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

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**Abstract:** The premises of this paper are that the role of everyday working, knowing and judgment-making practices (cf. Smith 1987) in the establishment, maintenance and alteration of professional occupations holds a place that is less clearly understood than it may need to be, and that greater appreciation of the "practices" rather than the "proxies" (Warhurst and Thompson 2006) of knowledge activity benefits from attention to class dynamics and the specificities of the professionalized features of the labour process. Stepping forward from these premises, I draw on preliminary (interview and survey) data from the Changing Workplaces in the Knowledge Economy (CWKE) project to examine certain aspects of the ways in which Ontario nurses perceive and cope with significant changes in the way their work is organized in practice. Amid conditions of public health sector austerity in Ontario, descriptive analysis of findings of the CWKE Ontario Nursing Survey (n=1326) indicate significant concerns about workload, expanding skill requirements, and organizational change. Moreover, these survey data also register significant levels of professional ethical dilemma which begin to suggest that the concerns about workload, skill requirements and organizational change may be about something beyond simply having to do more with less in the first instance. Beginning from this basic statistical contextualization and drawing on an alternative application of Noordegraff (2007) notion of "hybridized professionalism"—the bulk of this paper takes a close look at the initial CWKE Ontario Nursing Oral History data (n=8). Here I begin to warrant the argument that—at the level of everyday, rank-and-file professional working and knowing—a hybridization of (capitalist) managerial logic on the one hand, and Noordegraaf's notion of "pure" nursing professionalism, ethics and professional knowledge forms on the other is well underway. Concluding speculation on alternative forms of professionalism facing Ontario nurses is offered.

**Keywords:** nursing; professions; knowledge practices; hybrid professionalism; labour process theory; New Public Management; Canada.

## Introduction

Clearly many dynamics bear on the establishment, maintenance and alteration of professional occupations as per the field of sociology of professions. However, in this paper I emphasize the role of everyday professional working, knowing and judgment-making practices in the establishment, maintenance and alteration of such occupations. It is an emphasis that takes its epistemological inspiration, in part, from the sociology of Dorothy Smith (1987). Beyond this epistemological orientation however, here the focus is on consideration of the labour process. Taking up the insights of a Labour Process Theory (LPT) perspective in which, with exceptions (e.g. Hales 1980; Derber 1982; Derber, Schwartz and Magrass 1990; White 1993; Cockburn 1985; Harris 1998; Adler 2007; Adler, Kwon and Hecksher 2008), the study of professional occupations has been a minority endeavour, I attempt a re-interpretation of Noordegraaf's (e.g.

2007) concept of hybrid professionalism. Hybrid professionalism, in Noordegraaf's formulation, attempts to speak to the meshing of two forms of occupational control: the traditional professional mode of "control of content", standards and quality of service or product output; and, the traditional managerial mode revolving around the practices of control of productivity or rather the "content of control". For LPT researcher, the latter half of this formulation is very familiar of course. The specificities surrounding the former, however—from dynamics of professional occupational closure to distinctive dynamics of professional identities, discourses, expertise and judgment-making—less so.

In this paper, I apply these conceptual resources to explore recent data emerging from the study of Ontario nursing within the broader Changing Workplaces in the New Economy (CWKE) project. Survey and oral history data from this project are assessed in the course of arguing that, under conditions of public health sector austerity in Ontario, there are strong indications that over the last 5 years workload, skill/knowledge requirement and use are being re-organized. This reorganization is demonstrated to stem from the health care labour process change. Drawing on a the work of Noordegraaf in this context, I claim that a hybridization of (capitalist) managerial logic on the one hand, and Noordegraaf's notion of "pure" nursing professionalism, ethics and professional knowledge forms on the other is well underway, but strongly contested by nurses, at the level of everyday, rank-and-file professional working and knowing.

I conclude with informed speculation on the two options which appear to be in the process of opening for the nursing profession: i) accommodated hybridization ushering what Noordegraaf would refer to as an organizing or organizational professionalism which, for nursing, would mean the thorough marginalization of nurse-patient relationship and the use-value of nursing health care labour; or, ii) citizen professionalism (Newman and Tonken 2011) in which the use-value of nursing health care labour centred on the nurse-patient relationship remains definitive. In both instances the core contradictions of capitalism retain relevance, though in the former we would expect to see a dynamic Burawoy (1979) for example described as based upon relative/repressive satisfactions. The latter of course speaks to the broader dynamics of socialization of the relations of production and within the occupational sphere we would expect to find the partial resolution of these contradictions leading towards a greater democratization and humanization.

