individuals and teams with available resources

12. monitor how the NHS KSF and development review are implemented across the organisation effectively and equitably.

1.12 How will the NHS KSF and its use be monitored and evaluated?

The NHS KSF has already gone through a systematic testing process to produce the version that is being used for the rollout of Agenda for Change. It will continue to be monitored and evaluated in use by the Staff Council to ensure that it remains fit for purpose.

If you have any concerns about the content of the NHS KSF, then these should be raised through the partnership body at local level.

The system will be monitored to ensure consistency across similar posts, and equitable implementation, and to confirm that the system is not undermined.

When changes to the NHS KSF or the development review process are made, these will be issued to the service with relevant supporting information.

Appendix (ii)

Interview Guide

Research Questions	'Mini' Research Questions	Themes
<p>Secondary question:</p> <p>How do situated power relations and their effects implicate on the lived experience of knowledge workers and actualisation of competency-based arrangements? I.</p>	<ul style="list-style-type: none"> • How and why do 'internal' factors influence work settings • How and why doe 'external' factors influence work settings • What factors enable and constrain individual agency. 	<ul style="list-style-type: none"> • Work purpose • Work priorities • Work processes • Key challenges • Culture • Key relationships • Management/Leadership • Management practices • Political environment

Appendix (iii)

Participants ‘Sample Frame’

Semi-Structured Qualitative Interview Programme

Sample Frame

Key:

SKW = Senior Grade Knowledge Worker – Agenda for Change Band 8 and above (including Senior Manager Grades)

MKW = Middle Grade Knowledge Worker – Agenda for Change Bands 6-7

FKW = Frontline Knowledge Worker – Agenda for Change Bands 3-5

Category	No.	Age	Sex	Job Title	Staff Group	Highest Level of Educational Attainment
SKW 1	1	54	M	See explanatory notes (page 141)	See explanatory notes (page 141)	Masters Degree
SKW 2	2	56	M			Masters Degree
SKW 3	3	52	F			Bachelors Degree
SKW 4	4	55	M			Bachelors Degree
SKW 5	5	45	M			Doctorate
SKW 6	6	49	F			Doctorate
SKW 7	7	48	M			Doctorate

Category	No.	Age	Sex	Job Title	Staff Group	Highest Level of Educational Attainment
MKW 1	8	42	F	Senior [function deleted]	Nursing	Masters
MKW 2	9	54	F	[Function deleted] Practitioner	Management	Bachelors Degree
MKW 3	10	36	F	[Function deleted] Co-ordinator	Administration	Bachelors Degree
MKW 4	11	43	F	[Function deleted] Co-ordinator	Administration	Bachelors Degree
MKW 5	12	51	F	[Function deleted] Manager	Management	Bachelors Degree
MKW 6	13	43	F	[Function deleted] Lead	Allied Health Professions	Masters Degree
MKW 7	14	44	M	[Function deleted] Specialist	Allied Health Professions	Masters Degree

Category	No.	Age	Sex	Job Title	Staff Group	Highest Level of Educational Attainment
FKW 1	15	38	F	Practitioner [function deleted]	Nursing	Masters Degree
FKW 2	16	42	F	General Nurse	Nursing	Bachelors Degree
FKW 3	17	28	F	General Nurse	Nursing	Bachelors Degree
FKW 4	18	26	F	[Function deleted] Officer	Administration	Higher National Certificate
FKW 5	19	withheld	M	[Function deleted] Technician	Healthcare Sciences	Higher National Certificate
FKW 6	20	25	F	Therapist	Allied Health Professions	Bachelors Degree
FKW 7	21	28	F	General Nurse	Nursing	Bachelors Degree

Appendix (iv)

Transcript extract from participant interview

<p>Q. Moving on, <i>[name deleted]</i>, to talk about competency-based arrangements. Can you describe your experiences of the KSF and how you feel it has been applied in your experience?</p>	<p>Comments</p>
<p>A. OK. I can actually say from two sides (DC – right, ok). Well, three sides, actually (DC – right) because (a) I get, I’ve been KSF’d (DC – have you?) so that’s all in like (DC – ok) I’ve also have done KSF with staff (DC – yup) in my role as an Occupational Therapist (DC – so you’re a reviewer and a reviewee - yeah) I was a reviewer, but not so much now (DC – ok) and I’ve also assisted some Healthcare Support Workers and qualified staff and just getting them up and running on it as well (DC- right, excellent) so – because I’m always banging a drum for <i>[person’s name deleted]</i>, you see (DC – yes) so from my point of view, I have to say, the first time I did it as an <i>[professional group deleted]</i>, as a reviewee, it was quite a clumsy process and I found as if it was a ‘tick box exercise’ (DC – uhuh) but I think that was because we weren’t sure of the process, we weren’t sure of the resource (DC – right) how to use it and we already had within <i>[professional group deleted]</i> a really good appraisal system (DC – yeah, yeah) that we didn’t really need it and I think we were a little bit precious (DC – yes) of another appraisal system, and I think that’s what made it</p>	

(DC – yes) and appreciated that other services didn't, so it took a wee while of just getting used to it (DC – yeah).

So that was my first experience of KSF (DC – yes) – now in my post as [job title deleted], I have to say, every cloud has a silver lining, because when I broke my foot and I was off work (DC – yeah) I actually took – well I was working, even although I was off – I actually sat with e-KSF and thought, I can't break it (DC – uhuh, chuckles) and I actually spent quality time, playing about with the website, uploading stuff and I actually did the whole lot (DC – right) on e-KSF for when I was meeting with [*name of manager deleted*] to go through it (DC – right) and I found it a really easy system (DC – right) and I think it was because I had the time to play with it (DC – yes, yes) and what I try to do to staff is, you know, we don't want you to just visit this every year just before your PDP is due (DC that's right) – use it as a working document – if something happens, go on to e-KSF and update it as you go along (DC – uhuh) and that way you become familiar with the website, it'll become second nature (DC – yes) and you're not thinking the week before your PDP I haven't got anything on e-KSF (DC – sure, yeah). So that's what I promote and tell the staff (DC – that's good, that's good advice). Again, when I've been teaching of the, well facilitating a wee group of the Healthcare Support Workers, again, I think it's just them finding the time to do it

(DC – uhuh) because they’re so stretched clinically (DC – yeah) and again, it was just a case of showing them how to upload the files and you know, what sort of evidence they would need to put in (DC – yes, yes) and again, it was thinking about well, what sort of evidence fitted in to what core dimension, what specific dimension (DC – aye, yeah) and just reiterating as well that one piece of evidence doesn’t need to cover just one thing, it could cover a number of things (DC – sure) and again – we have to be registered with the Health Professionals Council as well (DC – uhuh) we’ve actually been called up the now, but 2.5% of the population has to submit evidence (DC – right) and again, through e-KSF a lot of the stuff will actually meet the standards required by the Healthcare Professionals Council (DC – that provides that evidence, yeah) so you could actually provide that evidence through e-KSF (DC – that’s good) so, and again, I think with the core dimensions, another problem at first we had within [*professional group deleted*] – I think we had too many specific dimensions (DC – yes) they were all kind of running into each other (DC – yes) but I think that was just a learning process for everybody (DC – yes, yes) and we’ve actually cut them down now (DC – good) because it was overlapping so much we didn’t know well what’s the difference between that bit and that bit (DC – aye) whereas the core dimensions actually cover quite a lot (DC – yes, yes).

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