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DOES OWNERSHIP MATTER? CASE STUDIES OF HEALTHCARE EMPLOYEE-OWNERSHIP AND THE IMPLICATIONS FOR ALTERNATIVE ORGANISATIONS

A thesis submitted to The University of Sussex for the degree of Doctor of Philosophy in The School of Law, Politics and Sociology and The University Business School

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ABSTRACT

Since 2014, new employee-owned Public Service Mutuals in the UK have been created by transferring £1 shares to staff. Much current research draws upon conventional approaches to evaluating policy implementation and falls short in understanding the implications of such new ownership arrangements. Utilising insights from the critical scholarship of alternative organisations, this thesis offers to redress this absence.

Long standing academic, as well as policy debates testify to the importance of talking about ownership, even if there is no consensus amongst social scientists about what it means and whether it is important as a replacement for state or private models. The capacity of employee owners to control management is doubted while organisational hierarchies’ use of co-option to seduce workers to self-discipline highlighted.

This thesis investigates the dynamics of implementing employee-ownership in the context of the English healthcare sector, underpinned by a critical realist theoretical framework. Employing qualitative methods including interviews, group discussions and non-participant observations to compare four case studies the thesis asks several key questions about employee-ownership and the possibilities of alternative organising. Namely, how ownership was embraced or contested by staff; whether shareholding gave staff greater control; and how resistance to managerialism was manifested.

Major observations and contributions were identified: 1) Interpretations of employee-ownership amongst local actors multiplied and became uncontrolled with managerial and individualist forms challenged by democratic-collective versions; 2) The transfer of shares initiated a new debate, creating space for arguments driven by ideals of democracy, justice and equality leading to tangible differences to management prerogatives. However, new forms of staff control over the organisation and management were limited and dependent on employees valuing ownership as more than the possession of property; 3) Staff showed substantial differences in responding to
management’s version of employee-ownership. While non-ownership and indifference to shareholding were common; others embraced being an owner as they sought to radicalise its conceptualisation in their efforts to resist managerialism.

The study suggests that despite shortcomings, employee-ownership in the healthcare sector has tangible (but partial) merit as an alternative organisational form. Drawing on a critical realist approach, the interaction between discursive contestation over the notion of ownership as well as the importance of non-discursive changes in organisational structure and economic roles is emphasised.

**Key words** - Employee-ownership, alternative organisations, staff participation and control, workplace resistance.
DECLARATION

I hereby declare that this thesis is my own work and that it has not been, and will not be, submitted in whole or in part to another University or institute of learning for the award of any other degree or qualification.

________________________________________

Aaron Lee Gain

22 May 2020
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CHAPTER 1 - INTRODUCTION

1.1 Scene setting

The idea of ownership has (and continues to be) central too much of Western social and political scholarly tradition. It pervades sometimes explicitly but also at a subterranean level, historical and contemporary discussions about the nature of our society and our day-to-day working lives. Questions about who owns what, why and for what purposes have long influenced the practice of public administration and management. In particular, whether owning has any wider meaning beyond possessing property has been crucial to these debates (Michie 2017:3). Most recently, the emergence of new forms of common and social ownership and the concentration of capital in global hands and cross-national institutions; is testament to the enduring appeal of ownership as a scholarly topic.

Capitalism and its particular form of external and private possession of company equity have historically and theoretically been intertwined. Therefore, to many of its critics, state ownership and its centralised control through bureaucracies is the only viable alternative. However, for other opponents of the contemporary economy and conventional organisations, employee-ownership (the practice of staff legally owning their enterprise) opens up questions about the choices we make about how goods and services are produced, the application of workplace democracy and the emancipative potential (or not) of owning and participating (Barin Cruz, Alves and Delbridge 2018:322).

Most recently, employee-ownership and other forms of alternative organising have experienced resurgence in academic interest including special issues of influential journals Organisation (2014) and M@n@gement (2017), and collections of relevant scholarly work such as The Oxford Handbook of Mutual, Co-operative and Co-Owned Business (2017), Alternative Work
Organisations (2012) and Companions to Alternatives Organisations (2014). Leca, Gond, Barin-Cruz (2014), Parker, Cheney, Fournier and Land (2014), Tischer, Yeoman, White, Nicholls and Michie (2016) and Esper, Cabantous, Barin-Cruz and Gond (2017) have all provided overviews of the literature surrounding alternative organising and the contested position of employee-ownership. Furthermore, a growing body of empirical studies across a wide range of relevant themes, sectors and countries have explored its practice. They include; 1) retail (Salaman and Storey 2016; Storey, Basterretxea and Salaman 2014); 2) manufacturing in South America (Atzeni and Vieta 2014; Vieta 2020); 3) formerly publically owned industries (Smith, Arthur, Cato and Keenoy 2011); 4) collective property rights (Cheney, Cruz, Peredo and Nazareno 2014); 4) and public policy development (Webb and Cheney 2014).

In 2014 the United Nations declared The International Year of The Co-operatives while numerous policy developments (Nuttall 2012) and publications from Left and liberal leaning policy think-tanks have emerged (Birley and Fortune 2018; Lawrence, Pendleton and Mahmoud 2018). Arguably the most famous example of employee-ownership is the Mondragon Co-operative located in the Basque region of Spain. These organisations are however found in most parts of the world including countries with different levels of economic and social development (Barandiaran and Lezaun 2017:279; Thompson 2014:19). Within the UK, the John Lewis Partnership model has become for some politicians and policymakers an exemplar; a by-word for commercially successful and more humane management. While employee-owned entities vary enormously in size, governance and sector, they all have common elements; employees purchasing shares and owning at least half of the equity with over half of staff as owners with no external investors. One-member-one-vote systems and other forms of democratic processes to control management are also prevalent (Cheney et al 2014:593).

Despite an extensive scholarly tradition, and recent examples of employee-owned entities delivering public services, there is very little empirical evidence about how ownership (and being
an owner) is experienced by healthcare workers. Several key questions require addressing: How is ownership understood by staff? Does ownership bring about increased participation and further control of management and the organisation? And how does being an owner relate to how clinicians resist management attempts at control? In my thesis I seek to address the impact, if any, of the transfer of ownership from the public sector to staff and the implications for developing alternative organisational forms. However, before engaging fully in the literature and empirically in the field, I now wish to clarify my critical standpoint and explain why ownership has been considered important for so long and why it is vital that we contemplate it again.

1.2 Critical perspectives on management and organisations

Social science is awash with different perspectives, schools of thought and disciplinary traditions. Employee-ownership is a phenomenon where diverse ontological assumptions, epistemological methods and political positions are brought to bear. To avoid an excess of ambiguity and provide a framework for subsequent discussion, at this juncture I wish to place my thesis within critical approaches to management and organisational studies by distinguishing two overarching perspectives; the mainstream and critical (Rowlinson, Toms & Wilson 2006:681; Tadajewski, Maclaran, Parsons and Parker 2011:16). Although broad categories hide specific, detailed and more nuanced positions, mainstream approaches are generally supportive of contemporary capitalist and/or state hierarchical organisational forms. For mainstream scholars, organisations (and organising) are self-evidently forces for good with the role of management focused on helping individuals overcome their private self-interest in search of collective goals with ultimate control residing in private external-investors or elected ministers if state owned.

For critical organisational scholars this benevolent and legitimate role is challenged and not just in the sense of being fault-finding and sceptical but radical in expressing alternatives (Alvesson, Bridgman and Willmott 2010:1). Derived from the work of the Frankfurt School of Critical
Theory, critical scholars contest mainstream discourse and management practice, arguing that it seeks to close discussion of non-managerial forms of organising, labelling them as technical minor market variants with few wider implications. Critical scholars argue conventional management theory and organisational forms are not natural, inevitable or efficient, but historical. My position is that research about management is not research for managers and therefore my study is not primarily focused on improving organisational performance or making managers’ working lives easier (Fleming and Mandarini 2011:332). Moreover, critical scholars are not against organising just the peculiar and distorted managerial form (Parker 2002:187).

When scholars ask does ownership matter, they start with contrasting interpretations of the phenomena, collect different types of evidence and hold diverse opinions about what is important. Within the healthcare context; is it patient outcomes, financial performance, staff well-being, notions of human development, de-alienating work or wider societal externalities? Critical scholarship maintains employee-owned entities delivering public services should not be judged solely on their empirical cost and benefits. As highlighted by Tischer et al (2016:x) and King and Griffins (2019:912), in contrast mainstream public policy approaches (often described as What Matters is What Works) assume methodological positivism, undervalue process, ignore conflict and prioritise managerial outcomes on the ultimate purpose of organising. Critical scholars do not simply accept the desirability of alternatives is solely a derivative of empirical research i.e. we ought to do what works. They ask, for whom does it work, for what purpose and how do we judge achievability, practicality and realism? (Lynn, Mulej, and Jurse 2002) Using a Kantian inspired critique critical thinkers question the focus on judging organisations by reference to an instrumental means-ends calculus. They maintain organisations and people are not simply means to specific economic ends determined by owners, politicians or managers. Organisational purpose is not solely to produce more for less; the ends of organising are not incontrovertibly determined by environmental factors such as the state or market.
As Fournier and Grey (2000:8) stated in their review of the prospects of the critical organisational studies; the job of scholars is to engage with the phenomena of management to undermine its existing form, denaturalising and challenging taken for granted terms like manager, management and hierarchy because they are socially and linguistically constructed and/or caused by wider structures in society and the economy. Furthermore, by raising the possibility of co-ordination without management, critical studies offer the ultimate challenge to conventional thinking and practice (Learmouth and Currie 2009). Critical scholars are not against all instrumental organising or deny that definitions of effective performance are possible. To do so would reduce any possibility of any practical impact of research (Alvesson et al 2010:11). But they do dispute the view that all knowledge and practice is (or should be) about the best means of achieving economic performance.

Management and conventional organisations are not therefore rational apparatuses for creating consensus about common goals and choosing an efficient way of achieving them. Management’s claim to privileges, resource and control are not based on any technical necessity. In his review of workplace democracy, Kokkinidis (2011:237) argued there is no undisputed body of empirical evidence demonstrating that hierarchy is either effective or inevitable. Rather it is more plausible to contend that management’s role is founded on as external owners’ desire for surplus and/or delivery of specific definitions of performance. For example, Lilley, Wray-Bliss and Linstead (2009:328) concluded their critical overview of control by arguing managers are a special group of employees, precisely because they formally represent the interests of owners and therefore do not share the sympathies of other staff. Moreover, managers do not use different tools for control, they are tools for control.

In contrast to the mainstream, critical organisational scholarship involves an interpretation and denunciation of managerialism as an ideological distortion of the term management into inappropriate areas of our lives and a debasement of what practising managers actually (or should)
Although debates continue amongst critical scholars about its origin, characteristics and longevity; it is accepted that managerialism is a flexible belief system which incorporates distinct claims to organisational knowledge, discourse surrounding legitimization and a set of symbols, material practices and regulatory control processes (O’Reilly and Reed 2011:1087). In their studies of managerialism both Clegg (2014:566) and Klikauer (2015:1103) argued it assumed the organising of any complex activity required a hierarchy and a permanent cadre performing essential and indispensable labour because it is practical, and evidence based. The workforce (and the different processes used to produce goods and services) need to be managed by someone called a manager who claims expertise in organising and whose function is to be a delegate or agent of external owners.

The public discourse of managerialism may be avowedly humanistic, but the subtext stresses the imperative and legitimacy of management controlling people and resources in organisations. In his critical study of managerialism as an ideology, Enteman (1993:154) argued a key defining aspect was the belief in organisations as the fundamental and perpetual social unit (and not individuals or the state). In addition to coordinating productive forces, under managerialism all forms of social action, choices and organising are managed. Societal resource allocation and the value ascribed to different outcomes; are seen to be merely the summation of decisions and transactions made by managers of organisations. More specifically, managerialism also implies the increased use of markets in public services to determine levels of service, costs and prices while also giving managers a monopoly over interpreting the external environment and thereby intensifying the scrutiny of professionals.

For critical scholars, mainstream descriptions of managerialism hide the interests of elites and legitimise the work of managers and the organisational status-quo. For example, dividing Intellectual/mind work (such as strategic planning) from doing/hand work (such as patient interactions), is not only overseen by managers but is also the cause of dissatisfaction and
alienation. Critical scholars see conflict and resistance everywhere and maintain that it is not those who advocate widening staff control who are utopian, but the mainstream who are deluded about the current levels of consent (Poole, Lansbury and Wailes 2001:492). Managerialism also tends to convert issues of a contested nature to those of technical decisions. For its proponents, this depoliticisation is both possible and desirable because every conceivable problem can be repaired by better management because its interests are universal and ahistorical. This division between managing as something good and not-managing as bad is now prevalent in mainstream scholarship and considered common-sense colloquially. Importantly, critical scholars have also emphasised research is not about attacking managers, as many also suffer from managerialism and find ways to oppose hierarchies.

My study is not a defence or critique of employee-ownership from a mainstream perspective; a thesis on how best to manage them, a quick one-minute guide jam-packed with dos and don’ts, two-by-two graphs and down-to-earth solutions. Rather I maintain employee-ownership within healthcare is an important subject for critical empirical study because by enshrining that management are accountable to staff as owners it reverses much mainstream thinking and also creates something potentially other-worldly in turning upside down the conventional owner-manager-labour relationship.

For this thesis I assume that critical organisational research is a broad term encompassing a range of disciplines, research foci and methodological positions (Adler, Forbes and Willmott 2007:124; Peltonen and Vaara 2012:76). According to Rowlinson et al (2008) there are two main strands; Marxism and post-structuralism typically inspired by Foucault. The former emphasises the structural nature of capitalism with ownership determining how work is controlled and value extracted; while the latter focuses on the discursive nature of governing and management and the way language is used, and symbols interpreted to define identities and power relations (Benozzo. 2017). My own methodological assumptions are critical realist; which is described as neo-Marxist
based largely on its realist ontology (O’Mahoney and Vincent 2014:1). As I explore in the literature review and methodology Chapters, I adopt a nuanced approach considering the importance of discursive and structural factors while using an eclectic range of scholars.

1.3 Thinking about and practicing ownership

In this Section I place critical perspectives within a wider debate about ownership, market socialism and the emergence of employee-owned enterprises providing UK public services.

1.3.1 Radical traditions and re-emergence

Attempts to understand the phenomena of ownership have a long history not only within the social sciences and public policy but normatively within political theory. Employee-ownership has also long been central to critiques of capitalism dating back to the 19th century co-operative movements, guild socialism and anarcho-syndicalism which depicted it as offering an alternative to and a future beyond capitalist forms. Influential libertarian socialist and Fabian, Cole (1917), argued ownership gave staff control and demonstrated how non-managerial and hierarchical forms of coordination could be practiced. For him, staff owning their enterprise and being responsible for organising their own work was materially different from being responsible for (and taking on work defined by) managers or the state. These debates within the Political Left involve; our sense of place and status in organisations and society; how goods, services and profits are produced and distributed; the practicality of spreading ownership and widening economic democracy; as well as how our day-to-day work is organised.

It might be said that ownership has been important enough to debate and disagree about, even if some have claimed it did not matter. Scholars may take the view that ownership does not simply equate to control, but it is without doubt that ownership is central to how we think about our economy and society. At times these debates can seem abstract however discussions about the meaning and materiality of ownership have always mattered not withstanding any contemporary
interest. What is unarguable is the importance at the very least of talking about ownership. For example, although the story of the Great Financial Crisis (GFC) of 2008 has yet to be fully told, ownership was a central theme for many. For Davies (2012:169), it is not just that the crisis provided a stimulus to critical ideas; ownership was at the heart of the crisis itself. Disputes surrounding the price of residential assets, the problems of valuing intangible and immaterial services and the lack of control exercised by shareholders on management, were essentially about ownership. Furthermore, many critical and politically Left commentators saw the crisis as a decisive moment in ending the neo-liberal dominance (Mason 2015:3) and an opportunity for creating alternatives to both private and state approaches (Cumbers and McMaster 2012:145). For Davies (2012:178) the crisis was also a rejection of new public management and its assumptions about the superiority of managerial techniques, the effectiveness of internal markets and the sovereignty of shareholders’ property rights.

Advocates of employee-ownership often view it as an antidote, an organisational third-way hybrid overcoming the perceived selfishness brought by private ownership while avoiding the hierarchy and centralisation of state bureaucracies and globalised corporations (Pestoff 2017:76; Glasman, Rutherford, Stears and White 2011:2) and disconnected capitalism (Brown, McQuaid, Raeside, Dutton, Egdell and Canduela 2019:77). Moreover, Malleson (2013) and O’Neil and Guinan (2018) have asked whether widening ownership and economic democracy are the Left’s next big idea in contrast to traditional social democracy. Signifying this recent interest, Pateman (2012) revisited her seminal writing on participatory democracy for a contemporary audience. She reinstated the classic socialist position that political rights are insufficient for authentic democracy because the latter requires power/control that ownership brings.

Many scholars and social activists have therefore argued that ownership is political and not just in a party-political way. Firstly, critics of capitalism (including Marxists but not exclusively so) have argued ownership has a systematic influence over where economic activity is located and the
distribution of profits and inequality. Secondly, ownership is political because it shapes our workplaces, influences how contested decisions are taken and collective action pursued. Within the healthcare context, politicians and civil servants such as the current NHS Chief Executive Simon Stevens (2005) have often claimed ownership does not matter to patients and the public. However, I will show we should be sceptical of the view that sees changing ownership as simply a time-limited policy solution to immediate practical problems.

Although ownership is inherently political, taking a stance on it often makes strange political and academic bedfellows. There are capitalist, liberal, managerial, psychological, socialist, and anarchist advocates, and empirical and normative, collective and individualist arguments, for (and against) employee-ownership. Some of the most important social scientists across diverse traditions have analysed employee-ownership. In their different forms, Adam Smith, John Stuart Mill and Karl Marx have all seen benefits and disadvantages to combining ownership, management, labour and control in the same groups.