## Orienting the Study to the Literature

In this section, I summarize what I take to be a set of gaps and analytic opportunities across a number of research traditions bearing on an improved understanding of the plight of professional nurses in Ontario today vis-à-vis attention to the everyday working, knowing and judgement-making. I intend to be a brief in the first instance, making my way to a concise overview of Noordegraaf's notion of hybrid professionalism before concluding with some comments foreshadowing the consideration of additional notions of professionalism.

Beyond the novel usage of hybrid professionalism as an opportunity to explore conceptual linkages between LPT approaches and the specificities of professional work, I suggest this analytic focus on everyday working, knowing and judgment-making (Smith 1987) may be distinctive in another way too. Again with exceptions, as Warhurst, Grugulis and Keep (2004) summarized, in LPT (and elsewhere amid other sociologies of work) because actual skill and knowledge activity are difficult to assess, proxies are used; accordingly, "what is easy to

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

> academic and policy debate tends to be prescriptive and insensitive to real developments in the economy and workplace. It also fails to provide the necessary conceptual definitions and distinctions concerning the use of knowledge in the workplace. Moreover, there is insufficient disentangling of firm strategies and structures, occupational changes and the content of work. (p.787)

LPT and sociologies of work have from time to time struggled with how to conceptualize and treat the role of concrete knowledge practices at work, and the result has been a type of "skills impasse" (Sawchuk 2013). Here the empirically obvious yet contradictory *co-existence*, for instance, of skill/knowledge intensification, skill/knowledge reiteration, and skill/knowledge degradation tend to be ruled out of order.

Indeed elsewhere, within studies of either expert or knowledge-based work (e.g. Gorman and Sandefur 2011) or the sociology of professions, in either the Anglo-American (e.g. Adams 2015; Saks 2016) or Continental European (e.g. Sciulli 2005) tradition, the exact role and status of the analysis of concrete skill/knowledge practices appears to be even more ambiguous. Reviewing aspects of the study of both knowledge-based work and sociology of professions, Svarc (2016) for example bemoans the "poor definition of knowledge activities" and the severe limits of their measurement as part of his claims about the death (by-analytic-ambiguity) of the so-called knowledge worker concept as opposed to the concept of the profession. In fact, Svarc observes a tendency of "assertion cum assumption" when it comes to appreciations of what actually goes on in the workplace. And, within what he calls "realist" approaches, he notes the following:

> professionalism is not fixed and different interpretations are now needed to understand professionalism in new and old occupations (Evetts, 2003) and must reflect the reality of daily practices (Evans, 2008). Following this reasoning, Noordegraaf (2007) suggested the new concepts of situational and hybridized professionalism, which do not constitute occupational and organizational control (as professions do) but offer new opportunities for maintaining the notion of professionalism in times that weaken the notion of classic professionalism. (p.403)

In keeping with Evetts (2014, p.31) recent conclusion, since the "concept of profession is much disputed" the study of "professional work, professional practice and professional learning" itself faces significant difficulties.

Here I attempt to respond to some of these openings, and in so doing it is not coincidental that the work of Noordegraaf (in the excerpt from Svarc above) has emerged again. As I began this section noting, his concept of hybridized professionalism offers an opportunity to explore conceptual linkages between LPT approaches and the specificities of professional work. To seize on this opportunity requires an alternative application and re-interpretation however. This re-interpretation centres analysis on the practices of working and knowing and their implications for professional knowledge forms; and in so doing, it allows an appreciation of insights from the LPT tradition as well.

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

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

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

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

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

Likewise, Noordegraaf's hybrid professionalism is a concept that emerges in response to a host of related phenomena, many of central relevance to LPT research and the present study, i.e.

> Professionals are forced to adapt to social changes, capitalist pressures, and consumerist tendencies that resist autonomous, closed-off occupational spheres. Professionals must *prove* their added value. In addition, professionals are forced to adapt to organizational and bureaucratic realities; instead of *status* professions, modern professions have turned into *occupational* professions (Elliott, 1972; Freidson, 1983) and perhaps into *organizational* professions (cf. Larson, 1977) that primarily face organizational control. In public domains, fueled by businesslike and market-driven managerialism (e.g. Clarke & Newman, 1997; Duyvendak, Knijn, & Kremer, 2006; Pollitt & Bouckaert, 2000; Scott, Caronna, Ruef, & Mendel, 2000), professionals have become part of large-scale organizational systems, with cost control; targets; indicators; quality models; and market mechanisms, prices, and competition. (Noordegraaf 2007, p.765; emphasis original)

Useful observations in the context of this paper, but building on my comments about the distinctiveness of LPT traditions, there is still reason to consider re-interpretation. That is, beyond these parallel points of recognition, Noordegraaf's (2007; 2015b) own perspective exhibits a significant functionalist urge. Hybridization of managerial and professional modes of control becomes an evolutionary step (destined itself to be made obsolete by "organizing professionalism") in the effective performance of public institutions: "The search for professionalism is a search for coping with trade-offs in economized but ambiguous times [and] although these tendencies can be criticized, they are inevitable." (2007, p.778, 780).

Here in this paper, while recognizing the grim realities of the capitalist state, austerity and NPM, I treat hybridization as concept in need of a less presumptive re-interpretation. Re-interpreted in this way, a broader and perhaps deeper series of contestations can be expected, especially when the focus becomes the lives of rank-and-file professionals. Since the focus is on the work lives of rank-and-file professionals, I leave to one side those instances of professionals who become managers of members of their profession (whether as a distinct career in its own right or temporarily) as a related but separate theme dealt with by CWKE project colleagues as well as others (e.g. Armstrong 1984; Thompson 1989; Ackroyd, Hughes and Soothill 1989; Noordegraff 2007, 2015; Causer and Exworthy 1999; McGivern et al. 2015).

More specifically, in exploring how the class conflicts and contradictions of the capitalist labour process may be unfolding in the working lives of rank-and-file professionals, I ask the question of whether hybridization may be threatening, succeeding and/or failing to penetrate the working and knowing of nurses. I will claim that we may yet find and benefit from understanding a more subtle version or layer of hybrid professionalism. If such is the case, it may follow that *contested hybridization* has more in common with those LPT analyses of professional work than otherwise expected.

Beyond this, in closing this section, I draw attention to an even broader issue to situate the paper; how a reinterpretation of hybrid professionalism as contested may in the end necessitate a consideration of entirely different forms of professionalism altogether. In place of Noordegraaf's, in my view dystopic, "organizing professionalism" however, on this point we might consider instead the notions of "democratic" and "citizen" professionalism. Here I note how Newman and Tonkens (2011) observations—highlighting of the "spaces of agency in NPM-driven change" amongst public sector professionals—may be help to orient my argument further.

> The binary relationship between professional (as agent of the state) and user (as active citizen) ignores and erases the citizenship of professionals. The regime of democratic professionalism conversely recognises professionals as citizens. Ethnographic studies show clearly that 'frontline' workers have themselves to be considered as citizens. They have to judge how to act in areas of ambiguity and use both their professional ethos and their political values in making such judgements (Hill & Hupe 2007). They sometimes silently subvert policy prescriptions, using their discretion to 'translate' policies to suit local contexts or to privilege particular goals [using] the spaces of agency to assert the values of care against the managerial logics described above. (2011, pp.210-211)

It is on the premise of these types of broader concerns that I attach the notion of *contested* to hybrid professional working and knowing amid changes to the health care labour process. As I hope to demonstrate, it is not analytically feasible to separate the responses of Ontario nurses in this research from such broader questions.

## Methodology

Data for this paper come from oral history interviews (n=8) with experienced nurses and our Ontario Nursing Survey (n=1326). This research was approved by the University of Toronto ethics review board.

In terms of the oral history interviews, participants all had over ten years' experience working as nurses (primarily as Registered Nurses) somewhere in Ontario, and these interviews were focused on career histories as well as key changes and challenges affecting the nursing professional work. Although there were few questions directly asking about professional knowledge and skill, the interviewees raised these issues often. These interviews lasted between 60 and 90 minutes, and all were recorded and transcribed. Interviews were conducted over the phone or in person, depending on the location and preference of the participant. Interviewees had between 15 and 45 years of work experience, 6 were women, 2 were men. Only one respondent received initial professional training outside of Canada. None were members of a visible minority.

In terms of the Ontario Nursing Survey, electronic data collection occurred between October 2016 and February 2017. The survey was designed to parallel the Changing Workplaces in the New Economy (CWKE) national survey conducted in 2015-16.The Ontario Nursing Survey was carried out in partnership with the Registered Nurses Association of Ontario (RNAO) through which respondents were recruited by a series of advertisements. The sample was felt to represent the basic characteristics of the Ontario nursing population as a whole according to both RNAO and the Canadian Institute for Health Information's Health Workforce Database (2014). Respondents were 88% female, with a mean age of 50 years old (modal range of 45-54 years). Eighty-percent of respondents described their race or colour as white, 95% of respondents indicated being born in Canada, and 10% considered themselves to be a person with a disability. It is important to note that Registered Nurses (RN) constituted over 88% of respondents. Of additional note with regard to respondent characteristics, this analysis draws on a survey measure that implies managerial identity; namely, "Do you regard yourself as part of management?" Only 14.4% of respondents did. This measure does appear to speak somewhat to hybrid managerial / professional identities better than other measures that ask if participants fill managerial roles. Related, participant socio-economic class was measured following Livingstone

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

## Results

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

### Contextualizing the Findings with the CWKE Ontario Nursing Survey

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

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

In the nurses survey there are also indications of strong belief in the connection between what nurses do on the job and their formal (or what in Noordegraaf's formulation would be considered, the "pure") body of professional standards and knowledge as represented by the certified university curriculum forming part of their initial education and licensure. That is, over 70% of respondents report that their job is "closely related" to their formal education.[2] Moreover, in the context of education and skill, over 75% report that the skill required to do their jobs has either become "much greater" (31.3%) or "somewhat greater" (44.4%).[3] As we will see, the maintenance of belief in the relevance of professional standards, knowledge and education may, in the later analysis, relate to the contestation of an alternative, managerial logic introduced in a process of professional hybridization; and, reports on the intensification of skill use begins to suggest that nurses are bearing significant pressures in terms of not simply what they do (workload), but also how they apply what they know.