1.3.2 Market socialism

Differences of opinion about the value of employee-ownership amongst critical scholars and the political Left have a genesis in older disputes about market socialism, the practicality of social ownership and the desirability and feasibility of achieving socialist goals with the continuation of market allocation. For eminent sociologist Wright (2010), co-operatives and employee-ownership have always been ambiguous offering the possibility of a ‘real’ utopia but also having ‘dual-realities’ of conflicting values and imperatives. More recently Ji (2019) referred to the ‘Janus-face’ of Marx’s interpretations of worker cooperatives while economic historian Bockman (2011), argued alternative organisations have always operated in liminal spaces and do not exist on a simple state (socialist) and market (capitalist) axis. She argued markets only work properly in an employee-owned economy and it is neo-liberals and State socialist’s emphasis on hierarchy (in both politics and organisations) that requires critique. On the one hand, employee-ownership constitutes a
distinctive organisational form that occupies a small niche compatible with a functioning market dominated economy. On the other, they challenge existing capitalism and state forms by being organised on democratic, egalitarian and co-operative principles.

Critical scholars and the trade union movement has also reflected this ambiguity by being disparaging (or at least ambivalent) and seeing employee-ownership within public sector as an intensification of privatisation (Brichall 2011:145; Unison 2010:2). Although ambiguity about employee-ownership is partially caused by different scholarly disciplines and their diverse methodologies; equivocality is a constant. For every proponent declaring it as an example of spreading social and economic capital more widely, reducing hierarchy and humanising work, other critical scholars highlight the power of external markets and the weakening over time of its democratic intent and processes. For the latter employee-ownership is not an alternative because being critical also entails scrutinising those who proclaim it as an emancipatory answer to creating better workplaces (Parker, Fournier and Reedy 2007.ix). Considering employee-ownership within healthcare is therefore particularly problematic for the political Left because it reflects concerns that staff become little capitalists and challenges the revered status of the NHS as ‘feasible socialism’ (Tudor-Hart 1994).

1.3.3 Contemporary public service mutuals

At this juncture I wish to outline the context of the UK healthcare sector. Uniquely across Western Europe the state has a predominant role as guarantor of universal access based on need and not the ability to pay, funder through general taxation and major service provider as the owner of hospitals and healthcare facilities. Although some services have always been delivered by non-state entities (the prime example being General Practice, where doctors are not employed by the state), the 1948 NHS model dominates. NHS Trusts, the most common provider form, are state owned despite significant levels of operational autonomy.
Recently questions of ownership have resurfaced. The Ownership Commission (Nuttall 2012) was launched by the last Labour Government and continued under the 2010-2015 Coalition; promoting employee-ownership in the public and private-sectors (APPG 2011). Furthermore, The Public Service Mutual Development Programme (created in 2010) involved staff gaining the equity of their public sector bodies in the form of £1 shares. Referred to as ‘spinning-out’ it is within this programme my employee-owned case studies are taken

1.3.4 Healthcare and knowledge work

Although understanding the intellectual history of employee-ownership and its contemporary policy setting are important, it is also vital to appreciate the distinctiveness of healthcare. In particular, its multifaceted division of labour and the importance of both clinical knowledge in controlling how care is delivered and professionalism to occupational identity (O’Reilly and Reed 2011:1083). Complex diagnostic processes take place between a clinician and an individual patient with the latter also defined as service user; member of the public, citizen and taxpayer. As a result, the effectiveness of conventional forms to control clinicians is doubted on empirical grounds (it just does not work) and normative basis (its undesirable to have more management). Healthcare is also seen as the quintessential service industry with highly educated, trained and skilled professions who are committed and work semi-autonomously from hierarchies.

With an increasing proportion of GDP, healthcare and the clinician as the ultimate knowledge worker, represents for some an embryonic form of the future of work. Undoubtedly both healthcare (with intangible services and interactions co-produced with patients that mean knowledge cannot be appropriated and bought like property) and employee-ownership (with staff potentially collaborating and coordinating independently) are of interest to critics of managerialism. For example, for Perzanowski and Schultz (2016) the importance of ownership as legal property is diminishing. In their study of changes in the digital economy, they suggested the end of a way of conceptualising and practicing ownership because knowledge is increasingly
democratised and cannot be owned in conventional ways. Legal scholar Petersen (2019) argued the emergence of open source and temporary use of digital assets, meant private property as commonly understood is outdated and dysfunctional. Contrary to seeing ownership focused on creating legal boundaries and excluding others, in the new economy the more people share knowledge and use information networks, the more useful it becomes (Moulier-Boutang 2011:53).


1.4 My personal motivations

Scene setting not only involves establishing the contemporary interest and scholarly context, it also necessitates exploring personal motivations. Formally, research rationale and questions emerge from an intensive analysis of the literature, thoughtful reflection on the gaps and the contribution your study can make. However, I also found that my rationale for embarking on a PhD and subsequently for choosing my topic was rooted in a more personal motivation.

This mini autobiography is not simply a case of self-indulgence (although it is that) it is also arguably about openly discussing factors which may influence interpretation and priorities. This is important because the PhD researcher is the only instrument for data gathering. Deciding on what was noteworthy from over 300,000 transcribed words; several hundred pages of organisational documents and a multitude of utterances and interactions observed in meetings and events; was solely down to me. Taking reflexivity seriously means not simply thinking about how research is conducted in advance but also having a systematic dialogue with why research is taking place, the experience itself and the dynamic process of knowledge production.
After graduating in Politics in 1994 and spending 20 years working in both the public and private-sectors I had a desire to understand something (and yes, it was that vague) about different ways of organising that did not rely on control either by a private owner or central government. Workers’ cooperatives and employee-ownership were ideas I had only read about in the histories of Robert Owen or as subjects of specialist interest and niche concerns; often dismissed as aberrations within the enduring clash between state and market. More personally, direction at work was often provided by elected politicians, Whitehall civil servants or business owners. Moreover, managerialism seemed everywhere. This is not to say working life was controlled absolutely or unsatisfying and lacking in purpose. Resistance to external control took many forms, ignoring direction was common while ganging up with other discontents to challenge hierarchies was often fun; negative railing at the system rather than proposing alternatives. Overall, I was left with a feeling that organising could be done better.

After spending time in the Australian civil service, I found myself thinking about (and re-engaged with) the politics of organising as a result of the GFC. I was dismayed by the way mutual and co-operatives were often captured by mainstream conservative forces as vehicles for delivering austerity, while critical commentators often dismissed them as slippery slopes to privatisation. I detected a conspiracy across political boundaries, and it was my scepticism of these positions that gave me the desire to research.

In his critique of the current predominance of managerialism, Parker (2002:52,182), challenged both critical scholars and practitioners to move beyond appraising existing forms and inward facing scholarly arguments to pilot, test and explore a range of alternatives. He argues that careful and discreet engagement with a wide variety of forms can raise both the idea and implementation of better workplaces. I agree, and in subsequent Chapters I show how employee-ownership is at least worth studying even if its alternative credentials are false. Overall my intention was to be fair to employee-ownership, rejecting superficially positive accounts and the fetishizing of non-profit
ways of organising while also challenging assessments which dismiss their alternative value without appropriate consideration.

1.5 Research questions and thesis structure

The initial rationale for studying ownership outlined above led to the development of the main research question:

Does ownership matter? Case studies of healthcare employee-ownership and the implications for alternative organisations

To address this primary question, I clarified three specific questions under the overall aim of investigating whether ownership mattered.

How was ownership and employee-ownership understood and contested by staff?

Does the transfer of legal ownership to staff give them greater control?

What form of resistance did employee-ownership engender?

In Table 1.1 overleaf I describe the thesis divided into eight Chapters.
Table 1.1 – Thesis Chapters

<table>
<thead>
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<th>Chapter</th>
<th>Purpose</th>
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| 2. Literature Review | With the purpose of setting the scholarly context, this Chapter describes three foundational elements to the literature review, namely:  

The intellectual history of ownership and the variety of conceptualisations by different disciplinary, methodological and political perspectives.  
How critical organisational scholars have considered participation, control and resistance.  
The healthcare context and professionalism.  
Subsequently the focus is on three areas I engage fully in the empirical Chapters 5, 6 and 7:  
How ownership and employee-ownership is contested and the topics of agreement/disagreement.  
The extent of staff participation and sustainability of control over management. The ultimate purpose of ownership and its role in transforming workplace relations is also highlighted.  
Resistance to managerialism, how alternatives are developed and the exceptional status (or not) of employee-ownership. |
| 3. Methodology | Chapter 3 establishes my methodological rationale, assumptions and details my investigative activities. |
| 4. The Case Studies | Chapter 4 provides a summary of the policy context and introduces the two employee-owned case studies and two NHS Trusts. |
| 5. Contesting Employee-Ownership | In my first empirical Chapter, I explore how staff contested the theory and practice of employee-ownership and why. I also consider my contribution in relation to the literature which debates the value of alternative organisational forms. As a result, four contested themes are identified and discussed in greater detail in Chapters 6-7. |
| 6. Staff Control and the Purpose of Ownership | In Chapter 6 I address whether the transfer of legal ownership to staff gave them greater control. I analyse in what ways staff-owners were able (or willing) to exercise influence over the organisation and make management accountable. I also investigate different notions of control and whether ownership was considered simply a means to produce more outputs /outcomes or whether it signified (and initiated) a wider transformation. |
| 7. Resistance & Employee-ownership | In my final empirical Chapter, I analyse how staff responded to the transfer of ownership and how resistance to managerialism was manifested. I also review perceptions about employee-ownership as an exceptional organisational form. |
1.6 Summary

Within the scholarly context of contestation and ambiguity surrounding the critical claims of employee-ownership, in this thesis I consider its implementation in two English healthcare providers using a critical realist theoretical framework and qualitative case study methods. By asking questions of how staff understood its meaning, whether shareholding gave them greater control and in what ways resistance to managerialism evolved; I argue that existing literature tends to underestimate the critical value of employee-owned entities, often ignoring the radical potential of non-managerial forms of owning.

My research offers a distinctive analysis, highlighting how the unique nature of healthcare work and professionalism influenced how ownership was understood and the ways it altered workplace practice. The introduction of employee-ownership did not simply lead to greater managerial or central political control but initiated a new debate, creating space for arguments driven by ideals of democracy, justice and equality leading to tangible differences to management prerogatives. Despite limitations to their control, staff articulated substantial differences to the interpretation of employee-ownership by management. These empirical findings also suggest owning is more than property and rather than a binary, mine or yours issue it matters when we collectively have it and use it together. My study suggests that despite shortcomings, employee-ownership in the healthcare sector has tangible merit as an alternative organisational form.
CHAPTER 2 – LITERATURE REVIEW

2.1 Introduction

The long-standing scholarly debates about ownership and its relationship with participation and control, are not only persistent they are wide ranging and complex involving sociology, psychology, political science, economics, public policy, legal studies, anthropology, philosophy, accounting, organisational theory and management studies. Studying ownership requires both cross disciplinary perspectives, occasional paradigm jumping and imagination rather than relying on standard keyword literature reviews (Gabriel 2015). I content analysing a diverse range of literature creates original insights. Therefore, my purpose is not to discuss all aspects of the literature but to establish the scholarly context, clarify and encapsulate the main conclusions and summarise the implications for my research.

My review is divided into two parts; initially I set the scholarly scene by summarising the different intellectual perspectives on ownership (Section 2.2), the debates within critical organisational studies (Section 2.3), and the healthcare context (Section 2.4). These Sections set the foundation for further analysis in Sections 2.5 to 2.7 which focus specifically on the three research questions and the literature discussed in each empirical Chapter.

In terms of my literature search; the healthcare database (Healthcare Databases Advanced Search) and social science (ScienceDirect and Scopus) were accessed using the key words; ownership, employee-ownership, alternative organisations, staff participation and control, and workplace resistance. In addition, workplace democracy, clinical de/professionalism, and public sector mutuals (PSM) were also used. The review strategy also involved actively searching for relevant work outside conventional public sector positivist accounts and seeking scholarly contributions across disciplinary positions and methodological paradigms.
2.2 Overview of ownership in intellectual history

2.2.1 Origins of the debate

Let us begin by exploring how the term ownership is defined in Standard English language dictionaries. In doing so, I do not seek to define terms precisely, rather to start to unveil the opposite; the ambiguity and complexity embedded within its etymology and variety of everyday use. Although it is often recommended to be absolutely clear about terms, I suggest avoiding premature clarification and maintaining some creative space (or fuzziness) is more fruitful in appreciating the totality of ownership (Ferlie, Crilly, Jashapara and Peckham 2012:1303).

Ownership is a noun, the relationship of you/we to a thing i.e. ‘the staff own their company’ and can be combined with important qualifiers such as ‘employee-owner’. It is also a noun that can be turned into a verb, as well as the act of having and controlling a thing or object; ‘staff are owning the problem’. Ownership is also used as an intensifier to indicate oneself as the sole agent of activity. ‘He insists on being his own doctor’. Unmistakably, ownership provokes questions of agency and independence, relationships between people (and things and people); control over the environment and notions of self-identity, personal satisfaction and belonging. There is also a distinction between ownership as a state of being (a legal and economic category, you either are an owner or you are not) and becoming (the process of owning as an ‘experience’). To illustrate, clinicians who hold organisational positions are unclear whether they are managers (a category) or clinicians who are managing (a process) (Kippist and Fitzgerald 2009:642).

Discussing ownership within modern Western scholarship is therefore not new, it spans generations and predates industrial society (Poole et al 2001). Proponents of individual property rights consider the striving to achieve greater ownership as the driving factor behind technological advancement and standards of living, while critics often perceive exclusive private ownership as underlying social injustice, facilitating tyranny and oppression on an individual and societal scale. However, ownership has not always been understood in an individualised way. Chase (1990) traces
disagreements about individual and collective forms of ownership to Biblical claims that God gave the World to humanity and the promotion of Jubilee where land was regularly distributed collectively to avoid the dangers of concentrating private ownership. Contested notions of ownership have been an intellectual playing field for debates about the allocation of resources and opportunity as well as the importance of social status and commitment to common aims beyond our private interests. Disputes about whether ownership equates solely to property (and justifications for private and collective forms) are deeply embedded and remerge periodically.

2.2.2 Different perspectives

In this sub-section I consider how ownership has been contested by different social science disciplines and the implications for these approaches. In particular jurisprudence tends to dominate, focused on the historical and normative justification for and against private possession of productive means, the boundaries of property rights and the wider societal implications. Nevertheless, other social science perspectives exist which bring divergent values regarding its purpose, limits and desired outcomes and cannot be reduced to discussion about property\textsuperscript{xii}.

2.2.2.1 Legalism

It is self-evident from legal perspectives that ownership is about property, exclusive unambiguous boundaries, exploitation of assets and control through the judicial system (Grunebaum 1987, Waldron 2004). Scholarly and practitioner debates are often focused on interpreting ownership as a Rights-based phenomenon in both law and practice. Even though the recent Bundle of Property Rights Theory means companies are not the sole property of shareholders, these debates are still principally about legal definitions and property-type claims\textsuperscript{xii}. Further these perspectives also assume that ownership as property is ontologically real because rights have power when codified in law. Legally defining what powers you have as a property owner are the essential elements of what being an owner is and what is real.
Owners tend to fix (and expand) their rights to the exclusive use of what they own and in doing so provide clarity for relations between personal belongings, productive assets and people. You can see what you own with your eyes and feel and touch it, whether it is black and white in a contract or in buildings, land and equipment. This is ownership as private property and is no different from owning and having rights over our own body. For critical sociologist Davies (2009:37) the essence of these accounts is the Lockean justification of acquisition by dint of labour; and with-it exclusivity essential to wealth production encouraging the number and type of things that can be owned.

Most relevantly the philosopher Warnock (2015) asked, can ownership be collective and social when for her it is about self-possession and closeness to ourselves. If it is mine, it is not yours. I, but not you, can do what I like with it; and crucially, have responsibility for it. Drawing on Aristotelian perspectives of property ownership as the natural state of things, she concluded common, social or public ownership are imprecise notions; marooned between people sharing ownership amongst themselves and the state owning things in their name. In corroboration, evolutionary psychologist Hood (2019) equated this view of ownership of ‘things’ with possession. He outlined how animals acknowledged possession of food, territory and notions of fairness; but importantly concluded only humans own ‘things’. Through empirical studies of child development, he also affirmed the Lockean argument that someone owns objects if they have made it. From this standpoint, thinking about owning divorced from the possessiveness of property is oxymoronic. The essence of ownership is individual property, and this does not change when an employee owns their organisation.

The sociologist of law Fittipaldi (2019:13) referred to this approach as reducing the complexity and variety of ownership to simply ‘what courts do’. Further it incorrectly merges owning objects/tools for personal use with possessing wider societal resources and productive means.
My description is of course both an exaggeration and a simplification, but by seeing ownership as
principally about property rights we can predict how the case for state ownership is going to be
made. For policy academic Walsh (1995:39), most public services contain ambiguous boundaries
where pricing and restricting services to certain users are problematic, therefore property rights
cannot be enforced, and assets should not be privately owned.

2.2.2.2 Liberal forms

Legal interpretations stress individual independence from government and the rightful possession
of productive resource as a result of applying your labour. Building upon these interpretations,
liberal perspectives see employee-ownership as a tool exercised by shareholders against the
arbitrary nature of management authority (Hansmann and Kraakman 2000, Collins 1997; Dahl
2009; White 2011). Liberal accounts tend to argue owner rights are transferred to employees
and clarified in governance arrangements containing the separation of powers and a balance
between executive leaders, owner representatives and wider shareholder assemblies. For example,
Collins (1997:501) argued management is the last bastion of autocracy in contemporary societies,
highlighting the growing number of scholars from all perspectives advocating participatory
practices during the post-War decades.

The focus is not solely on constitutional procedures, we have known from as far back as de
Tocqueville that institutions and formal defined rules are vital but insufficient to develop active
participation (King and Griffin 2019:913). Legal ownership by employees is promoted because it
plays an important part in developing participation in management and wider citizenship, with
Pfeffer and Salanick (1978:155) claiming ‘centralised structures of authority and control, are
anachronistic’. However, liberal perspectives place significant limits on employee control. For
Dahl (2009), the separation of ownership from management (most famously described by
Burnham’s The Managerial Revolution) means effective control has been appropriated by corporate
directors. Therefore, for him the transfer of equity to the workforce can be done safely precisely
because it does not endanger the sacrosanct existence of private property. Liberal versions are not about challenging the instrumental profit-making purpose of work, organisational unity or the legitimacy of private ownership.