What is of particular importance in contextualizing the qualitative analysis below, however, may be that nursing respondents report a very significant amount of organizational change in the past 5 years. This begins to focus our sense of the sources of their perceptions of workload and skill change. Notably in this regard, we see the following: 42.3% indicated there had been "a reduction in the number of employees" in their workplace; 39.7% indicated there had been "greater reliance on part-time or temporary workers"; 36% indicated "an increase in overtime

hours"; and, perhaps especially relevant to the argument here, 30.5% indicated "a change to the organizational model of nursing care delivery". A labour process analysis incorporating these elements begins to further contextualize the claim below that forms of contested hybridization are emerging amongst Ontario nurses.

All these data place the following qualitative analysis in perspective and suggest that the issues analyzed below are likely not simply anecdotal. But, pairing this small set of survey findings above with one further set of data we obtain another important indication of how the changes in workload, skill demands and labour processes are being received from the standpoint of rank-and-file nursing professionals. The CWKE Ontario Nursing Survey asked whether or not respondents agreed or disagreed with the statement "It is difficult to balance employer expectations with a commitment to professional ethics". Over 70% indicated either that they "strongly agree" (33.9%) or "agree" (37.1%) with this statement. This finding suggests significant concerns about the nature of the changes nurses are facing as well. It may very well be the case that conflicts between organizational demands and professional ethics—and along with them professional standards, judgment and knowledge—are widespread.

**A Note on Discourses of Nursing in the Health Care Labour Process**

A good while ago now Burawoy (1979) turned a critical eye toward survey research on workers. Of course his own survey findings were instrumental in his conclusions, and because of this he took time to speak about how surveys about work and workers relate to general societal attitudes on the one hand, and the perceptions and concrete practices of workers on the other.

> When [survey responses] are divorced from their context, how can one interpret the enumeration of a set of attitudes? To what reality do these attitudes refer? They appear to reflect a general attitude toward work in capitalist society, to a reluctance to engage in meaning-less, boring, and coercive routines. Inevitably they miss the adaptations workers make to compensate for the deprivations they endure. (1979, p. 138)

Burawoy likewise noted, "even the attitudes expressed while on the job do not necessarily correspond to behaviour there. […] The idiom in which workers couch and rationalize their behaviour is no necessary guide to the patterns of their actual behaviour" (1979, p.138). Referring often to the way people talk of their activity through the idiom of economic gain or the cash nexus, for example, he makes it clear that analysis of how idiom and discourse mediate worker experience (and their reporting of this experience) requires considerable care. The type of historical, political, and institutional context—in the case of the following analysis provided by focused qualitative treatment—lend important interpretational supports for exercising this type of care in the study of professionals.

Thus, before beginning, a brief note of context of terminology, meaning and interpretation. Although it may seem like common sense, I think it is worth noting that the practical "idiom" or discourse of the working nurse on her labour process differs across major jurisdictions (e.g. between nations; and in Canada between provinces as well), regions, nursing sector, organizational type, individual organizations and even amongst nurses themselves vis-à-vis its distinctive nursing classes. In fact the practical discourses of the working nurse competes, is supported, infused by or otherwise finds itself having to cope with a host of other discourses on the nursing and health care labour processes. Oriented by their own preoccupations, the discourses of health policy analysts, of working politicians (often distinct from policy analysts),

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

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

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

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

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

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

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

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

According to interviewees, significant difficulties arise in the face of new divisions of labour amongst nurses within various health care labour processes. In our oral history interviews (and likely in the quantitative data as well) terms such as “problem-based approach”, “team model”, “case-based” model and/or “case management” approach were sometimes cited together, explained similarly, or conflated entirely. Despite these challenges of conflation, below we obtain a sense of the point these nurses were trying to make as regards the difficulties. Central to these brief accounts of both their own current experiences as well as changes they are aware of more broadly, a per my focus here, is the displacement of the nurse-patient relationship as the central orienting object of professional working and knowing. Implicated is the displacement of the Patient Allocation Model or Primary Nursing Model labour processes, although as we will see below, at least in the discourse of the working nurse, vestiges and residues of these labour processes remain, if only in the mind.