2.2.2.3 Managerialist

In the mainstream literature of Drucker (1993), Manz and Sims (1995) and Goldsmith and Cloke (2002), ownership is rarely discussed because the institution of the firm presumes external owners have legitimate authority over employees who are obliged to follow direction within their contract. When ownership is mentioned it tends to be perceived as the acceptance of responsibility to solve problems defined by managers and seeing them through to delivery. For sociologists Dachaler and Wilpert (1978:8), productivity is the primary focus of this orientation despite management claims that gaining commitment to work is the solution to staff alienation. Ownership is characterised by the term staff buy-in; an obligation to care about what management perceive to be priorities for resolving. Thus, ownership morphs into responsibility; a duty to satisfactorily perform or complete a task assigned by someone else rather than created by one's own promise. Specifically, for Manz and Sims (1995:188), responsible workers in high performing teams have a high degree of ownership over their equipment, show conscientiousness and personal pride in product quality. Further, managerial forms seek from staff not ownership, but stewardship. For Block (1996) a good employee is like a steward; one who is attentive, diligent, committed and content to deliver specific tasks well and be attached to someone else's property even without legal ownershipxvi.

These interpretations have not remained unchallenged and rather than accentuate the participation aspects of psychological or liberal forms, managerialism rarely discusses ownership in relation to power. Managers focus on engagement as a solution to directing/controlling the workforce, in contrast to seeing participation as an ongoing process and state of mind staff experience as described by Heller, Pusic, Strauss and Wilpert (2000:13) and Schaufeli (2014:15). For Whyte and
Blasi (1982:141) management often request commitment to problem-solving without delivering on what ownership really means to staff; which is genuine control. Managerial endeavours to persuade staff to take responsibility and accountability without altering power relations are rarely successful. They may focus on staff giving account for their action to organisational hierarchies, but it does not explain the basis of how decisions are made, the legitimacy of authority and the imposition of sanctions. As scholar of accountability McKernan (2012:258) argued; consent, responsibility and accountability are always entangled.

Legal, liberal and managerial perspectives all tend to consider staff participation limited in scope to defined areas and restricted to indirect and representative forms. Further the individual is identified as the basic unit of analysis and ownership is framed similarly. Enterprises are assumed to be profit or performance maximising entities with sovereign authority in the hands of external capital holders or the state, with management exercising a mandate to control. Even with employee owned entities, staff are seen as more committed and holding assets to exploit. These limitations are considered appropriate because management must have discretion to respond to market/environment signals and make technical decisions quickly.

Clearly such approaches have significant weaknesses for critical scholars although notions of owning as an instrument of autonomy, independence and confidence are important. Ownership as an abstract of jurisprudence tells us relatively little about its meaning in social settings, and the idea of being an owner/owning as more than just a legal category, constitutional right or commitment has always been present within the literature. Understanding owning as a collective and relational phenomenon; a process rather than just an event or category, is pivotal to alternative political economy. For example, environmental geographers Lachappelle and McCool (2007:192) have explored other ownships and declared:

| The term ownership is used in a variety of ways in different contexts for different purposes, leading to some confusion about what the concept means. |
In the next sub-sections I explore these other ownerships.

### 2.2.2.4 Psychological ownership

Organisational psychologists (Pierce and Furo 1990, Pierce, Rubenfeld and Morgan 1991, Van Dyne and Pierce 2004) see ownership as a state in which employees feel an organisation as an object i.e. the organisation is theirs and define ownership as attachment. For psychologists, ownership in use becomes more important than philosophical concepts; how do employees feel about their job and organisation? To what extent are they attached to it and what benefits does this bring, and to whom? And if psychology ownership is a good thing, how do we increase it? Psychological forms emphasise the experience of owning as a process of learning, becoming and bringing something of themselves to work; with feelings of possessiveness a secondary consequence of those practices.

Empirical studies have also shown how employee participation in decision-making is positively associated with psychological ownership and in turn employees with organisational attachment participate with high degree of altruistic spirit, demonstrate more commitment and share knowledge (Avey, Wernsing and Palanski 2012). If participation in organisational life can increase psychological ownership, what exactly is the role of legal ownership if you can have psychology ownership without legal possession? Pierce et al (1991), Chi and Han (2008) and Javed (2018) provided some potential answers. Legal ownership can increase psychological ownership if combined with three conditions; procedural justice (employees have a voice in decision-making), distributive justice (benefits are shared equally) and extensive and authentic information-sharing and dialogue (ensuring greater transparency). These supporting conditions influence how employees perceive justice and therefore their attitudes towards work. Importantly they reflect the ladder of participation described later in Section 2.5, and notions of authentic participation and resistance described in Section 7.2. Put simply, for ‘psychological ownership having control
matters’ for psychologists Liu, Wang, Hui and Lee (2012:869) and public policy scholars Le Grand and Roberts in their 2018 study of motivation within PSMs.

2.2.2.5 Anthropological approaches

Anthropological approaches see ownership as place making; a special type of physical and social space which people inhibit, feel is theirs, which may or may not be their residence, home, property or contain productive means (Fittipaldi 2019:17). Ownership is also heterogeneous and intertwined with kinship, security, self-identity, territoriality and worth. For Brightman, Fausto and Grotti (2016:2), different notions of ownership are wide-spread and significantly do not conform to traditional accounts that interpret primitive societies as lands without property and therefore lacking in discussions about ownership.

These insights distinguish between ownership as a general area of inquiry focusing on conceptualisations of a place for living-in (and relationships between persons of both tangible things and intangible concepts); and private property as a specific historical and Western mode of ownership with implications for possessive individualism and a particular construction of the subject/object distinction (Hann 1998, Widlock and Tadesee 2006). For critical anthropologists and sociologists of law, ownership is essentially a relational phenomenon existing prior to, and independent of, legal institutions or markets. It is inherently political because it accounts for both temporary and permanent forms of autonomy, socially useful knowledge and control (Brightman et al 2016:6-21). Ownership of private possessions exists but is limited to individual tools and clothes for Woodin, Crook and Carpenter (2010:8). To create is to own; and to know about something is synonymous with owning and have a local presence. Therefore, notions of absent owners and absolute rights are oxymoronic (Brightman 2010:4). Physical and relational spaces for owning are not predominately about land but liminal and rooted in the history of relationships between persons (or a group) to a place. As Brightman (2010:7) argued, deciding what is in and outside constitutes the definition of a polity and is never permanent.
Ownership matters because the way it is abstracted and distributed creates different forms of social space, and these networks (what we call organising) are given form by ownership relationships. As critical scholars Veldman and Willmott (2013:616) declared, rather than individuality, ownership invokes notions of commensality, reciprocity and nurturing because organising forms are networks of social and productive relationships rather than assets to be legally owned by one person.

What is important in ownership is what is common; its history, stories and the relationships that make people belong to each other, things and land (Brightman et al 2016:8). Although sharing legal-liberal perspectives on transforming and domesticating environments and social spaces; anthropological approaches value ownership’s capacity for relationships not its propensity for financial gain or exclusivity. Ownership is not about permanent unambiguous categorisations of legal certainty but how groups of people adapt their relations over time. Rather than non-legal definitions being merely metaphorical, it is legal ownership applied to organisations that is a metaphor. Purveyor of alternative ownership models Erdal (2017:589) argued organising in practice is an association of people making a living with common assets that need to be jointly owned and cannot therefore be treated as uniquely about private property. Moreover, Erdal explained how this reading means that employee-ownership changes the nature of the owner-manager-labour relationship. The organisation is no longer a legal person/entity, but a social space for new types of relationships often reversing traditional hierarchies and opening-up questions of contestability and power.

2.2.2.6 Politico-democratic ownership

In addition to a scholarly tradition of focusing on the negative implications of private individual ownership forms, a wide range of social scientists have also explored organisations as essentially political entities and how ownership gains meaning when experienced and enacted collectively and democratically including economist Ostrom (1990), sociologists Davies (2009) and Dachler and
Wilpert (1978), environmentalists Lachapelle and McCool (2007), political theorists Glasman et al (2011) and Pierson (2005), housing scholars Dupis and Thorns (1998) and organisational scholars Michie and Lobao (2012). They do not just focus on the benefits employees obtain as a result of gaining legal ownership, but ownership as a processual concept understood as nurturing alternative values, mutuality and public engagement. This is staff becoming something different as a result of owning and progressively developing their capability to participate. Owning does not lead to privatising lives as critics often claim, but is an important cognitive, emotional and existential certainty that is a pre-condition to live a collective life (Dupis and Thorns 1998:28). Most recently Kelly and Hanna (2019:94) in their overview of US workplace democratic forms, argued these alternatives represented a vision for:

The common good, a new way of structuring the foundations of the economy to ensure equality, justice, sustainability and participation that goes beyond the traditional remedies of after-the-fact distribution or regulatory methods.

Furthermore, these viewpoints do not suggest owning is merely the opposite of individual possession where legal contracts and rights are unequivocally ascribed to groups to exploit. Rather for Veldman and Willmott (2013:606), primacy is given to the explanatory value of understanding relations of power, while also seeing staff-owners as having the potential to actively participate in work creatively and ultimately control it. Kelly and Hanna (2019:95) used the term ‘generative ownership’; enabling the conditions for ‘life to thrive’ (and not therefore focused on surplus accumulation and immediate financial extraction).

For Pierson (2013) ownership being about the individual and their sovereign rights is a recent post-enlightenment development. Previously, ownership was always seen within a social and religious context with non-instrumental values, despite property being unequally distributed. The etymology of ownership leads to further ambiguity with legal theorists Ireland and Pillay (2012) arguing the word used for possession from fourteenth to seventeenth centuries was not own but
owe (‘ownership’ not ownership) implying responsibility to others rather than exclusivity and individualism. Ownership was not just a means to the ends of individual wants and desires, but for a higher collective purpose. Overall, ownership collectively understood and distributed equally becomes a prerequisite for fair and equal participation, workplace democracy and the good society. With egalitarian values and one-member-one-vote systems, organising becomes subject to deliberation and judgements about the common good and social justice (Davies 2012:174).

Although they are clearly different phenomena, arguments for employee-ownership are saturated in democratic language. It is not a long road to travel from the belief that all political authority requires consent to arguing organisational hierarchies requires something similar. For example, the distinction between absent external shareholders and internal staff-owners is crucial. It is not just the practice of one-member-one-voting that aligns employee-ownership to workplace democracy, but also the self-governing notion that staff owners must live with the consequences of their own decisions. Staff who own productive means; operate and co-ordinate work processes, and realise the benefits also accept the risks as a self-governing polity.

Overall, ownership has a wide variety of interpretations and this is reflected in different disciplinary and political positions taken. In their overview of the history of legalism, property and ownership, legal historians and classists Kantor, Lambert and Skoda (2017) accepted that legal perspectives are often evoked (and provided a common-sense view of what it means) precisely because of its contested and unstable nature. However, despite legal interpretations appealing to our common-sense (and playing a functional role in arbitrating in situations of confusion around property) this does not imply a monopoly over the meaning of ownership. Rather alternative social science and historical perspectives enable us to interrogate these assumptions more fully, highlighting the limitations of legalist perspectives. For example, the question of possessiveness is central; is ownership an expression of individualism undermining forms of collectivism and therefore reflecting mainstream ideas about organising and the universalization of capitalist values: Or is it
a pre-condition for collective engagement because it is a key to self-confidence, status and the reduction of alienation, powerlessness and fatalism common in large organisations. Anthropological and political perspectives teach us that Western notions of ownership as private property are not universal or ahistorical. Further, these critical voices do not describe pre-legal ownership as a Rousseauque idyll or savage Hobbesian anarchy. Ultimately, collective notions see owning as non-rivalry in economic discourse; a shareable good which does not always degrade or become diluted through wider distribution. These studies also highlight that we can feel less ownership over things we legally own (especially when absence-owners) and feel an intense belonging to ideas, objects, places and people we do not have legal possession. Alternative perspectives stress ownership is a simple binary, mine or yours issue and it is problematic when applied to organising/at ions which cannot be exploited like property.

2.3 Participation, control and resistance in critical studies

In the previous Section I introduced the scholarly debates and the key terms and I now wish to introduce the schools of thought within critical organisational studies. I focus on Labour Process Theory (LPT), post-structural analysis and critical realism, highlighting their implications for employee-ownership and providing a context for specific literature in later Chapters.

2.3.1 Labour process theory

From the 1960s to 1980s critical studies of management control, staff engagement and resistance was dominated by the LPT paradigm based on a Marxist understanding of capitalism where the divide between capital and labour is distinct, conflict inevitable and resistance often organised politically (Hodson 1995, Ackroyd and Thompson 1999). Opposition to management control was ever present and evolved in response to different modes of production. Most prominently, Braverman’s Labour and Monopoly Capital (1976) condemned mainstream assumptions that work was becoming more skilled, consensual and therefore less alienating. Highlighting the diminution
of discretion and the commodification of work, Braverman offered the most influential explanation of contemporary industrial unrest, sabotage and organised misbehaviour.

LPT dictated the logic of accumulation constantly required changes and because market forces were unable to provide sufficient control of labour, managers needed to fill this indeterminacy gap (Thompson and Vincent 2010:47). Modes of production may vary but they all reproduced hierarchical control, the fragmentation and deskilling of labour and the division between mind/hand work (Thompson 2001:10926). Notions of control are core because LTP reaffirmed that under private ownership, organisations are locales of politics, struggle and structured antagonisms (Thompson 2016:107) and contested terrains (Edwards 1979:25). Overall, resistance is inescapable in existence but not automatic in form.

With the overriding paradigm of capital-management-labour, LPT assumed dominant classes’ subjugated staff through direct compulsion and the manufacturing of consent. Managerial efforts to involve staff tended to increase workloads by persuading labour to provide knowledge outside their employment contract. This is why conventional engagement often resulted in higher levels of surveillance as well as stark differences between management’s perceptions and employees’ experience (Thompson 2010:10). For Brannan (2005:425), management ignored the customer-facing problems of IT endured by staff despite their feedback while McCann, Granter, Hyde, and Hassard (2013:750) observed managers operating within an echo-chamber detached from workplace realities.

With realist ontological assumptions, LPT focused on economic structures and the material trappings of power. With dominant and subordinate groups clearly identifiable, resistance was part of zero-sum game for possessing productive means, requiring emancipatory goals about societal change once actors organised themselves and understand their own exploitation. Although debates remain within LPT, there was a tendency to see resistance (and our desire to
participate democratically) romantically because this was the manifestation of our agency emerging from our universal and essential humanity (Raby 2005:155).

2.3.2 Post-structuralism and the cultural-turn

Building upon sociologists of work who sought to understand staff resistance in non-institutional and less overtly political ways, the discursive turn in social sciences has been well documented (Clegg 1990, Knights and Willmott 1999). The study of participation and control has not been isolated from such trends and scholars have highlighted the plethora of linguistic, symbolic and deviant forms of resistance. The interest in identity and discourse was for Brown (2015:112) due to the failure of the universal and definitive classifications of owner-manager-worker to adequately explain contemporary workplaces with its demands for emotional commitment and immaterial labour. For Clegg (1994) increased service and knowledge-intensive work brought new forms of control with their locus of control internal rather external. For post-structuralists, Braverman (1974) ignored the subject at work and was insufficiently nuanced to reflect localised, unintentional and subterranean resistance.

Game-playing, humour and pranks were the ways staff helped sustain a sense of enjoyment while maintaining their individual professional identities and existing intra-labour hierarchies. With staff generally bored with work (and particularly when management attempted to involve them), reacting provocatively to official rules was seen as fun or mental distancing from recurring routine tasks. For Knights (2016:103) resistance was either making work meaningful by making it amusing or making it meaningless by finding meaning somewhere else. Resistance could be every-day micro-opposition such clowning-about when a manager was presenting and wished to reinforce their status as dominant and in control. Acquiescence to authority was rarely interpreted as authentic, while any public demonstration of consent largely performative. With cynicism, irony and distancing prevalent, staff used engagement opportunities to resist hierarchies, not integrate with them.
Overall, post-structuralists perceived control as more than surplus value extraction because it is all-pervading societal phenomena (Knights and Vurdubaksis 1994:180). While they may agree with LPT in acknowledging corporate values can be internalised, they differ by contending disciplinary control and managerialism will always exist and power is not always exercised by managers alone. For post-structuralists, domination involves continuous and far reaching processes subjecting our bodies, directing our gestures and dictating our behaviours and actions. Fleming and Spicer (2007, 2014) ask, if work is no longer just what we do, but who we are and how we feel, then life itself has become colonised by management logics. Or put another way, if work involves the whole human; their creativity, ability to co-operate with others and personal interactions with patients then control necessarily moves away from just what clinicians do to managing identity and directing desire.

These studies have made significant insights into how normative forms of control shape and potentially amalgamate co-option, participation and resistance. Not only was micro-resistance observed, it was conceptualised and encouraged as a counter point to the dangers of grand narratives and the emancipatory claims of staff participation and workers’ control (Courpasson and Vallas 2016:6). Power is not always coercive and imposed in a top-down manner on particular groups or escapable through staff-organised workplaces. Resistance takes different forms precisely because power is not possessive but relational. It is not held but exercised in the interplay between non-egalitarian and transient relations. These perspectives described resistance as imbricated with power and more mundane, less emancipatory, overt and collective. With reduced demarcations, what is being resisted is less clear because co-operation and resistance both challenges and accepts managerialism because when I conform, I also resist. Post-structuralism focuses on organising not organisations, suggesting LTP assumes organisations are sufficiently stable to have causal powers rather than see them as temporary, delicate and ephemeral processes held together discursively.
2.3.3 Critical realism and the realist-turn

Due to its description of the all-encompassing nature of disciplinary society, post-structuralism has been challenged because it tends to underestimate agency, value (above all else) the local, and small-scale as well as over-emphasising epistemology over ontology and material forces. For Reed (2000), it ultimately rejects all participation in organisational life, paralysing the individual or group, offering no legitimate and feasible way of creating alternatives. The possibilities of changing the structural circumstances of work are rarely considered let alone confronted (Raby 2005:154, Thompson 2016:108). For both van de Broek and Dundon (2012) and Warhurst, Thompson and Nickson (2017) it was unfair to suggest that reflecting upon the changed nature of work and control was the monopoly of post-structuralism. A variety of critical scholars observed management no longer used repressive guises but worked increasingly through the internalisation of priorities and self-discipline. For example, Clawson and Clawson (2017:62) described how managerial surveillance via new technology had become more widespread, penetrating and consequential while also exploring how ‘workers have resisted and could resist individually, collectively and organisationally’. Thompson and Smith (2009:913) highlighted how understanding the subjective experience of staff enabled us to appreciate the relational aspects of resistance and how workers used their agency to choose how to respond. They reassessed the distinction between formal, overt and organised conflict and the informal, covert instances important for staff that lacked professional status, employment security and/or collective representation.

At this juncture it is relevant to consider critical realism and the recent ‘Realist-Turn’ described by Reed (2005)\(^\text{vi}\). Drawing upon a range of contributions to research methodology, Tornberg (2013:2) argued critical studies have for too long been ‘preoccupied’ with immaterial cultural processes, neglecting how the material can shape social relations. For example, Lloyd (2017), O’Mahoney (2011) and Brannan (2005) used analytical tools traditionally associated with LPT such as the economic determinants of staff interests and actions. From this viewpoint, what is
important is not just the material or discursive but the intersection between the physical, environmental, social realities and discursive sense-making processes (Fleetwood 2013). While post-structuralism has added an understanding of the complex entanglement of power, knowledge and subjectivity (and shown how staff resist in ordinary speech, small-scale utterances, informal everyday acts, texts, symbols and identity construction), for many it leaves material forms analytically unexplored. In contrast, critical realists see resistance as the essential aspect of our capacity as labour when we are divorced from controlling productive means.

2.3.4 New agendas

In summary, there is a wide range of critical scholarship describing how management co-opt both staff engagement and resistance to increase productivity and create more effective control. Without constant vigilance and criteria to test whether processes are manipulated and insincere, engagement can refine and improve managerialism rather than transform it. By some readings, refusal to engage with management is always resistance, and any participation in organisation life as reformist compromise at best, capitulation at worse. However, the emancipatory potential of authentic participation and resistance has also been interpreted as an embryonic alternative form. Furthermore, consensual compliance by staff is not unusual as all forms of work involve some co-operation. Emphasised by autonomists Hardt and Negril (2004), this paradox of social production states work requires employees to co-ordinate with colleagues and hierarchies but in doing so they also show how organising is possible without management, the state and capital.

Both critical realists and post-structuralists agree; management continue to require both creativity and co-operation from labour and therefore there is (at the very least) a possibility of better forms of organising. It is also a truism to state there is a tendency in scholarship (and critical studies in particular) to accentuate the critique rather than describe how replacements might operate. Labour process theorist Thompson (2010) and post-structuralists Spicer, Alvesson and Karreman (2016) highlighted the intra-academic focus, excessive theoretical language, boundary policing and feign
relevance given to symbolic radicalism. Huault, Perret and Spicer (2010), Paltrinieri (2016) and Thompson (2016) all highlighted how a preoccupation with micro-emancipatory approaches, led critical studies to mistakenly lose its utopian spirit (despite the contested nature of the latter term). In response, assessing alternatives and understanding how they evolve has now become a research priority. The activist and engaged critical scholars are now the norm for King and Learmouth (2014), while Bridgman and Stephens (2008) called for greater public engagement and a refocusing away from the proliferation of journals dedicated to publishing critical research on work and organisations. For example, researchers not only agreed on the importance of local context, industry conditions and the subjective experience, they also understood resistance as more than repelling change, a conservative disposition to react negatively to any alteration.

Cultivating alternatives has taken a range of different forms recently including the critical performativity debates (Huault, Karrenman, Perret and Spicer 2017) and an emphasis on empirically testing practice (Duberley and Johnson 2009:363; Leca et al 2014:697). Although critical studies remain heterogeneous, there is commonality in their anti-capitalist disposition and a new focus on engaging with managers, staff, stakeholders and social activists to explore all opportunities (Al-Amoudi and Willmott 2011:27). This includes both the performative effects of language and change in economic and organisational structures (Newton, Deetz and Reed 2011:7-29) and normative considerations under the auspices of new public social science (Delbridge 2014). Clearly, we cannot ignore the possibility of management co-option and limitations of influencing existing practice, however this new agenda does help us to understand how alternatives might emerge (Atzeni 2012:16). Seeking to persuade managers, staff and mainstream social scientists does not mean subverting critical theory but involves demonstrating the value of research based on this framework (Timmersmans 2013:7). As Lloyd (2017:277) pleads we must ‘move beyond staid debates, theoretical cul-de-sacs and false optimism towards new ways of connecting’.
In this Section I have provided a very concise summary of the scholarly debates, highlighting schools of thought, areas of contestation and agreement. To recap, LPT states in order to understand work and organisations, we must focus on the source of control which includes ownership and the point where value is created and expropriated. Post-structuralists counter, by arguing that what matters is the discourse in and around organisations that help to define what work is and what it means to staff. Therefore, work and the relationship with ownership cannot be differentiated from the language used in discussions that set the boundaries for the individual and how they see their identity. I have also noted the peculiarity of critical scholarship’s interest in understanding empirically the lessons of practice and researching both the role of material forces and discursive conflict. Crucially all critical scholars refute mainstream perspectives that consider new-work as automatically empowering and meaningful. In the next Section I describe how the unique nature of healthcare shapes participation, control and resistance.

2.4 The healthcare context

It is appropriate now to consider the idiosyncrasies and distinctiveness of clinical work and how the sociology of health and professionalism plays a central role in how management control is exercised and the processes of staff participation and resistance.

2.4.1 Clinical work and professionalism

Healthcare is often described as the archetypical service industry; requiring cognitively complex and codified knowledge (which is gained through extensive training) as well as the application of tacit knowledge acquired through face-to-face patient interaction (Dingwall 2009:71). This results in information asymmetries and relationships which cannot be controlled easily by organisational hierarchies (Adams 2015:8; Hujala and Laulainen 2014:590). The importance of professionalism in explaining how healthcare is provided and organisations operate is well documented by Ferlie, McGivern and Fitzgerald (2012b) in their critical review of healthcare networks. Freidson (1994)
famously saw a ‘Third Logic’ in professionalism as an alternative to state hierarchies and market managerialism.

Although clinical autonomy has been under pressure from a wide range of forces such as national guidelines and patient advocacy, the influence of clinicians (and medical doctors in particular) is significant. In terms of operational work, clinicians still have considerable control over their work schedules, decisions about individual patient care; while service departments are still also headed by doctors, nurses and allied professionals. If supervisory control is exercised, it is largely done so by their own profession because indeterminacy within work often debars non-professionals from scrutinising practice (Addicott and Ferlie 2007:400; Boyce 2008:79). Further, management are often themselves clinicians who perform hybrid roles. In their analysis of attempts to control healthcare professionals, Harrison and Pollitt (1994:35) argued management or owners are not the most influential actors; it is clinicians who decide who are seen in outpatients, admitted to hospitals, how long they stay, what happens to them and when they are discharged. Certainly, the legitimacy and practice of control is central to professionalism and intra-professional relations. As Learmouth (2005:186) declared gaining positions of ‘controllers’ is continuously contested in healthcare. Tudor-Hart (2010:146) comically described medics as behaving as ‘if they own’ hospitals, reflecting their autonomy and influence even if they do not legally own the facilities.

Some have argued that clinical autonomy was always exaggerated, and clinicians have never been isolated; they work within a system of interrelated teams, practices and processes with independence and co-ordination constantly being reconciled (Nugus, Greenfield, Travaglia, Westbrok and Braithwaite 2010:898). Despite the popular image of the lone clinician saving lives through their own individual brilliance, healthcare has high levels of task interdependence and has tended towards significant levels of peer control by professional bodies (Martimianakis, Maniate, and Hodges 2009:829).
While many accounts emphasise clinicians focusing on patient care, there have also been empirical studies by Boyce (2008:82) and Martinuessen and Maguessen (2011:193), which have observed increased involvement in organisational co-ordination, financial responsibility and strategy formation. For Harrison (2002:476) this results in professionally driven organisations, combining both scientific and managerial-bureaucratic hierarchical forms. Despite accepting non-clinical tasks and supervising fellow clinicians, these developments are as much about retaining clinical control as becoming managers. For Newman and Clarke (1997:7) interaction with the ‘Managerial State’ is based on a position of strength rather than deprofessionalisation; as professionalism operates as an occupational strategy (determining entry, legitimatising knowledge and pay) and an organisational strategy (maintaining autonomy and expanding influence into non-clinical areas). For example, McCann, Granter, Hassard and Hyde (2015:780) have explored the dysfunctional outcomes of ‘bizarre’ targets, work intensification amongst ‘operational realities’ and responses to increased Department of Health (DH) and intra-professional scrutiny. These enduring disputes about management, control and resistance are reflected in contemporary notions of clinical governance and the reconciliation of competing aims within new models of service provision.

2.4.2 Clinical governance and resistance

Within the public sector, the term governmentality has been used to encompass the desire of the state for further control through processes of policy development, intensive monitoring of operational delivery and instruction (Villadsen 2011:126). In contrast to government’s traditional focus on inputs such as setting budgets and proscribing staffing, governance involves exerting pressure for exhaustive and superficial performance metrics, compulsory partnership working and the measuring of employee attitudes and commitment. Regardless of public proclamations of local autonomy, an indifference to who owns organisations is conjoined with ever-present and expanding surveillance, internalised self-discipline, regulation and enforcement (Gabe and Calnan 2009:9). Governing morphed from the exercise of overt, formal and organized political power to
seeking the active consent and willingness of individuals to participate in their own governance. For example, Petrakaki, Hilberg and Waring (2018:146) highlighted the self-disciplinary effects of the technology of self-care.

In response clinicians have not remained isolated or simply succumbed. In their empirical studies of attempts to standardise work through audits, protocols, networks and best practice, Dent (1993:244); McDonald (2005:190); and Ferlie et al (2012a:1300) see clinical governance as a proactive attempt to adapt and modify their autonomy on their own terms and to continuously influence organisational practice and national policy. How quality is conceptualised, debated and implemented is heavily influenced by professionals and this is testament to how they seek to re-negotiate and resist. The publication of a clinician’s performance although driven by a managerial intent and a constraint on their technical autonomy, has not been imposed unilaterally. It is driven by both a desire for clinical self-improvement and the need for professional led control. Hierarchies may aim to increase control, but clinicians often restrict information they disclose, deny the legitimacy of performance measures, ignore undesirable instructions, circumvent individual managers, withdraw from organisational life or return to individual practice. Importantly clinicians tend to engage only when they were confident, they can ameliorate proposals for change.

It is professional’s commitment to work as more than its contract obligations, which mean improving patient care and self-development ae not necessarily about internalising managerialism and work intensification. In his qualitative study, Dent (2005:56) observed how clinicians suggested approaches which emphasised quality and patient outcomes as much as cost and efficiency while also excluding managers from auditing processes. By arguing that better quality is an efficient use of resources and not a trade-off, clinicians challenged instrumental thinking and maintained professional identity. The limited success of central government to control care work are echoed by: 1) Doolin’s (2002) study of reform in New Zealand; 2) Waring and Bishop’s (2010)
critique of lean redesign within UK hospitals; 3) Baine’s (2011) analysis of emotional labour and resistance by staff in the not-for-profit sector; 4) Numerato, Salvatore and Fattore’s (2012) investigation of management control in Italy; 5) Carvalho’s (2012) study of how Portuguese nurses responded to managerialism; 6) Moffatt, Martin and Timmons’ (2014) examination of new-professionalism and productivity; 7) Clark and Thompson’s (2015) study of healthcare assistants’ resistance to NHS ‘Modernisation’; and 8) Mulinari’s (2018) analysis of how Malmo hospital workers articulated their professional values and mobilised collectively against an openly xenophobic politician. From a critical realist position, Kennedy and Kennedy (2005:293) also showed how nurses rejected management attempts at controlling normative codes of conduct and competencies. While post-structuralists Harding, Ford and Lee (2017:1224) illustrated how leadership programmes were used to challenge professional identity and definitions of meaningful work; while also observing clinicians opposed by simply saying ‘no’. McCann et al (2013:751,769) also explored how paramedics resisted the professionalisation strategy pursued by leaders of their newly formed College, by pursuing a ‘blue-collar professionalism’ approach at ‘street-level’.

Overall, the presence of such oppositional impulse marks the limits of managerial, political and occupational hierarchies. These studies reinforce the self-defining feature of healthcare workers; they are not deskilled or wholly subsumed within managerialism because their labour is reliant on immaterial knowledge and skills. Although the clinical professions both support (and have their interests supported by policy hierarchies) they also maintain their distinct cultures and influence over important aspects of care, conditions of work and resource allocation.

2.4.3 Negotiated orders

Instead of simply becoming controlled, participation and resistance creates both losses and wins for clinicians, with the danger of internalising self-discipline and surveillance ever-present. Although there is on-going pressure to limit clinical autonomy and empirical studies suggest a decline in some respects, a negotiated settlement between politicians, managers and clinicians
persists for Harrison and Lim (2003:13). Instead of Deprofessionalisation, terms such as New-Professionalism or Reprofessionalisation are used where clinicians practice ‘responsible autonomy’ where direct supervisory control is minimal in return for limited co-operation with local coordinating bodies (Moffatt et al 2017). The tendency is towards clinicians being increasingly integrated with (and dependent on) their local organisations where their autonomy is subject to negotiation rather than simple managerial and political dominance (Andri and Kyriakidou 2014:648, Martin, Kocman, Stephens, and Pearse 2017:1325). Despite challenges to the negotiated order, the NHS remains a compromise between national coordination of policy, institutions, physical assets and funding with local administration and individual rationing of care (Harrison 2004:52, Kuhlman and Saks 2008:48).

Given the importance of professionalism, managers (or administrators as they were called prior to the 1980s) were considered reactive, incremental and internally focused diplomats (Webster 2002:163, Nathan 2019:12). This is not a case of defeatism and personal weaknesses merely the recognition that within healthcare quantitative control systems cannot be easily applied. Central to a managers’ role is being seen to be in control while not actually being in control; and it’s the capacity to live with the enigma and to continue to work creatively that constitutes effectiveness.

This analysis of the healthcare literature raises challenging questions for employee-ownership. If staff traditionally identify with the NHS as a system and have tangible de facto control over delivery, what is the purpose of changing the de jure ownership of their local employing body? Further, despite professionalism remaining important, clinicians do not currently feel adequate ownership over their work or feel valued by management, the organisation or the NHS. As healthcare scholars Fitzgerald (1994:32) and Nugus et al (2010) argued, clinicians often reify the system, believing themselves to be semi-detached with power being exercised over them and therefore freeing themselves from responsibility for addressing the system’s shortcomings. Within this context, employee-ownership could be merely another form (albeit a more sophisticated version)
for curbing autonomy and increasing hierarchical control. Alternatively, it could be interpreted as a mechanism to increase dialogue, integrating professionals more fully, creating non-managerial co-ordination and more satisfying workplaces.

In conclusion, healthcare scholars may have disagreed about whether clinical power was desirable or not, but there was little dispute that it mattered. The legitimacy of management has always been contested by clinicians and control never easily conceded. These scholarly debates help us to avoid the simplistic notion that employees always lose out when they engage. Clinicians are not dupes constantly outwitted by management and politicians; playing a larger organisational role was a means to protect clinical freedom and reconcile autonomy and co-ordination when the public had lost an element of trust in the profession. Rather than simply de-professionalisation and a loss of power; adaption, integration and resistance by clinicians is prevalent (Petrakaki, Barber and Waring 2012:435).

2.5 Contesting ownership: critical perspectives

2.5.1 Introduction

Building upon my introduction to three key aspects of the literature, in this Section I analyse two specific scholarly contributions to the contestability of ownership which are debated in my empirical Chapter 5.

2.5.2 Tudor-Hart and Ridley-Duff

In this sub-section I introduce two scholars who have sought to understand the impact of ownership and new organisational models in public service and non-commercial activity, namely, Tudor-Hart (1994, 1995, 1998, 2004, 2010) and Ridley-Duff in monograph form (2007, 2010, and 2012) and in collaboration with Seanor 2007, Southcombe 2012; Seanor et al 2013, Ponton 2014 and Bull 2018 and 2019). Both Tudor-Hart and Ridley-Duff are critical of managerialism and perspectives that focus predominantly on owning as both a legal phenomenon and a set of
governance arrangements. They also explored how owning can shape service delivery and how authentic consent to authority and coordination can be achieved. However, they are also representative of wider debates within critical scholarship and the political Left by differing on the importance of employee-ownership and impact of PSMs\textsuperscript{xiv}. Tudor-Hart analysed the problems of employee-ownership in healthcare and argued the current NHS model is the only feasible alternative to privatisations. He emphasised the dangers of ownership as legal possessiveness and the importance of national forms of democratic ownership and control. In contrast, Ridley-Duff suggested collective versions of ownership are possible beyond state institutions and was more positive about their alternative value. Crucially, he reflected anthropological perspectives in his endorsement of local forms of owning.

2.5.3 Tudor-Hart and clinical ownership

Julian Tudor-Hart former South Wales GP and ex-president of the Socialist Health Association articulated his support for state ownership through a series of published articles, books and polemics. His critique of managerialism within healthcare is outlined in reviews and commentaries on the NHS since its inception and the interface between clinical practice, management and economics. In his book *The Political Economy of Health Care* (2010) he described more fully his critique of PSMs. As knowledge and skills have become more specialised, care involves a larger number of clinicians and organisations. This requires us to reconceptualise patients as co-producers in the intellectual product of healthcare:

> When doctors and patients consult with optimal efficiency, they become co-producers. In essence, consultations are not units of consumption, but units of production (Tudor-Hart (1998:9)).