> I definitely see it as moving away from the bedside so to speak, one-to-one direct client service care and more of a case management model I think. It is what I'm finding, which allows us to use a little more of our scope of practice I think, because then we are managing multiple issues at the same time. But then sometimes we also lose the getting-to-know-people one-on-one kind of thing, so it is a trade-off but I definitely see us moving more toward to a case management approach for sure. And a Team model. (S06)

> Now everything has been so split up, we have no communication and organization systems, so the continuity of care is getting lost. And that of course results in people falling through the cracks. And at the end of the day, it's really tricky to know who is doing what, where and when. (S01)

> So the team has changed in that there's less higher-skill staff. And as a result my role has changed from providing direct care [for] the majority of my time to team management: Leading a team, making sure that all the work gets done. And in whatever time's left, I do my RN care. So it's not that I don't enjoy the leadership aspect of my role, I very much do so. But there's a very different skill set required for a nurse, an RN, from years ago. I really like my job as an RN because I have great expertise in making very fast decisions

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

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

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

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

> We moved from hundred per cent patient care to a lot of work around administration, regulation, documentation as opposed to a lot of that hands-on care. So that is the latest change that I've seen happen. Nurses are pulled away to do a lot of other work and as a result, they are not spending enough time with the patients and their families. (S01)

> As far as workload, it doesn't matter how many patients [as such]. What matters is what other duties you are doing on top of those. So I think the workload has increased like 110%. People are doing way more things. People have more responsibilities than they should. It's not only about, you know, giving medication and doing your assessments and providing high quality care anymore. It's about, you know, [things like] did you identify them for their discharge status. So now you're taking on the role of almost like a utilization co-ordinator. You are not just asking people about their best possible medication history. Now you are taking on roles that might be more specific for like a pharmacist. A lot of things are getting dumped on nursing, and they may be not the right people to do it or they don't have maybe enough time dedicated to do those things the way they should be done.[…] And, it's changed with technology, so there's way more technology which people have to be responsible for knowing. And they have to be really tech-savvy, and if you're not, you're kind of thrown onto the curb, kind of lost in your work. (S03)

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

Beyond the obvious increased time-pressures and workload, we see in these brief accounts reference to a number of important items, few of which are *central* to the core skills and knowledge associated with the "pure" profession of nursing and the RN scope of practice. "More people management than illness management", the overbearing requirements of playing the role of "utilization co-ordinator" (which sometimes edges RNs into "taking on roles" of other occupations), the additional "hoops," "red tape" and, in short, documentation responsibilities now requiring "tech-savy" use of case management computer systems—these stand out. They suggest, in keeping with Noordegraaf (2007), the "control of content", which in the case of nursing would revolve around the nursing-patient relationship traditionally, being displaced and integrated with the "content of control" . But unlike in Noordegraaf's analysis, here we see a contestation of managerial logic.

When asked directly about "knowledge intensification" in their work over the past few years, again many of these same issues emerged amongst the oral history interviewees. Changes in the labour process of nursing care seemed to make work a great deal more difficult, demanding new learning, skills and knowledge. Just as important for us here, we see evidence of new professional judgment-making as to how to prioritize the application of skills and knowledge. Of course, in a sense we could say that nurses have always had to deal with "risk", but beyond reiteration of what we have already learned above about a more regimented division of labour, the first nurse below speaks of the centrality of "risk aversion" in new labour processes that may be affecting when, why and how nurses exercise their skill and knowledge. Here we are speaking about the configuration of existing and new abilities vis-a-vis new forms practices of professional judgement-making according to a distinct, "hybrid" logic of use (and hence future development). In the second excerpt, we see risk described even more clearly in financial terms raising again the prospect of such concerns shaping professional judgment as new knowledge is needed, and existing skill/knowledge is re-configured.

> I feel like there has been a shift to have less hands-on and more organizational roles. […] I worry in some ways that people are trying to be too prescriptive and not actually letting people think and make decisions based on their assessment, which is a hugely important role for nurses, our ability to assess a situation and make the right choice for that time and that situation. And that you can't, there's more protocols and rules and trying to put everything in a box and I don't believe you can. I think some of that individual assessment is really important. And believing that the skill is there, I think the risk averseness here, now applied to nurses, is making that change in some ways. (S04)

> I: How has your work changed over time? Have changes in practice over time affected your need for new skills? Would you say the "knowledge-intensiveness" of your work has changed over time?
> S03: It's now definitely a lot more [knowledge-intensive] as far as when it comes to practice change or product change that you are participating in or that you are implementing […] How can we do things more effectively, more efficiently with less

> basically? So that's the biggest thing, it's that money is not there anymore and learning how to do things with that. […] The need for this type of knowledge has changed like a hundred per cent. You have to make sure you know so much more now, so many more responsibilities. (S03)

It is a commonly-held perception to characterize Ontario nursing work, and Canadian health care as a whole, as having to do things "more efficiently with less". Moreover, nurses have always dealt with judgment of "risk" and had to make judgments regarding the use of new medical products. In these terms, nothing earth shattering is being introduced here. However, I argue that the most salient matter is that these things constitute, for these nurses, a "type of knowledge", that nurses must be "learning how to do things with that [type of knowledge]", and that it seems likely that such elements are in the process of fusing with existing professional knowledge to form a type of hybrid in the course of the daily working lives of nurses more broadly.