Despite politicians of various persuasions declaring ownership does not matter, Tudor-Hart not only acknowledged its importance, but how it was differently conceived. For him, facilities, estates
and institutional infrastructures may be owned by workers, management, the state or external shareholders either singly or collectively, with variations of public accountability and participation. Tudor-Hart (2010:119) also introduced a distinct conceptualisation of ownership. Although superficially similar to both psychological and managerial forms, clinical ownership was healthcare professionals owning their own personal work, advocating for the patient’s holistic needs and expertly coordinating their care so they achieve the best possible treatment regardless of organisational boundaries, management priorities or a single practitioner’s view. Clinical ownership was not about exclusivity with judicial control and enforcement, but *making-things-happen* for patients. It is having the experience, skills and commitment to resolve the gaps between formal roles and structures and can be taught as part of professional education\textsuperscript{xxxv}.

Crucially, clinicians accepted state ownership of productive means because this allowed them to conduct their clinical practice while maintaining their own autonomy (Tudor-Hart 1998:8). Clinicians do not need legal ownership, which is better in the hands of the NHS to ensure universal services and strategic public health. It is safer to release clinicians from the burden of possession and perhaps its selfish temptations to enable them to focus on patients (Tudor-Hart 1995:385).

Clinical and legal ownership are in opposition for Tudor-Hart (2010:127):

> All experience confirms that however it may have been obtained in the first place, once money enters the pockets of professionals, spending on any social purpose has to compete with personal acquisition...leaving little or nothing for the public interest.

Tudor-Hart (2010:145) concluded:

> Doctors and nurses to ward orderlies and cleaners want ownership over their own field of action, and the public want some form of collective ownership of the NHS as a public service, and patients want joint ownership of decisions about their own diagnoses and plans of their
own care not as consumers but as participants. Ownership of these kinds is unrecognisable to managers operating in an industrial or commercial model.

Although clinical ownership shared with managerial forms its commitment to solving problems, it differed because it was not focused on predetermined economic ends but professional duty, dedication to patients and collectivised healthcare. He argued current levels of clinicians’ dissatisfaction and alienation are due to how managerialism has spread within the NHS while disengagement is not the result of a lack of legal ownership. Recent policy has divorced those who practise healthcare (clinicians performing tasks with and for patients) from those who plan the job. Echoing labour process theory, for Tudor-Hart (1995:384) this mind/hand division is inherent in all external-investor and managerially driven organisations because as surplus value is extracted and labour commodified, staff have less personal ownership of work.

Employee-ownership may allow for some increase in staff engagement, but these limited gains could be achieved through more imaginative management. Further, the level of democratic control over hierarchies is determined by external pressures and over time there is little to distinguish non-state providers (Tudor-Hart 2010:140). Management need to engage clinicians only where relevant and not waste time transferring legal ownership. The dangers of self-seeking professions (and the necessity to coordinate complex systems) required control by central administrators and elected politicians. It is the political accountability of the NHS to Parliament and its national unitary nature that legitimatises its hierarchy, which cannot be compared with the exploitative and repressive nature of private sector management. For Tudor-Hart (1998:6, 2010:193) the NHS is owned by everyone, with staff and public surveys demonstrating emotional attachment. The latter plays an enormous part in creating solidarity, which needs to be nurtured, declaring the NHS as an exemplar of feasible socialism and enlighten self-interest.

In conclusion, Tudor Hart argued ownership matters and is essentially political because we cannot seek a simple answer to the question who owns based solely on technical measures of cost and
benefit. Echoing critical appraisals of the growth of social enterprise (including employee-owned entities) in healthcare (Paton 2001, Moran 2009 and Pollock 2005) Tudor-Hart what is at stake is not what type of markets work well or not, but whether the market should apply at all and the principle that care is free at the point of delivery using de-commodified labour (Tudor-Hart 2004:634). Simply, employee-ownership means markets and markets mean large private corporations. Furthermore, it represents ‘regressive modernisation’ by allowing policy makers to sound critical and Left-wing while simultaneously creating a market in practice and destroying mechanisms for nation-wide action. Employee-ownership is at best illusionary and superficial gloss, at worse reactionary hypocrisy hiding a deeper reality of privatisation.

2.5.4 Non-state forms of ownership

Despite the centrality of public ownership within the political Left there is another intellectual history in the form of market socialism and anarcho-syndicalism (Nove 1983, Hirst 2001, Le Grand 2007). From this perspective, employee-ownership helps capture the benefits of markets (namely efficiency through competition between a plurality of providers) with the transformational aims of humanising work through staff participation in democratically self-governing enterprises and wider externalities such as human development and civil engagement (Cumbers and McMaster 2012). For market socialists, healthcare can be free at the point of delivery with democratic provider associations reimbursed by the state working within a market where private interests are excluded.

By drawing on economic and psychological theory, Le Grand and Roberts (2018) in their qualitative study of English PSMs argued giving staff greater autonomy and control rights boosted morale and improved motivation enabling different objectives to be better aligned. For Sepulveda (2014), rather than simply privatisation, PSMs were positive forms of local autonomy, agency and ‘social entreprization’. In contrast to Tudor-Hart, for political theorists Glasman et al (2011:2), the NHS model is not an exemplar and has been over mythicized preventing it from appropriate
criticism and ignoring any alternatives. Moreover, criticism of the lack of staff participation under state ownership has a substantial tradition, focusing on the failure to afford workers any effective voice and relying on hierarchies which are insensitive to consumer, staff and citizen pressure (Cumbers 2012:66).

More recently, the qualitative study of staff participation in NHS FTs by Allen, Townsend, Dempster, Wright, Hutchings and Keen (2012), highlighted the importance of ownership. They found many NHS employees saw no benefit in joining weak indirect forms of engagement while staff were not given the dedicated time, knowledge and skills to hold directors to account (Allen et al 2012:247). Many staff did not take their FT membership let alone participate, while structural barriers to restrict staff control were evident such as the absence of supporting analysis for staff governors. They also highlighted the difference between holding managers to account (which was itself limited) with the activist disposition embedded in radical notions of workplace democracy. They also highlighted the state still directed assets and benefit distribution despite public rhetoric. Furthermore, while senior clinicians and management supported autonomy from the DH, they obstructed new forms of accountability to local clinicians. Concluding that staff passivity and barriers to engagement meant being employed was not enough to be an active participant, they suggested ownership may be a condition for genuine membership. The viewpoint that staff required equal respect and status (as well as stable and enduring belonging) to engage was recently supported by Ronnie (2020) in her study of the experiences of agency nurses in intensive care. Overall, it is undisputed that these long-standing and recent debates about alternative organising were precursors to the contemporary application of PSMs.

I now focus on the work of Ridley-Duff and colleagues and their contention that ownership is not just a minor element but central to alternatives. In a series of empirical and theoretical papers Ridley-Duff and colleagues explored the underlining social philosophies of alternative organisations, highlighting communitarian and individualist accounts. In contrast to liberal
individualism, Ridley-Duff (2007:382; 2010:41) described communitarianism as an approach for staff to explore the common good, make collective decisions despite organisational complexity and increase the intensity and quality of relationships between all employees. Empirically, he found employee owners were motivated by three considerations; ideological (ethical commitments to equality/fairness/justice at work), empirical (how ownership and authentic participation helps to achieve economic self-sufficiency and social aims) and pragmatic (how co-operative status can lead to legal, social and market advantages). By continuously debating the relationship between theory and practice, employee-owners reflected, learnt and created new participation forms. The result was an increase in the propensity of the organisation to act consistently with normative notions of an ideal workplace and its publically declared aims. He concluded (2007:383):

By considering the link between words and actions, the paper concludes that the adoption of a governance framework, or particular language, matters less than the capacity of company members to participate in the development of governance norms that enable them to act congruently with their own beliefs and values.

Notably, employee-owners were aware of their position as potential alternatives to state, charitable and privately-owned entities (Seanor and Ridley-Duff 2007). Exploring different conceptualisations of ownership in-practice mattered because staff often led these discussions and initiated disagreements with management (Bull and Ridley 2019). Employee-ownership was also significant in reducing powerlessness, passivity and anxiety by giving status and helping staff to debate and act collectively. Being an owner elevated for some positive perceptions of self, their workplace and co-workers, the future and their own contribution (Ridley-Duff 2007:384).

By acknowledging alternative organisations were beset by conceptual, linguistic and practical conflict, Ridley-Duff and Southcombe (2012:179) made an important distinction between philanthropic social aims which are tested by the amount of social benefits achieved; and the claim to
Socialise work through transforming owner-manager-labour relationships and democratising workplaces. Socialising work is not just about increasing staff input into corporate decisions and/or producing surpluses to be used for social aims (valuable as they are), but about changing work to increase autonomy, self-management and decrease organisational inequality, injustice and alienation. Echoing the empirical work on social care provision by Pestoff (2017), he argued employee-ownership was important in promoting co-production and democratic decision-making in daily interactions between professionals and patients/users. Importantly, employee-ownership entities are not charities, where philanthropic of social aims were sufficient. It is the capacity for workers to create new values, identify common ground and learn new behaviours that is important and unique for Ridley-Duff (2007:386). Only by changing both the formal structure of shareholding and the informal interpersonal relationships between organisational actors can alternatives emerge.

2.5.5 Ridley-Duff, unitarist and pluralist communitarianism

There is continued critical debate about whether strong common normative values bring emancipation or further hierarchical control and Ridley-Duff discussed these through the use of two dimensions; unitary (emphasising the primary need for consensus, agreed direction and the development of a common ownership culture and norms) and plurality (accommodating diversity, individual rights, looser networks with different norms, and multiple types of owners). Despite these two dimensions representing critiques of conventional organisations, unitary approaches are more likely to be co-opted into managerialism due to its emphasis on the organisation as a corporate whole, selfless discipline, indirect participation and an action rather than discursive orientation (Ridley-Duff 2007:389). Equally, pluralist approaches can lead to the primacy of conflict over coordination and practices which accentuated possessiveness and individual financial benefits. Pluralist approaches may be desirable in their acceptance of difference, but they tend to see owning as singular and isolated. Ridley-Duff (2012:10) suggested both unitarist and pluralist
approaches may be required, seeing all non-owning staff as potential members, recognising different forms of membership and encouraging solidarity by sharing surplus to all regardless of their ownership status.

Building upon these distinctions, Ridley-Duff and Ponton (2014:12) explored notions of exceptionalism. Their qualitative longitudinal study showed how employee-owners described their organisations as exceptions, displaying characteristics of both private and public (and unitarist and pluralist) forms, while also containing unique aspects beyond these binaries. Tensions between conflicting aims were not only recurring but these discussions about the different claims on ownership a defining characteristic. Ridley-Duff reflected other employee-ownership scholars by suggesting its exceptionalism comes from the effective reconciliation of stakeholder interests and perspectives particularly when compared with managerialism (Atzeni and Vieta 2014).

This analysis also supported empirical studies of PSMs by Hazenberg and Hall (2016:441) and Hall, Miller and Millar (2016:539), who concluded there was complexity in their hybrid ‘publicness’ values and uniqueness in their renegotiation of workplace practice. These two studies highlighted how staff within public, private or third sectors maintained certain aspects of professionalism while also simultaneously preserving and rejecting aspects of public sector values. Therefore, they acknowledged the existence of ‘publicness’ in staff who do not work in centrally owned organisations. In conclusion they argued our current conceptions of ‘publicness’ and ‘privateness’ need to be reconsidered to see beyond a compromise between the two. Within this scholarly context, some studies have also focused on the hybrid nature of Community Interest Companies (CICs) (which was the common legal form PSMs took). According to Battilana and Lee (2014) and Besharov & Smith, (2014), CICs were desirable because they combined both social and financial aims and demonstrated multiple institutional logics and identities. However, Shields (2018:16-20) in her study of healthcare CICs argued these approaches wrongly ‘imply social enterprises are a settled compromise between the received institutional wisdoms of the public as
bureaucratic, inert and process-driven and the private sector as responsive, innovative and risk taking in pursuit of profit.

In two further studies with colleagues, Ridley-Duff explored these notions by showing how employee-owners visually mapped their organisations in terms of its aims, outcomes and practices (Seanor and Ridley-Duff 2007; Seanor et al 2013). These studies showed how owners described not only individualist and collective perspectives, but also the struggle of amalgamating instrumental and processual values. In Seanor et al (2013:326) study of staff narratives during change, staff did not interpret responding to service users’ needs as becoming like a private business. Rather it was about understanding how to cope with conflicting demands and complexity resulting from external pressure and ambiguity in striving for social aims and socialised work. Uncovering contradictions and vagueness was central, not a problem to be resolved through a simple and undeviating journey to commercialisation or back to state ownership. Corroborating Varman and Chakrabarti’s (2004) study of the contradictions of democracy in co-operatives, Ridley-Duff found employee-owned entities had circular, holistic and recursive natures, rather than linear processes pursuing fixed ends. Regardless of the relative merits of unitarist and pluralist positions, for Ridley-Duff employee-ownership reframed work norms by shifting the emphasis from financial gain for external shareholders or performance for the state, towards local interpersonal and interdependent relationships between co-workers.

Ridley-Duff explicitly acknowledged the ongoing problems of coordinating service delivery and organisational decision-making. Staff often expressed the tension between values (such as clinician/team autonomy versus organisational wide responsibility) as paradoxes. Crucially, Ridley-Duff referred to paradox in a specific way because colloquially it simply implies the absurd and surprising. In contrast, he described paradoxical elements as seeming un-controversial in isolation, but which become inconsistent when juxtaposed. Further they were based on values systems which were ongoing and never completely resolved. Paradoxes are therefore not
problems to be solved, they are contested, ever present and manifested in conflict and negotiation. Although staff are not all actively and continuously engaged, they were not passive recipients; rather by disagreeing with (and ignoring) management interpretations they reconstitute how these issues were framed (Ridley-Duff 2010:135). In conclusion, he suggested new forms of participation might flourish under new ownership structures, but legal transfer does not automatically lead to authentic practice.

Overall, Ridley-Duff emphasised both the contested nature of alternative organisations and their anti-managerial potential. In a recent study of the intellectual history of social enterprises Ridley-Duff and Bull (2019) highlighted their embedded but ‘hidden’ critical origins and their radical ‘new cooperativism’; which enfranchised both labour and service users in countervailing management. Staff did not just influence decisions within fixed and uncontested management logics; they also increased their capability to engage effectively in the medium term (and therefore altered the context for decisions). For him, alternative organisations do not simply combine the best of the private or public sectors (i.e. creating the illusive impartial trade-off) rather they develop something new and different.

This distinction between compromise and creation helps us understand how conventional private and public organisations struggle to succeed in socialising work despite public declarations of intent to transform work and empower employees (Shields 2018:16). For Ridley-Duff, it is not simply the legal status of employee-ownership that is valued but practice based on ownership in its widest sense that brings the potential for work socialisation. Ultimately Ridley-Duff challenged both critics and mainstream supporters of alternative organisations who see them as third-way organisations balancing the good and the bad of public/private entities. Undoubtedly Ridley-Duff echoed anthropological and politico-democratic interpretations by seeing ownership as the capacity for relationships and a practical process for judging the gap between lived experience and normative ideals of justice, equality and fairness. He sees employee-ownership as a discovery
process for socially useful knowledge with its emphasis on increased staff input into debates about conflicting values\textsuperscript{xxxi}. He had qualified optimism that employee-ownership can be both radically transformational (as an important proto-type of post-capitalist organising) and evolutionary (as a non-utopian and a feasible alternative which gathers supporters because it already existed).

Notwithstanding their contributions, both Tudor-Hart and Ridley-Duff have been subject to significant critical evaluation. Existing NHS state ownership has been criticised for its maintenance of hierarchy, an absence of local attachment and control by stakeholders, and ultimately the tendency of staff to reify abstract notions of the system and management to allow personal distance from problems. According to Richardson (2007:1014), Tudor-Hart work is overly optimistic about the NHS with counter arguments dismissed with inappropriate speed and argued he lacked sufficient empirical analysis and a review of latest scholarly contributions. PSMs have also been subject to critical condemnations by Tudor-Hart in his own work but also by Haugh and Peredo (2011) and Birchall (2011). These criticisms focused predominately on the lack of support from staff for shareholding, the problems of implementing authentic participation in practice and the indivisibility of social enterprises and private corporations. Rather than enter these disputes with further observations and risk distraction, I wish to summarise below the contributions of Tudor-Hart and Ridley-Duff and subsequently identify four areas of contestation in which their differences are illustrated.

2.5.6 Summary

It is no doubt predictable for the reader to be presented with a literature review revealing conflict surrounding definitions, meanings and boundaries between and within disciplines. Although my survey has been brief and selective, it has provided an overview of the relevant scholarly debates. From Tudor-Hart we obtain a critique of staff gaining legal ownership and an innovative approach to its conceptualisation in the form of clinical responsibility. Through his lifelong experience within clinical practice, academic epidemiology and political campaigning, he challenged the
managerial assumptions underpinning recent public policy, explained the dangers of disconnecting mind/hand work as well as the propensity of external private owners to avoid social control. Ridley-Duff contributed to our understanding of individualist and communitarian forms and how staff pursued multiple aims including work socialisation. He therefore confronted binary approaches which considered all non-state bodies as essentially private.

Several commonalities between Tudor-Hart and Ridley-Duff emerge; both acknowledged collective forms of ownership in the state and employee-ownership, and they were equally sceptical of managerial and psychological forms focused on staff buy-in. They suggested cause and effect is the wrong way around as commitment to the idea of a shared joint endeavour is required for responsibility and accountability to flourish. By highlighting normative arguments for collective ownership, they move away from legal and liberal fixations on governance processes and shareholding as individual possession. For both, ownership is more than property, seeing it not only in relation to productive facilities and capital but to work itself. Despite these agreements four areas of contestation were apparent.

1. Firstly, the outcomes and practices of participation and control demonstrate significant divergence. Tudor-Hart committed a lot to the belief that state ownership was legitimised through Parliamentary elections (and therefore the use of hierarchies consensual). This reliance is not unchallenged, and Ridley-Duff shared with many critical scholars the rejection of simple demarcations between state and private ownership with the former always emancipatory. Tudor-Hart also saw co-production with patients as a form of clinical participative democracy and involvement in corporate management as secondary to their focus on care.

In contrast, Ridley-Duff emphasised how the process of participation can change and develop staff so they emerge different. He challenged Tudor-Hart’s belief that staff can avoid the ambiguities and responsibilities of organising complex systems by focusing on individual
patients and shunning legal ownership. Ridley-Duff argued you cannot have meaningful participation and with-it freedom to exercise clinical autonomy, without accepting those tensions. However, Tudor-Hart highlighted how PSMs cannot claim to monopolise democratic legitimacy as staff were rarely consulted on transfer.

2. Secondly, all versions of ownership claim to create social value either by meeting social aims and/or by socialising work. For Ridley-Duff the very purpose of employee-ownership is to change workplace relationships. While for Tudor-Hart, state ownership should be strategic and indirect, allowing local professional autonomy. The NHS embodies a social purpose, and therefore staff have high levels of commitment. For him socialised work is created by the absence of commodified labour, market prices and disputes about legal ownership. In contrast, Ridley Duff illustrated how work socialisation is complex and required staff to have legal and other ownership forms.

3. Thirdly, there are clear divergences regarding exemplars and what ownership is being compared against. Tudor-Hart shared Choi and Majumdar (2014:363) challenge to Ridley-Duff’s positive view of social enterprises. They argued its many champions and notable lack of detractors, was due to its compelling language of pragmatism, collaboration and optimism where contradictions between interests become mere problems to solve and trade-offs are dismissed as potential win/wins. For Tudor-Hart it is better to defend the traditional NHS model against the false charges of excessive centralisation, than accept any illusionary third-organisational-way. However, for Ridley-Duff employee-ownership is an exemplar precisely because it uses non-managerial mechanisms to consider ambiguities and tensions between different organisational values.

4. Fourthly, the role of management and how alternatives emerged from resistance is also a site for dispute. For Tudor-Hart, coordination of patient care outside the confines of management
already happens in clinician-led multidisciplinary discussions and ownership as clinical responsibility should be prioritised as it allows accountability for performance to follow. However, Ridley-Duff argued it is through gaining wider responsibility for coordination via legal ownership, that management is best curbed and to think otherwise is naïve wishful thinking. He concluded you cannot separate attempts to resist and replace managerialism from ownership(s).

My summary of the disciplinary disputes as well as two specific commentators has shown the futility of searching for easy definitional precision with one solitary pre-eminent description. Different research foci and diverse findings are not errors but central to understanding this complex social phenomenon. Both Tudor-Hart and Ridley-Duff contained weaknesses and research gaps. Empirical studies describing the contribution of ownership to democratic control over management and the links between legal, psychological and political ownership are rarely considered by the former; while the latter does not appreciate fully the healthcare context.
2.6 Employee-ownership, participation and staff control

2.6.1 Introduction

In this Section I explore distinctive positions within the literature regarding the value of employee-ownership in controlling management and whether it is inevitable these organisations return to oligarchy after an initial democratic period. Some scholars are positive about the extent of staff influence, while others see a tendency for these processes to degenerate to bureaucratic managerialism without constant vigilance.

The Section is structured as follows: Firstly, I introduce the ladder of participation to structure our discussions about key terms. Secondly, I review the literature on the importance of ownership and the arguments for and against the propensity to relapse back to conventional managerial oligarchy. Thirdly, I focus on the collected works of Cathcart (2013a, 2013b), Paranque and Willmott (2014), and Storey, Basterretxea and Salaman (2014), Salaman and Storey (2016), Storey and Salaman (2017) and Basterretxea and Storey (2018) (hereafter the three sets of scholarships) which I consider fully in Chapter 6.

2.6.2 Participation and control

It is apt now to explore the critical literature regarding staff participation and control. Involving employees in their work has been a common area for scholarly investigation, but despite using similar vocabulary, meaning is often varied while different disciplinarily findings are rarely shared, debated and synthesised (Heller et al 2000:8). Employee participation is used to describe a wide range of practices and structures to involve staff including simple face-to-face communication between a line-manager and a worker and more complex and intensive forms such as employees voting on senior management salaries. Both mainstream and critical scholars generally conclude that participation has various manifestations but only under certain conditions is it control.
As a framework for understanding different types, Figure 2.1 shows the ladder of participation, adapted from Wilkinson, Gollan, Marchington and Lewin (2010:27) and modified in accordance with Gunn (2011:318), Heller (2003:144) and Heras-Saizarbitoria (2014:657). The steps describe five levels from left to right as more control is exercised. Firstly, is the purpose of participation to inform or consult with employees, share decision-making or enable decisions to be taken by the workforce? Clarifying the purpose tells us whether participation is justified by an instrumental rationale. The degree relates to how and who makes decisions (is it a minority of staff, equal numbers of workers and managers, a majority of workers or external stakeholders?). The level refers to where participation takes place (task, team, departmental or corporate) and whether the topics under discussion include administration, day-to-day work or organisational-wide issues. Whereas economic-range, conveys whether participation is about strategic financial and investment issues; surplus distribution and ultimately the purpose of the enterprise. Finally, form relates to the methods used; is it focused on individual line management communication, indirect representation on specific issues or direct and continuous control over all organisational matters?

**Figure 2.1 – The ladder of participation**

1. Information
   - 2. Communication
   - 3. Consultation
   - 4. Co-determination
   - 5. Control

(Source: adapted from Wilkinson et al 2010)
Therefore, Step 5 (*Control*) implies specific forms of employee democratic control over management and the organisation. Step 5 is not about addressing the dysfunctions of conventional systems of controls such as bureaucratic rigidity, invalid performance reporting or staff resistance. Rather it is focused on altering and reimagining employees’ status so they direct the coordination of productive activity and ultimately choose the rationale of organising (Lilley et al 2009:326,351). For Gunn (2011) participation becomes staff control when coordination of existing work and the future direction is no longer within the remit of hierarchical management, an external investor or state authority. Employee-owners’ domination over the allocation of surplus is considered to be a defining element of control because information giving, and top-down communications are forms of involvement that do not require shifts/changes in power relations. As I will show control is not merely about dominating management and responding in negation, but about positive notions of creating, developing and autonomy.

This leads us to conceptualisations of organisational control, and although a universally accepted typology does not exist, key themes do emerge (Langfield-Smith 1997:179, Alvesson and Karreman 2004:423, Thompson and van Den Broek 2010:1). *Output* controls attempt to measure the financial and non-financial results of individual, team and organisational activity; *process* controls include adherence to decision-making steps, as well professionally defined procedures; and *socio-normative* controls include custom and practice, identity formation, selection, training, prescribed behaviours and others forms of informal socialisation and culture. For my purposes, owner control is improved if these control types are in the pursuit of ends decided by employees themselves. I note that much of the research within employee-owned entities is focused on control by staff of management, and very little on how controls are needed to ensure collective action is maintained (i.e. coordination without management). Therefore, I do not assume that employees achieve alternative forms by simply replicating managerial control with its emphasis on measurability, individual accountability and predetermined external targets.
2.6.3 The importance of ownership

For Oakeshott (1990), Whyte and Blasi (1982) and Gunn (2011), control by employee-owners is categorically different to management-initiated involvement. Specifically, for Jossa (2012), ownership brings staff control over the purpose and future direction of the organisation as well as the distribution of organisational financial and non-financial outcomes. Sociologist of work Kasman (2013:261) concluded in his empirical study of the links between different ownership models and workplace democracy that ‘worker cooperatives are more likely to strongly democratic and cannot fall below the threshold of weak democracy’. Together with democratic processes such as one-member-one-vote, ownership offers the potential to transform work because it reverses the conventional owner-manager-labour hierarchy. Mechanisms to plan and control work do not disappear, rather it is argued they come under the direction of staff and therefore coordination becomes legitimate and less coercive.

Although many mainstream commenters use a great deal of quasi-democratic language to make the case for engaging staff, for proponents of employee-ownership it is pseudo-participation; unfulfilled at best, consciously obscuring at worse. Within management driven engagement, indirect and weak forms tend to dominate because they are seen by mainstream scholars as the only realistic option available to engage staff without risking anarchy (Harrison and Freeman (2004:49). Mirroring Schumpeter’s elitist democratic form, conventional scholarship presents organisational decisions as technical and focused on giving staff a voice to influence general discussions about how best to meet predetermined ends. However, for Gunn (2011) authentic control is only possible if employees own productive means and are responsible for their effective use; thus eliminating or at least reducing owner-management-labour conflict. Work coordination is achieved by unifying who owns, who controls work, those who produce value and who benefit. Therefore employee-ownership gives participation economic power because it is not just talking or management using their discretion as a gift to involve staff, but employees directing management.
By giving equity, employees do not just perceive they own something psychologically they actually do as legal ownership is something concrete, ontologically real.

Predictably, The Mondragon Co-operative has been subject to extensive research with Campbell (2011), Barandiaran and Lezaun (2017) and Azkarraga and Cheney (2019) providing recent and comprehensive overviews. For example, in Greenwood and Gonzales-Santos’ (1991) anthropological study, they concluded employee-ownership had increased management accountability, opportunities for collective decision-making, staff capability and self-confidence as well as reduce pay differentials. Further, they argued staff and managers took a long-term perspective and its discursive processes helped stakeholders cope with organisational change. Rather than relying solely on the formal governance system of representatives, it was the antagonistic dialogue, constant renewal and the re-imaging of participation which was central. Significantly having ownership was perceived by employees as a causal factor in these changes even if control was incomplete (Greenwood and Gonzales 1991:151).

2.6.4 The irrelevance and dangers of ownership

For other critical scholars, ownership is largely immaterial and can even have a negative influence by intensifying work pressure, internalising management problems and representing a more sophisticated form of hierarchical control (Rowlinson et al 2006:689). Building upon Weber’s description of bureaucracy, they see organisations as largely self-perpetuating entities, shaped by a wide range of inter and intra-organisational factors (Ramsey, Scholarios and Harley 2000, Kandathil and Varman 2007). This is both an empirical conclusion (it’s just the way things are) but also desirable (why should owners have such influence when there is a plurality of other stakeholders)? From this perspective, over time bureaucracy robs the capitalist owner and politician of their control and becomes aligned and accountable to itself creating a process of isomorphism, where all organisations inevitably follow a similar form (DiMaggio and Powell 1983:147). Furthermore, pressure from non-owning actors such as policy hierarchies and
customers, increase the tendency for centralised decision-making. If a variety of stakeholders have control and they are not owners, it follows ownership does not equate to control.

Moreover, post-structuralist perspectives contend it is not just that ownership does not matter but thinking that it does may lead those in positions of power to act in ways which have the potential to create even more oppressive control. Fortified with a false veil of democratic legitimacy, senior management may develop new norms and values that imprison staff with expectations that do not truly reflect their interests or desires. For example, in their econometric analysis of Mondragon Arando, Gago, Jones and Kato (2017:398) found worker cooperatives performed better financially than conventional firms, however they also suggested this may have been the result of ‘high-stress work systems’ and raised expectations about participation. Besides, staff are more interested in their day-to-day work because this is the most important determinate of their working lives and where they find identity. Staff disappointment in the lack of ownership over their operational work was also noted by other Mondragon scholars such as Heras-Siazarbitoria (2014:652).

Moreover, seeing power as solely the result of property rights risks reifying ownership and regarding it as real in-itself (Alvesson and Deetz 2000:267).

2.6.5 The degenerative thesis

Building upon the tendency towards isomorphism, a dominant aspect of these scholarly debates is the degenerative-life cycle, which refers to the propensity of employee-owned entities to either fail or eventually become conventional hierarchical organisations. Originally asserted by the Fabian democratic socialists Webb and Webb (1913) and German-Italian political sociologist Michels (1915), it suggests that democratic processes eventually decline under environmental pressures and the frailties of human nature related to abuse of power. There are plenty of empirical studies that show employee-owned bodies declaring formal political equality fail to live up to expectations in practice (Heras-Saizarbitoria 2014; Errasti, Bretos and Nunez 2017; Hunter and Marks 2007).
Degeneration is seen to work through several stages. Beginning with ambition and optimism, the long-term effects of an unsupportive market, legal and policy environment and risk aversive employees, is an undercutting of these ideals. As the trade-off between external pressure for efficiency and participation reappears, to succeed management (and even staff-owners themselves ignore) avoid and limit the characteristics that make them unique. This is not just a danger but inevitable as the ‘iron law of oligarchy’ re-inserts itself (Ng and Ng 2009:198). Most famously in response to Greenwood and Gonzales-Santos (1991), Kasmir’s (1996) ethnographic study found evidence that despite its publically stated aims there was a return to hierarchical decision-making and a corresponding decline in both the formal participative processes and their effectiveness in application. Shareholding rights did not automatically denote the existence of employee control, while representative systems undermined the confidence and capacity of staff. Existing inequalities of resource and knowledge meant the practice of deliberation was far from a Harbermasian domination-free discussion. For Kasmir (1996:25), The Mondragon was not transformative and reproduced existing values because individual ownership led workers to develop a middle-class identity and capitalist principles, undermining the more important goal of creating worker collective consciousness. Recently, Sharzar’s (2017) theoretical analysis is cautious when arguing we must not ‘conflate cooperatives demonstration of post-capitalist labor norms’ with the long-term challenges of creating a post-capitalist society.

In support, Heras-Saizarbitoria (2014:659) also found democratic mechanisms and solidarity eroded with some staff distancing themselves from being an owner. He noted how degeneration can be manifested in several practical ways such as; denying full owner status to some, prioritising profit maximisation and growth over participative values, down grading terms and conditions, reducing cross-subsidisation of less profitable services, and increasing the pay gap and physical distance between management and staff. For Kokkinidis (2015:847) the predominance of staff representative systems is a trend towards managerialism rather than genuinely progressive. His thesis is particularly insightful in describing scepticism towards simple causal links between legal-
ownership and staff control and how the lack of ownership may not be the main barrier to alternatives. The notion of managerialism as cancerous (constantly multiplying, invading and dominating other collective forms of social relations) is widespread within these perspectives. Finally, I would suggest these perspectives are not a cycle, but an irreversible slippery slope of decline doomed from the beginning because they consider non-state organisational forms merely transient; steppingstones to privatisation, re-nationalisation or failure.

2.6.6 The possibility of regeneration?

For some critical scholars degeneration is not inevitable, there is an additional stage called regeneration, where a variety of methods can be used to prevent management monopolising knowledge, decision-making and resources (Cornforth 1995; Knyght, Kouzmin, Kakabadse, Kakabadse 2010; Masquelier 2017, Brown et al 2019; King and Griffin 2019, Langmead 2019).

Kasmir’s (1996) critique of Greenwood and Gonzales-Santos (1991) was itself criticised as ignoring the differences between The Mondragon and orthodox firms as well as the way staff resisted managerialism through exercising their rights as owners (Schweickart 1998/1999:597). Claiming the existence of the iron law of democracy, staff will always challenge duplicitous attempts by unaccountable hierarchies to control work and impose false unitary (Sauser 2008:151). For example, qualitative ethnographical studies by Estrin and Jones (1992), Kokkinidis (2011:242), Atzeni and Vieta (2014:54) and Ruggeri and Vieta (2015:75) have all argued productivity can be maintained while degeneration resisted if we go beyond electing representatives and use more direct, active and participatory forms.

Recently, Vieta (2020) studied the advent of Argentina’s empresas recuperadas por sus trabajadores (or ERTs, worker-recuperated enterprises) in response to company failuresxxxiv. For him the Marxist concept of autogestión involved practical action to maintain work in times of economic crisis, prefigurative discussion about the future of work combined with an ethically infused notion of workers’ self-management. Methods included sortation (a method of identifying people for
collective duties from a random sample of owners often referred to as equality-by-lot) and the greater use of assemblies of all owners with recallable delegates. This is not to advocate everyone is involved in every decision, but the opportunity to participate actively as they desire with rotating coordination roles and giving workers time away from direct production. The recent theoretical work of Diefenbach (2019) provided an overview of how organisations can repel the tendency towards oligarchy. He argued the ‘iron law’ is neither universally prevalent nor necessarily true. A threat rather than immutable law, alternative democratic organisations have a whole range of means to resist degeneration including intensifying the duty to participate and rejecting elections of ‘experts’ as undemocratic.

Summers and Chillas (2019:16) qualitative study explored how capacity for participation was built and highlighted the specific socio-emotional skills necessary for effective democratic functioning. These included conflict resolution without recourse to hierarchy, encouraging employees to consider the preferences of others and justifying (or modifying) their own preferences accordingly. They also stressed education, practising participation, allowing enough time for reflection and staff having ‘power-in-common’. The shared nature of self and organisational improvement was also remarked upon Flecha and Ngai (2014:676) and Barandiaran and Lezaun (2017:288) in their studies of Mondragon’s international growth. They observed how co-operative principles were constantly ‘refounded’ and were not seen as perfect timeless institutions and processes. Furthermore, despite identifying evidence of degeneration, Heras-Saizarbitoria (2014:655) concluded flexibility of participative practice and employment security meant staff bound themselves to the long-term endeavours of The Mondragon.

At this juncture it is important to reflect on the relative importance of electing staff representatives and more direct forms of participation over operational work. Voter turnout in indirect staff representative elections and direct referendum votes can be low. Webb and Cheney (2014:75) have highlighted the percentage of employees who are owners and therefore eligible to vote within
individual Mondragon co-operatives can vary significantly and can be as low as 30% in periods of growth, internationalisation and restructure. Further it is difficult to judge turn-out rates for workplace elections because there are currently no comparative studies, while organisations with histories of hierarchy and undemocratic norms are unlikely to change immediately while being more likely to degenerate.