**An Illustration of the Micro-achievement of Hybridizing Knowledge**

To this point we have encountered depictions of difficult circumstances that are highly suggestive. On the back of this I have tried to offer some general explanations about what may be going on according to an exploration of nursing labour processes, nursing working and knowing, and a form of hybridization. Previous to this qualitative analysis was contextualization through the use the CWKE survey data that helps us resist the notion that the specificities these interviewees allude to are merely anecdotal. However, an argument for this type of hybridization of professional nursing knowledge is supported further by attending to some of the details, or micro-achievements, of everyday professional nursing work life. It is both beyond the scope of this paper and, frankly, beyond the capacity of the current data set to fully appreciate how it is that this type of hybridization process is unfolding. Still, some brief indicators can be highlighted.

The argument is that existing "pure" nursing professional knowledge forms (Noordegraaf 2007) are not simply being made extinct. Rather, they are being fused with a capitalist-managerial logic, risk management, and so on, and becoming financialized. The underlying point of course is that this is being accomplished, not at the level of formal adjustments to professional knowledge at the level of the regulatory body (College of Nurses of Ontario: CNO), but instead through the machinations of nurses' everyday life, working and knowing. This "fusing" process is considered here as a process of "reconfiguration of the object-relatedness of activity" (Sawchuk 2013). That is, the data suggests, not a simple addition/subtraction dynamic (though some of that is happening), but rather a dynamic that changes ongoing professional judgment-making, changes the professional practices of attention and dis-attention to specific tasks, skills and knowledge in such a way that professional knowledge (and identities) as a whole become significantly reformulated. Grand claims, and ironically if they are to be warranted I advocate the value of looking at the minutiae—the doing of professional life—in order to begin to generate a full account.

In this context, I argue that below we see a good exemplar, indicative of how new labour processes are shaping professional judgement vis-à-vis the re-configuration of priorities, skills and knowledge with reference to a relatively new issue that has accompanied changes in the health care labour process for nurses. It is the issue of early discharge of patients. Discharge times have in fact been a central metric of the case management approach in health care. For some time now, case management in health care, and in hospitals specifically, has fixated on gaining efficiencies by tracking, setting standards and then promptly reducing patient length of

stay (e.g. Flarey and Smith Blancett 1996; Mullahy 1998; National Case Management Network 2009). Casually, we might note from the very start how length of stay as a metric differs from the metric upon which the public as consumers of health care fixate in Canada and elsewhere: length of waiting time. More analytically, we might note some rough similarities with Taylorization of public sector services (Sawchuk 2013). However, as documented both in government policy as well as a raft of professional and academic literatures, the fixation on the reduction of length of stay, while in certain instances being praised for its positive effect on patient recovery, has been shown to damaging to health on the whole. Indeed, born of austerity measures and neoliberalization in general critical appraisals abound (e.g. Campbell 1988; White, 1993; Grinspun, 2000, 2003; Cooke, 2006; Valiani 2012, 2013). I suggest here, we get a concrete glimpse at how nursing working and knowing dynamics are implicated, however, by noting the issue of early discharge in relation to the important nursing skill and knowledge sets which are clearly elements of "pure" professionalism: namely, those surrounding preparatory "health teaching [of patients]… before they go" that is supposed to be carried out by RNs. Newly implemented health care labour processes such as the Team Model with or without the use of case management, again, offer infertile ground to these recognized, existing professional skills and knowledge activities. Inevitably, we find a clashing, a contestation, within the hybridization process as these skills and knowledge, now more hurriedly exercised because of the practices of early discharge. Over time, on a grinding everyday basis, an offensive on nursing professionalism and, specifically, nursing professional judgements is mobilized. Several times, each shift, nurses face a choice. One option is for nurses to develop new forms of judgement, those revolving around what Noordegraaf (2007) would call managerial logic, which result in a highly contradictory fusing or hybridization. This option, it is worth noting, would revolve around the achievement of relative/repressive "satisfactions" (Burawoy 1979, pp.77-81); alienation of their professional identity from their work practice. This would parallel the types of degradations that, for example, Jones (1999) noted in his study of professional social work as well as those identified in my own analysis of state welfare work (Sawchuk 2013). And, were this type of dynamic prove to be a pattern repeated systematically, in many different instances, enveloping a much wider array of the specific tasks, skills and knowledge that constitute nursing, we might have something not only hidden and insidious but significant for the present and future of the profession.