The equivocal nature of the literature regarding employee control (and the difficulties of implementing participatory workplaces) are illustrated by Noorani, Blencowe and Brigstocke’s (2013) collections of empirical and theoretical studies and King and Land’s (2018) Participatory Action Research study. Despite working with a small education charity with a history of anarchist working, King and Land (2018:1536) confessed their attempts at expanding non-management coordination had stalled. They found a ‘democratic rejection of democracy’ and asked how do we introduce democracy for people who are not sure they want it? They also suggested these experiments raised questions about who can participate and whence their power (cracy) and ultimately who are the people (demos). Noorani et al (2013:159) counter-intuitively concluded there is no automatic correlation between staff participation and democratic control, because employees may wish not to be involved in management particularly if it has no impact on operational work. They viewed participation not simply as a set of techniques but the art of ‘conversational management’; often finding the best insights when not focused on the problems at hand. Overall, both advocated long-term actions to develop employee’s willingness and capacity to participate, and address the entrenched asymmetric information and inequality brought by existing organisational hierarchies and occupational groups.

In conclusion these studies focused on how we overcome regressive tendencies by denying its inevitability and showing how careful planning, perpetual attentiveness and individual agency can bring about incremental but radical alternatives. Crucially both staff and managers must be committed to their exceptional status while participation must never be abandoned for immediate
instrumental purposes. While employee-ownership may continuously fall short in meeting expectations, this is neither exceptional nor catastrophic for its survival.

2.6.7 The key literature

Within this scholarly setting I now consider the works of Cathcart (2013a, 2013b), Paranque and Willmott (2014), and Storey, Basterretxea and Salaman (2014), Salaman and Storey (2016), Storey and Salaman (2017) and Basterretxea and Storey (2018). They were identified because they focused on how staff attempted to use ownership rights and participative processes to direct strategy and control management; whether employee-owned entities had alternative value and their use of The John Lewis Partnership (JLP) and The Mondragon Co-operative as case studies.

Using interviews with staff, managers and stakeholders within the context of company history and scholarly theory, Cathcart (2013a:602) described the way The JLP was portrayed as an exemplar, unique in its hybridity and an answer to the problems of irresponsible capitalism and bureaucratic inertia. More specifically, she illuminated the conceptual and practical difficulties involved implementing its founder’s (John Spedan Lewis) principles of sharing organisational knowledge, gains and powerxxxvi. For Cathcart (2013a:604,617) owner-led democracy is always under threat from omnipresent and ubiquitous managerialism and conflict about implementing these principles had existed at the genesis of The JLP.

By utilising critically informed qualitative interviews and non-participative observation, Paranque and Willmott (2014:605,613) adopted the concept of critical performativity to study The JLP and its lionisation as a model within (and against) capitalism devoid of labour commodification and exploitation. They started by asking; what degree of staff control over hierarchies can be exercised when they are supervised on a day-to-day basis by management and when the enterprise operates within a capitalist consumer market. Three alternative organising criteria were established for empirical study; the extent of democratic member control, economic participation and autonomy
and independence. They provocatively ask, are cooperatives saviours or gravediggers of capitalism?

Storey et al (2014) focused on resisting degeneration by employing longitudinal quantitative data and comparative interviews in The JLP and the supermarket group Eroski (a subsidiary of The Mondragon). They reconsidered the degenerative thesis and how the seemingly incompatible values of commercial success, democratic workplaces and meaningful work were considered. In their book *A better way of doing business? Lessons from The John Lewis Partnership* (2016), and subsequent journal article (2017), Salaman and Storey reflected further upon its post-1990 history and how trends in contemporary business theory and practice were incorporated (or not) and the unique ways employees influenced organisational decisions and management behaviour. Finally, in their additional mixed-method analysis of The JLP and Eroski, Basterretxea and Storey (2018) concluded to be successful employee-ownership needed a supportive context of participatory friendly employment terms and conditions, workforce planning, performance appraisal and changed management practices.

2.6.7.1 Governance and formal processes of employee-control

All three collected works described the formal processes for employee-control highlighting how they differed from conventional organisations. Paranque and Willmott (2014:605) and Salaman and Storey (2016:40), described the three-fold division of roles in the JLP.

1. The Critical-Side was the institutional body of independent staff advocates of Partnership principles, tasked with challenging, checking and counterbalancing management. The Chief Registers (who were elected to the Partnership Board) and Partner Counsellors and Registers (employed from a range of occupations/positions) ensured that forums, decision-making and committees complied with the constitution and its principles.
2. The Executive-Side, consisting of The Chairman, executive directors and the Board, were tasked with creating strategies and delivering a successful business. The Chairman is accountable to the Board for both business success and Partners’ happiness.

3. The Social Council acted as the general assembly of Partners with 80% of members elected. It proposed and recommended to the Board on strategies and shared responsibility for governance. Although not fully accountable, the Board had to respond and could not ignore the Council, while elected councillors and Critical-Registers provided further scrutiny.

Cathcart (2013b:763) emphasised the constitutional rights of owners to inspect proposals before implementation and approve key decisions once formulated into detailed propositions, noting also staff felt they were important but not always followed in practice. Storey et al (2014) explored the institutional structure of The Mondragon stressing its formal separation between; 1) worker-members (*Socio-Cooperativistas*) and their sovereign assemblies (*Asamblea General*), 2) governing council of elected worker-members (*Consejo Rector*) tasked with checking management; 3) management council (*Consejo de Direccion*) charged with operational delivery; 4) social council (*Consejo Social*), the consultative body tasked with representing workers as employees; and 5) the monitoring commission (*Comision de Vigilancia*) performing auditing and arbitration roles.

Salaman and Storey (2016:173) highlighted how Partner control and the accountability of management was defined through four dimensions: justifying performance to Partners as owners of the business; being challenged on emerging plans (and modifying them accordingly); making corporate decisions without imposition by hierarchies; and increasing Partner knowledge and experience of organisational-wide plans. Although Paranque and Willmott (2014:605) highlighted the governance arrangements within The JLP, they also emphasised how employee-ownership cannot be limited to formal processes and corporate-wide issues. They stressed employees’ desire to control management cannot be isolated from their labour processes which dominate most day-to-day work experience. Subsequently, their focus was on identifying the conditions required to
increase staff control rather than concentrate obsessively on governance and the failure in practice to flawlessly meet the most demanding of criteria.

All three scholarly collections suggested employee-owned entities have in common the equal distribution of equity, one-share-one-vote electoral systems, direct participation in strategic decisions and the distribution of surplus/benefits via assemblies of all workers. Elected representatives were used to curb management discretion, although directors were responsible for facilitating investment option appraisal, business planning and delivery. The JLP and Mondragon also shared extensive owner development programmes and the principle of collective mobilisation i.e. if enough owners combined, they could over-rule management.

Storey et al (2014) and Basterretxea and Storey (2018) both highlighted how The Mondragon differed in its emphasis on workers contributing capital, with financial support for new recruits to purchase shares\textsuperscript{xxxviii}. In addition, participatory training is perhaps more extensive within The Mondragon with its own higher education institution. The Mondragon is also explicit in its intention to sustain local employment, represent an alternative to conventional organisations and progressing non-revolutionary social change in opposition to state action. It is also inconceivable to study The Mondragon without understanding its cultural and industrial context including Basque ethnic solidarity, perception of external fascist aggression, reduced class struggle and the impact of geographical isolation for labour markets.

2.6.7.2 Managerialism and the scope of employee control

For Cathcart (2013a:611) JLP staff fiercely disputed management claims that they did not desire more expansive participation and merely wanted a voice. In particular they rejected the notion that employee-control can only be justified with reference to what is good for the business’ competitive advantage. Staff concerns about how control mechanisms worked were not due to a dislike of engagement and disinterest in the issues, but due to their previous experiences when feedback to management was ignored. Furthermore, a lack of voter turnout or attendance at
participation events was caused by the internalisation of managerial arguments, limitations on the scope of owner control and the ongoing undermining of staff confidence and competency. The problem was not too much democracy but not enough of the right kind.

Cathcart (2013a:610) highlighted how managers desired greater staff engagement but also wanted their voice focused on less contentious subjects. They demanded staff should be more sensible in their demands, more accountable for their own work and take responsibility for delivering corporate decisions. In contrast, non-management Partners valued the authenticity of participative experiences, which ultimately determined whether they engaged subsequently. In support of Heras-Saizarbitoria (2014), Cathcart (2013a:614) confirmed staff required control over both operational work and organisational-wide matters. Therefore, the promise of Partner control required constant renewal to stop management pushing engagement down the ladder of participation with Salaman and Storey (2016:180) remarking upon their tendency to benign autocracy. Basterretxea and Storey (2018:310) also described how unsupportive managers constantly articulated the disadvantages of participation, emphasising the negative impact on the speed of decision-making. Both studies highlighted how management attempted to develop a hegemonic framework for defining Partner participation and responsibilities which shaped any subsequent discussions. They also noted how managerial Partners tend to deny that staff owner control included (even in theory) day-to-day operational work.

Although largely agreeing that managerialism is forever expanding, Paranque and Willmott (2014:606) and Storey (2014:636) saw employee-ownership subverting and supporting it. Firstly, managerialism was destabilized in several ways including an explicit rejection of external acquisition and absent owners, and a re-connection of who owns, who plans and produces work. Wages, conditions, surplus distribution and audit all prioritised and safeguarded the concerns of employees. Labour was un-commodified because there was no distribution of dividends externally or speculation about their future value. However, ownership also left aspects of managerialism
and the primacy of competitive advantage in consumer markets unchallenged with no direct threat
to instrumental assumptions and its long-standing philanthropic paternalism (Paranque and

Salaman and Storey (2016:92,131) investigated the professionalization of JLP management with
the use of managerialism methods such as formal business planning. However, they also stressed
how market logics were not considered immovable, natural ‘facts-of-life’. Being ‘different and
better’ meant considering how benefits were distributed and how surpluses were created, and not just
the extent of commercial success (Storey and Salaman 2017:348). Paranque and Willmott
(2014:614) conferred; staff control was ambiguous because counter tendencies were ever present
while also being genuine and tangible. For them, defining accountability to staff contrasted sharply
with conventional notions of instrumentalism. Moreover, within The JLP there was a decrease in
social divisions particularly regarding pay differentials between management and labour. Overall,
all these studies observed the constant clash and accommodation between employee-ownership
and managerialism.

2.6.7.3 Exemplars and exceptionalism

The critical value of employee-ownership was also consistently debated. For Cathcart (2013a:611)
staff criticism of management was dissimilar to the norm because workplace participation was
symbolic of employee-ownership’s exceptionalism. Although information sharing between
Partners was considered helpful, control over organisational hierarchy was recognised as
intrinsically valuable by staff themselves, particularly as a safeguard against management failings.
In contrast, management saw involvement as a process of clarifying and modifying existing
proposals, achieving organisational unity and co-ordinating delivery. This Schumpeterian form of
participation meant accepting the inevitability of elites making key decisions (Cathcart 2013b:770).

For Cathcart, employee-ownership was exceptional because it tackled these recurring organising
tensions explicitly with greater levels of antagonistic debate and a constant readjustment of
practice. Similarly, Paranque and Willmott (2014:616) explored how legitimatising authority was exceptional within The JLP. Manager’s claims to specialist knowledge and technocratic expertise were only conditionally accepted; while their authority was perpetually disputed because it was not mandated by owner-democratic endorsement. This permitted, if not compelled, Partners to exercise some control over management and their condescending manner. All three sets of scholarship corroborate studies on workplace democracy which highlighted its inherent advantages for improving the outcome and process of organisational decision-making – as well as its reflexivity and adaptability in uncertain and changeable conditions (Gerlsbeck & Herzog 2019). These studies all suggest the normative case for workplace democracy needs to be continuously made in addition to its epistemic value.

Storey et al (2014:636), Salaman and Storey (2016:2) and Basterretxea and Storey (2018:313) also suggested exceptionalism comes from acknowledgement of the ‘The Big Picture’ i.e. employee-ownership’s critique of the conventional external-investor form and the distinct way economic sustainability, participatory practice and incremental social change were reconciled. Basterretxea and Storey (2018:316) summarised, The Partnership:

Had to be ‘nicer’ (taking into full account the interests of its members) but it also had to be ‘better’ (in all respects including customer service and the shopping experience as a whole) than the competition. The two were part of one whole.

Supportive of Flecha and Ngai (2014:671), they found the trade-off between participation and efficiency was commonly rejected by JLP interviewees, while also highlighting the aim of Partner happiness was inextricably linked to providing services profitably. Equally, Eroski participants saw compatibility not contradictions in balancing those aims for Storey et al (2014:633). For their informants, engagement in (and acknowledgement of) the tension between different values, required the involvement of all staff groups, complex analysis and discussion by all, rather than managerial expertise. The resolutions to these conflicts were not permanent dominance by
managerial values but often involved decoupling (separating responsibility into different departments) and bending (reconciling and adapting different logics). Salaman and Storey (2016:131) concluded these resolutions do (and must) involve Partners while managers must plot a profitable strategic direction and effective delivery, while working within the constraints of employee scrutiny and the moral expectations of being a different type of business.

In support, Paranque and Willmott (2014:616) explored the notion of ‘communitas’ (an unstructured community in which people are equal and experience together a sense of in-between-ness and embryonic newness) and ‘spaces of possibilities’, to view employee-owned entities as occupying liminal spaces where structural tensions between different conceptualisation of ownsments and the purpose of organising, meant conflict was not only allowed but encouraged. All three sets of scholarship concluded that balancing these values did not just happen irrespective of agency and if neglected led to complacency about participation and commercial performance.

Furthermore, Storey et al (2014:637) also observed how some staff remained non-owners raising questions of owner identity, what was special about employee-ownership and who was in and out. Reflecting Marchington and Timmings’ (2010:455) concerns about a two-tier workforce under employee-ownership, the continued existence of non-owning staff potentially re-invented the owner-management-labour divide and institutionalised a new work hierarchy. More positively, non-ownership also fuelled debate about who were members and what being a member meant.

Endorsing Audebrand (2017:368), Storey et al (2014) confirmed employee-ownership did not simply borrow, combine or adapt from the public, private or charitable sectors; it provided different approaches to framing these debates by challenging prefiguratively what success is.

As Salaman and Storey (2016:202), Storey and Salaman (2017:350) and Basterretxea and Storey (2018:292) concluded; success is not automatically derived from its ownership model or principles but based on all owners permanently renegotiating (and produce temporary consensuses) based on their agency and unique purpose. Importantly, these findings were recently substantiated.
by the ethnographical study of worker’s cooperatives by Langmead (2019:79), who found these antagonistic and fiercely contested debates about conflicting values were the essence of employee-ownership and central to ‘living’ democratic practice.

Ultimately, they all agreed ownership had conceptual virtuosity, dexterity and adaptability. As Cathcart (2013b:767) summarised; employee-ownership cannot be described as an exemplar if the label assumes a final and decisive organisation form. Rather it is an example of an alternative approach to the structural conflicts between owner-management-labour and the inevitable discursive struggle surrounding complex planning and service coordination.

2.6.7.4 Degeneration and regeneration

All three scholarly contributions engaged in debates about the propensity of employee-owned entities to maintain their initial democratic impulse, reflecting both optimism and pessimism. Salaman and Storey (2016:132,152) showed how The JLP met many aspects of the formal criteria for democratic workplaces, but they also highlighted how constitutional powers and reporting structures become unimaginative and bureaucratic, particularly with the inclination of managers to stand and be elected to represent staff. Storey et al (2014:637) observed degenerative tendencies in declining scrutiny by the Critical Side and reduced levels of criticism appearing in the owner-led Gazette. In Eroski they observed a similar pattern of management attempts to centralise decision-making.

As a result of these concerns, both Eroski and The JLP launched plans (The Commission on Democracy and Democracy Project) to rejuvenate their organisational strategies simultaneously with returning some decision-making to local stores and increasing the numbers of staff-owners. Storey et al (2014:636) reported how interviewees felt Partners had become passive and complacent when financially successful, and how a decline in performance was often a spur to re-engage and conflict. Renewal was therefore needed not simply because of the iron law of oligarchy and continual management encroachment, but success often bred contentment and lethargy. Cathcart
(2013b:779) found non-management Partners were aware of the potential for co-option, observing attempts to stop and reverse degeneration particularly when forms of owner-control relied solely on staff representatives working within formal constitutions. Positively, these developments resulted in increased non-managerial staff representatives, the wider use of sortation and an increase in local branch decision-making.

For Paranque and Willmott (2014:617), degeneration was not only an ongoing threat but required participative processes to be used as means and ends. For example, staff used notions of accountability as a discursive method to ensure managers answer, explain and justify actions and to improve the quality of decision-making. Critical value comes from employees rejecting traditional individual and hierarchical forms of accountability and encompassing shared notions. The latter involved moving beyond staff control as simply a tool to make directors personally accountable, towards new approaches to collectively create strategy and address the ethical concerns involved in reviewing individual, group and organisational performance. This does not mean managers should not be accountable, rather employee-ownership offers the potential to develop different collective forms of deciding what is to be done and what is owed to others.

Clearly Salaman and Storey (2016) are supportive of Paranque and Willmott (2014); although structures and governance processes may change, they only transform existing ways of organising through agency. Referring to the mental struggle and anxiety for those constantly resisting degeneration and reconciling contradictory values, both commentaries suggested disengagement from organisational life can be a reasonable response if complexity is to be avoided. Salaman and Storey (2016:182) also focused on attempts to make membership more meaningful and argued it involved rediscovering the political nature of ownership and not simply refining some technical aspects of engagement or increasing financial benefits. Following Schneiberg (2013), employee-ownership needed an articulation of its connection with alternative social movements and its normative value in opposition to the organising status quo.
Overall, these reflections on degeneration were nuanced; managerial claims about the urgency of changing working practice co-existed with much greater levels of dialogue about why changes were required, how they were implemented, and the ways owners benefited. Further, managers must win consent and commitment from staff rather than rely on hierarchical command and control. The continued existence of The JLP and Mondragon, with important aspects of owner control intact, represented a clear rejection of inevitability of degeneration. For Salaman and Storey (2016:150), employee-ownership is a moral commitment and managers not only have to act in congruence with being an exemplar but because of these alternative principles. Finally, all three groups of scholars warned against concluding that degeneration was absent or there were no ongoing tensions. For Storey et al (2014:639), it was noted that most Partners considered success in achieving one value could not be at the expense of their unique ownership form. Significantly, the task of facilitating these discussions remained with managers but their claim to impartiality and a monopoly over organising knowledge was questioned.