At this point, as indicated, a broader and more comprehensive analysis is still forthcoming, but I argue an opportunity to glimpse of just this type of dynamic is available. The first of the pair of excerpts below is from one oral history interviewee reflecting back on her experience early in her nursing career. It is used here to contextualize the changes expressed in the second excerpt provided by another interviewee in which the changes stemming from early discharge is addressed.

> It was when I was a brand new grad working, probably 1974 that fall or winter, and I was working on surgery and I had a patient with a nucleostomy who I was getting ready to discharge home. I knew very little about ostomies, and I remember going downstairs to the central supply room and going through the shelves to see what was there, what did we have for options to teach, to show her that she may have choices. This was long before there were enterostomal therapy nurses available. I went back upstairs to show her and her teenage daughter had come in and she was there too. And I was really, I did have an a-ha moment. I was self-aware that I was helping her and I loved that feeling that I was

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

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

As Evetts (2014) recently remarked, "In the case of most contemporary public service occupations and professionals now practicing in organizations, however, professionalism is being constructed and imposed 'from above' and for the most part this means by the employers and managers of the public service organizations in which these 'professionals' work" (p.41). Is there value, however, in appreciating dynamics proceeding 'from the bottom up' as well? In fact, it is possible to cobble together a perspective, based on the professional nursing literature, medical sociology and sociology of professions that everyday knowledge practices can and do affect work as well as formalized professional knowledge forms from the 'bottom-up'. A recent example looking at medication prescription amongst Dutch nurses placed in direct dialogue with standard concerns of sociology of professions literature speaks to this point.

> The main argument of the nursing profession in seeking prescriptive authority was that nurses were already prescribing medicines, albeit on an illegal basis. This claim was repeatedly cited by all nursing organizations that were involved in seeking prescribing rights, implying that it would only be logical to grant nurses legal prescribing rights as well. After all, nurses had proven to be competent to prescribe. The Dutch Nurses' Association (V & VN) put it like this in their interview with us: *The pragmatic question for prescribing rights came from the nursing profession itself. From the field, more and more signs emerged that certain groups of nurses, although unauthorised, nonetheless often prescribed medicines*. […] By repeatedly referring to the fact that nurses were already prescribing medicines in daily practice, however, the nursing profession (unintentionally) emphasized the everyday knowledge character of prescribing, or at least the everyday knowledge character of that part of the prescribing task for which they were claiming jurisdiction. (Kroezen, van Dijk, Groenewegen and Francke 2013, p.5; emphasis added)

The authors go on to note that even amid the ongoing jurisdictional competition in the Dutch health care labour process that the Royal Dutch Medical Association (representing doctors, and which took exception to the practice) recognized the same dynamics of prescription practice. One way or another, and granting the task set as field of inter-profession conflict in this case, practice was *leading* professional standards and the existing legal framework in the Netherlands rather than the other way around.

This small illustration directs our attention, I think, to the importance of nurses' everyday working and knowing, although it is a general observation only meant to go so far. Obviously, professional knowledge content, authority, professional knowledge mandates (Halliday 1987) and so on, are not always (or even typically) revised in this way, and this in itself raises interesting questions about whether knowledge content may play a role in determining either 'bottom-up' or 'top-down' dynamics of this type. Moreover, jurisdictions are unique (e.g. Ontario nurses gained the right to prescribe quite differently, some time ago). In addition, the Dutch example is about expansion of jurisdiction and expansion of professional knowledge, and I would argue this matters a great deal as well (as Kroezen et al note, the change likewise depended on the fact that "nurse prescribing would do justice to nurses' skills and expertise", p.5). Still, there is little reason to believe such implications are to be ruled out all together.

In the case of early discharge and Ontario nurses, here the analysis does not anticipate a decline in pre-discharge patient education practices to "lead" a revision of formal standards of professional nursing knowledge as such. Rather the argument is meant to target the more subtle changes in everyday professional judgment. Equally important, again, the argument here is *not* for hybridization, but rather *contested* hybridization. What this means is that the analysis anticipates professional knowledge in the area of pre-discharge patient education practices is under threat, and may undergo change through the diminution of opportunity, followed by a diminution of skill and knowledge, and eventually an acceptance of new professional judgement that depicts nurses as "doing [only what is now accepted] with less" which is distinct from what the commitment that seems apparent now that is to remain professionally committed to "doing more with less". In other words, contestation of the realization of hybridization is identifiable in the data. And beyond this, further resources of resistance, stemming from dual closure for example, remain close at hand (if somewhat under-coordinated), i.e. union mobilization and labour relation resistance on the one hand, and resistance stemming from "pure" professional standards, knowledge and associated capacities to affect legislators and the public mind on the other). And yet still, these dynamics remain a going concern, and no outcome can be foreclosed.

## Conclusions

This paper began with the goal of exploring the role of everyday professional working, knowing and judgment-making practices in the establishment, maintenance and alteration of the Ontario nursing profession. I took the view that insights from LPT could be brought to bear on this type of analysis of professional life with its focus on class dynamics and the contradictions of capitalism within the labour (and learning) process of professionals. In part, this was due to the analytic opportunities afforded by the gap, detected in LPT and research on the knowledge-work as well as sociology of professions. Hence the motivation to unpack how these things that people actually do (Smith 1987) relate to the specific circumstances of change that Ontario nurses face. Useful to realizing the relevance of LPT insights in the context of professional nurses, I argued, was a re-interpretation of Noordegraaf's (e.g. 2007) notion of "hybrid professionalism".

Focussing analysis at the level of everyday, rank-and-file professional working and knowing—I argued that a hybridization of (capitalist) managerial logic and "pure" nursing professionalism, ethics, standards and professional knowledge forms was underway. The interaction of the two forms of control Noordegraff (2007) described—the "control of content" and the "content of control"—was clearly detectable. In this regard, I referenced both the displacement and the resistance to the displacement of nurse-patient relationship which, I claimed, was likely definitive of the "pure" nursing professional working and knowing.

Moreover, in the brief detour into the micro-achievement of the dynamics of changing professional judgement surrounding the issue of early discharge, we discovered some additional evidence. Here a core element of pure professionalism (pre-discharge patient education) was being challenged, and nurses were taking sharp exception on the grounds of their "pure" professionalism. And thus, as distinct from Noordegraaf's claim that "[t]he search for professionalism is a search for coping with trade-offs in economized but ambiguous times [and] although these tendencies can be criticized, they are inevitable." (2007, p.778, 780), I argued the evidence suggested the need for appreciation of the "contestation" of hybridization in the first instance.

As the ground is rapidly shifting under nursing's feet whether they agree with it or not, I took a moment early on to flag the suggestion that a contested hybridization of the nursing profession (and many other public sector professions for that matter) appears to hold open two general options or trajectories of occupational development. Either nursing devolves into the hybrid professionalism in Noordegraaf's (2007) own depiction of an inevitable "trade-offs in economized but ambiguous times" culminating in "organizing professionalism" (Noordegraaf 2015b); or, nursing evolves the realization of something akin to a "citizen professionalism" (Newman and Tonkens 2011) stemming from the recognition and resolution of the class antagonisms that lay at the centre of both the labour processes change and the public sector austerity stemming itself from monopoly-finance capitalism (see Sawchuk 2013). The former, I suggested, veers toward the dystopian. The latter would suggest progress toward a deepening of the socialization of the relations of production vis-à-vis a humanization of the profession. In either case—whether the former or the latter—everyday working and knowing of the rank-and-file professions is a canary in the coalmine.

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## ENDNOTES

[1] Survey question: "Has the workload in your job increased, decreased or stayed the same over the past 5 years?"

[2] Survey question: "How closely is your job related to your formal education? Is it closely related, somewhat related, or not at all related?"

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

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

> According to the College of Nurses of Ontario (CNO):
>
> > RNs and RPNs study from the same body of nursing knowledge. RNs study for a longer period of time, allowing for greater foundational knowledge in clinical practice, decision-making, critical thinking, leadership, research utilization and resource management. As a result of these differences, the level of autonomous practice of RNs differs from that of RPNs. The complexity of a client's condition influences the nursing knowledge required to provide the level of care the client needs. A more complex client situation and less stable environment create an increased need for consultation and/or the need for an RN to provide the full range of care requirements. (CNO, 2014b).
>
> NPs have graduate university education enabling them to build upon the competencies of the RN and are legislated to apply a much broader scope of practice (RNAO, 2016a; CNO, 2014a). HHR planning must ensure that nurses are strategically distributed in the system based on their knowledge, competencies, experience, and skill. In Ontario, the CNO has developed a *Three Factor Framework* to guide decisions about the utilization of RNs and RPNs to provide safe and ethical care (CNO, 2014b). RNAO also offers clear guidance on the distinct use of RNs and RPNs through its position statements (RNAO, 2010a; RNAO, 2010b; RNAO, 2011). (p.13)

[5] A significant number of responses to open-ended questioning in the CWKE Ontario Nursing Survey were in fact even more starkly descriptive of the negative effects of financial pressures and the new divisions of nursing care labour, but space does not allow their inclusion.