### 2.6.8 Literature conclusions

Several common themes emerged particularly surrounding a qualified endorsement of employee-ownership and an openness regarding its critical shortcomings.

1. All three noted management practice was different and the use of standard approaches both undesirable and ineffective. Formal owner rights were important in initiating staff control and allowing non-managerial alternatives to be discussed and introduced. These quasi-legal rights were vigorously defended and valued by employees, but they were also limited, particularly regarding control over operational work. Staff continuously demanded an expansion of direct participation as a counter point to the relentless managerial colonisation of work (Storey et al 2014:640).
2. The shallowness of participation and the oligarchical dystopia predicted by the degenerative thesis was not inescapable, but nevertheless constantly possible (Cathcart 2013a:619; Paranque and Willmott 2014:622; Salaman and Storey 2016:151). Ceaseless vigilance was required to ensure formal processes for management accountability were translated into substantive operation and pressures to circumvent or compromise staff control resisted. Non-managerial organising (which sought to transform workplace relations) existed but was fragile. They also shared the view that long-term commercial survival and owner control was possible through active and ongoing dialogue. Overall, managerialism and its opposition were simultaneously prevalent.

3. Owning and participating involved rejecting managerialism and accepting some aspects, particularly its instrumental focus. While controlling management practice and setting strategies meant their discretion was restricted, these processes also entailed labour sharing its knowledge and skills. Employee-ownership was a potentially powerful response to managerialism however it remained not only unfulfilled but in permanent danger of co-option and isomorphism. Whether we see conflicts between organising values as resolvable problems or fundamental contradictions, it is clear achieving progressive change while planning and delivering services is not simple or undemanding.

4. Methodologically, all three applied ethnographical and qualitative methods in contrast to drawing upon quantifiable outputs and testimonials from senior management, external stakeholders and self-proclaimed policy experts. I also note the studies displayed their ontological and epistemological assumptions loosely, rejecting attempts to verify once and for all ownerships’ alternative credentials while also accepting the influence of both discursive conflict and organisational restructuring and ownership.
5. Corroborating Noorani et al (2013) and King and Land (2018), Salaman and Storey (2016:129) explored the lack of engagement in Partner matters by staff and why management continuously requested further engagement and responsibility from others. Rather than ignore the lack of involvement despite opportunities (or disapprove of employee’s indifference) Paranque and Willmott (2014:615) argued we have to carefully disassemble existing sources and manifestations of power and occupational inequalities while also acknowledging that altering staff disinclination to exercise control and responsibility a long-term project. The moral purpose for alternative organising (and the disposition to believe that better ways of working are not only possible but embryonically exist), is central for Salaman and Storey (2016:ix). In addition to formal development programmes and time for owners to learn new knowledge and skills, they highlighted how fundamental self-reflection (and a desire for personal improvement) was needed for alternative organising.

6. All three sets of scholarships were cautious about the alternative value of employee-ownership with Cathcart and Basterretxea, Salaman and Storey more sympathetic than Paranque and Willmott. Notwithstanding their caveats, Paranque and Willmott (2014:619) neatly summarised by concluding The JLP was as a ‘practical demonstration, albeit flawed’. Critical value was not seen in immediate, explicit and large-scale change but in incremental progress and staff gaining the experience, knowledge and skills to organise independently of management. Therefore, The JLP and Mondragon may not be the universal and timeless definition of workplace democracy, but they were still important examples of democratic practice. The ongoing presence and evolution of employee-owned entities were, by their continued existence, alternatives. Valuable insights about its limitations were gained, rather than a description of an idealistic archetype. Moreover, ownership was not just an attitude based on moral commitment to an idea but an applied skill; participation as an embodied craft about managing divergent interests and conveyed by social rituals (Storey and Salaman 2017:350).
Finally, the need for further research is apparent and was foretold by Salaman and Storey (2016:190) when they argued employee-ownership was more talked about and admired than known and understood by both its advocates and detractors.

2.7 Employee-ownership and workplace resistance

In this Section I explore different critical approaches to workplace resistance including how alternatives to managerialism are developed. Finally, I describe the specific literature I considered in my empirical Chapter 7.

2.7.1 Introducing critical resistance studies

In my introduction to critical organisational studies in Section 2.3, I described two schools. LPT considered resistance to owners and managers as the inevitable consequence of private ownership and capitalist modes of production, emphasising the explicit, overt, revolutionary and collectively organised and emancipatory nature of resisting. In contrast, post-structuralists emphasised the less confrontational, covert, individual ‘infrapolitical’ acts of defiance. For the latter, worker resistance is more complex, indeterminate and localised than previously considered because it is focused on stabilising a sense of self within a disconcerting environment of persistent managerial assault. More recently, critical scholars have focused on their common anti-managerial dispositions and studying empirically existing alternative organisations.

intent or always co-option? Lastly, in what spaces can oppositional sentiments to management flourish and the capacity for self-organisation emerge? Therefore, the purpose of my scholarly appraisal is not to describe an exhaustive list of all the literature in the field rather to summarise at the intersections of resistance, employee-ownership, alternative organising and healthcare.

Firstly, we need to acknowledge that resistance as a specific academic area for study has become influential due to ‘increasing levels of contention often of a highly confrontational sort’ (Courpasson and Vallas 2016:1) in organisations and against capitalism more generally (Mumby et al 2017:1157, Thompson (2016:107). However, there is an unfortunate tendency in scholarship to believe that each generation have discovered a completely new form of critique. Resistance is no different and despite contemporary interest, understanding it has a much longer history within social science. More specifically, employee-ownership claim to be an alternative organisational form relies to a large extent on its propensity to offer support for staff resisting managerialism. However, with the concept of resistance so widely applied (from youthful rebellion to peasant uprising, social movement street demonstrations to sarcastic comments directed at managers or even to throwing milkshakes over politicians) it is important to clarify boundaries and avoid its use becoming meaningless. How can we connect resistance to managerialism within employee-owned healthcare, if it also includes violent revolution and teenage hairstyles?

For many scholars, the field lacks an accepted understanding of what resistance is and how to empirically study it (Johansson and Vinthagen 2019). For example, Ackroyd and Thompson (1999:10) distinguish between misbehaviour (which they argued is not sufficiently directed and sustained) from workplace resistance. However, more commonly there is an acknowledgement that a wider range of staff oppositional practices to managerialism can be viewed as resistance (Knights and Vurdubakis 1994:180, Lilley et al 2009:349; Belanger and Thuderoz 2010:147; Ybema and Horvers 2017:1233). Recently critical scholars such Alcadipani, Hassard and Isla (2018) have tended to accept a pluralist and transdisciplinary approach to understanding resistance in their
ethnographical study of worker responses to lean management programmes. Accordingly, I have used the flexible guide suggested by Courpasson and Vallas (2016:7):

Resistance constitutes a dynamic phenomenon that can occur at multiple levels and can take multiple forms. It may or may not reflect conscious intention, it may or may not succeed in renegotiating the claims that elites can make on their subordinates. It may or may not harbour a conception of an alternative order, in however inchoate or fantastic a state.

While I adopt a pluralist stance, I also acknowledge that labelling all oppositional acts by labour as resistance can lead to generalised reflections which lack critical rigour regarding current forms of domination and the mobilisation of collective action. As Thompson (2016:109) declared; resistance becomes ‘everywhere and everything’ and therefore nothing. In this Thesis I do not enter the debate about what is included/excluded, rather my focus is on resistance and the development of alternatives within the healthcare setting. More particularly, I concur with Thompson (2016:113,117) that critical resistance studies requires a greater emphasis on labour as the active subject in workplace struggles and an acceptance of their creativity in thinking about and practising alternatives. What is not needed are further studies based on the notion that staff are suppressed into resignation of their fate due to the inevitability of power relations or fooled into consent by managerial manipulation.

Johansson and Vinthegan (2019:15) provided further guidance; resistance must be understood as a particular form of social practice, pattern of acts or techniques applied by subordinated subjects in a power relation/against power. Therefore, meaning cannot be understood without analysing it in relation to power and variety is acknowledged because staff are always creative in responding to power. Resistance consists of doing things differently (and being different) from manifest design, what contemporary power holders want or what is in the interest of existing hierarchies. They argued it is not enough to simply act with creative difference, resistance to power needs to
(at least) have the potential to influence and alter ideas and practice. Of importance is the role it plays in social change and the everyday lives of people in different contexts. Therefore, the dynamic relational marriage between power and resistance means it produces plurality, unexpected results and incremental and transformational change. Due to its inherent contestability, resistance is also essentially political regardless of its form or intention.

In conclusion despite its ambiguities, resistance is an important tool to consider organisational change because it values oppositional action whether it is overtly and purposely politically informed. And although there are many forms within this conceptualisation, I exclude those staff actions which merely improve the implementation of management proposals and reflect engagement as outlined in steps 1-to-3 of the ladder of participation in Section 2.6.2. Please note a further discussion of the dimensions of resistance (such as cover/overt) are contained in the Glossary (Appendix 1). Building upon this primer, in this Section I explore the contribution of four scholars across three themes in depth:

2. Co-option, managerial notions of the ideal worker and multiple ways of resisting by Hjofth (2005, 2016)
3. Empirical studies of healthcare staff responding to being transferred from the public sector by Waring and Bishop (2011) and Waring (2015).

2.7.2 Resistance and alternatives

Both optimism and scepticism surrounding staff involvement in organisational life is a recurring theme in critical scholarship and closely linked to the degeneration thesis I analysed in Chapter 6. Most famously, Foucault described clinicians anticipating the intensification of control by practising self-surveillance such as independent timekeeping. For McDonald (2005:190), these new forms of normative control were sufficiently pervasive to be absorbed into an individual’s
subjectivity creating willing workers and more amendable clinicians. From a post-structuralist perspective, Spicer and Fleming (2016:127) explored the view that participation, despite its good intentions and public declarations, is ultimately repressive and essentially a penitentiary-like experience. Engaging in work beyond your individual duties is not only futile but deepens the malaise, as resistance through engaging is a lost game, encouraging employees to ask for more of what is on offer (such as better pay and conditions) and not a transformation of work (Fleming 2014). Not only does engagement not succeed on its own terms because management practice remained unaltered, but it deflects staff energy, constituting free labour as management capture employee knowledge.

This perspective come close to rejecting any possibility of free and consensual agreement, seeing terms such as mutual gain as another way elites imposed their will and rob staff of their identities. From this standpoint, overt rejection and covert ignoring is not just righteous indignation but legitimate and appropriate. The only genuine response to managerialism is absenteeism, exiting the organisation or paid work to focus on living ethically (Knights 2016:98). Authentic resistance needs to be fixed on curtailing undesirable change from above and should not be concerned with suggesting, let alone bringing about, non-managerial organising.

Walker’s (2016) notion of astro-turf resistance (ATR) is helpful in providing a framework for describing how management creates prefabricated resistance which they masqueraded as genuine grass-roots employee feedback. Using empirical examples from the beverage industry and street protests against Uber, Walker (2016:272) showed how ATR is particularly dangerous to the emergence of non-managerial alternatives, because management use fake processes to wrongly proclaim staff consent. It is one thing to say hierarchies influence resistance and vice versa it is quite another if it infuses itself into resistance and begins to supply its voice. However, despite the hegemonic intention of managerialism and descriptions of the repressive nature of most (if not all) organising, examples of staff internalising management agendas are rare for Knights and
McCabe (2003:1587). As the continued existence and creativity of resistance shows, there is
evidence staff do not meekly accept further surveillance and control. We should not therefore
overestimate the domination of managerialism and the ideological incorporation of employees, as
professionals not only perpetually resist but do so successfully while offering alternatives.

Clearly non-managerial approaches can take many forms; an aspirational vision of societal change,
creating a new social movement, developing a manifesto with clear goals or a suggestion to
immediately improve the workplace. An important distinction must be made between resistance
intending to transform managerialism from acts which are meant to reproduce existing inequalities
or return to earlier forms of work hierarchies and occupational demarcations. For example,
clinicians may declare we need an old-fashioned matron in-charge while Othering occupations who
do not share their professional status. What is perceived as anti-managerial in one situation can
be repressive in another by conflicting with attempts by others to resist management. Further,
resistance is not helpful feedback from staff to management on the development or implementation
of corporate change programmes.

Critical realist Lloyd (2017:271) considered both resistance and alternatives in his ethnographic
study of a call-centre. He showed the cynical and mocking nature of most misbehaviour and how
staff distanced themselves when asked/compelled to buy-into management communication
(‘makes you puke in a bucket’). Confirming earlier studies by Burawoy (1974) and Brannan (2005),
he observed call avoidance, sabotage and disobedience as ubiquitous. For example, staff taking
back overtime in lieu was not only a valued symbolic victory in opposition to new automatized
work processes, it emerged through informal networks of co-workers sharing experience and
techniques (Lloyd 2017:273).

Corroborating Zuk’s (2017) study of employee attitudes and resistance in a Polish manufacturer,
Lloyd emphasised the importance of staff understanding their subjective experience and
articulating their views collectively. The propensity of staff to engage in overt and collective
resistance was restricted by new surveillance technology masquerading as staff empowerment and management attempts to promote the individualised worker. However, joining trade unions to organise resistance was not only rejected (‘I’m not interested’) but not even considered an option by some because organising was viewed as requiring ‘time, effort, money and sacrifice’ (Lloyd 2017:266). The subjugated nature of work was understood and single acts prevalent, yet ideas about alternative ways of working existed in embryonic form. Resistance was both caused by structural change because altered modes of production always impact on staff; and subjective because hierarchical control affected specific individuals and resulted in varied interpretations and responses. His call for space to share these interpretations and coordinate action is corroborated by Courpasson’s (2017:1277) study of how bloggers used social media to criticise corporations. Courpasson was insightful in highlighting how infrapolitical forms act as apolitical safety values and how they were ultimately unproductive since they are isolated hidden acts and not directed against power structures. Atzeni’s (2010:371) analysis of worker resistance in manufacturing also supported the view that resistance as a path to alternative non-managerial working required increased sense of solidarity amongst staff. For him this was best achieved through increased dialogue between different staff groups combined with direct action.

Building upon their descriptive accounts, both Walker and Lloyd explored how resistance contributed to forming alternatives. Although Walker (2016:270) was sceptical of management-initiated engagement, he did propose criteria for testing moral authenticity and therefore the presence of ATR. Namely; the sincerity of staff participation is doubted when means/ends thinking is continuously applied; participants are not the true author of the claims being made (they are masquerading for someone else); and they are not acting in a transparent manner (they are misrepresenting). Lloyd (2017:276) corroborates by accepting managerialism endures because it allows some forms of resistance to take place. He argued managerialism was not simply a veil of ignorance purposively obscuring employees, rather owners and managers knew staff were not
indoctrinated and a measure of resistance allowed. Staff might say, ‘I did what you wanted, but I
did not consent to it’ and employees think they have fooled the hierarchy, but they have not really.
In the absence of alternatives, they are resisting while simultaneously reproducing managerialism
because all forms of work involve some consent from staff. This helps explain why resistance can
be observed widely and is prevalent in some settings, but at an organisational level managerialism
still pervades, appearing unchanged (Lloyd 2017:277).

In conclusion, Walker is useful in explaining how management understand staff resistance and
how we understand genuine opposition. This leads us to how scholars have explored whether
resistance does (and should) involve the possibility of alternatives. Lloyd (2017:276) argued it is
misguided to only use traditional LPT analytical tools or discursive analysis to comprehend
resistance and alternatives. It is when forms of social co-operation offer a non-managerial
replacement that is crucial. For both Walker and Lloyd the process of resisting becomes potentially
productive because it involves bringing to the fore both what had previously been hidden and
reimagining of the workplace. Common critical ground is found in focusing on mutually
supportive infrapolitical acts; changes to owner-management-labour relations and the use of
unmanaged liminal spaces for staff to share experiences and discuss what might be possible beyond
managerialism.

Lloyd also emphasised the difficulty of practising participation beyond the initial enthusiastic stages
because ongoing additional effort, a sense of shared experience and time was required for activism
to succeed. A range of theoretical and empirical studies have showed the arduous nature of
changing managerialism and the unrehearsed creativity, enjoyment and face-to-face interaction
required (Marche 2012; Jackson and Carter 2014; Fernandez, Marti and Farchi 2017). Alternatives
require an element of play, desire and uncontrollability; a combination of a belief in individual
agency and an emotional attachment to co-workers based on rituals, everyday experience and
interests cultivated over time. Resistance can be a springboard for innovative alternatives, but it
can also be experienced as mere drudgery; the obligation to respond to management. Colloquially speaking, *getting things done*, making change happen does not come *out of the blue* it involves toil, conscientiousness and personal development. Furthermore, parallels with the pragmatic school of sociology are obvious with a focus on the strength of resistance from staff and their capacity for seeking alternatives through antagonistic debate (Thevenot and Boltanski 2006). The emphasis is not on how social actors acquiescent (and are dominated without knowing it) but on how actors critically use their capacities and creativity to engage in interpretation and action.

In summary, many critical thinkers view the potential in resistance because the existence of antagonistic discussion itself can have radical significance, while the notion that resistance must always hinder management has also been challenged. For example, resistance as a nascent process of emancipation has become more central to critical organisational theory for Mumby et al (2017:1160). Although optimistic perspectives have become more common, critical scholars’ still stress the dangers of involvement with management.

### 2.7.3 Hjofth and the managerial ideal workforce

I now explore the notion of the ideal worker and the mainstream scholar *per-excellence* Drucker (1993) and his belief that greater staff participation is the inevitable outcome of service industries, where knowledge is the new capital and principal productive force. For Drucker (1993:8) knowledge workers, professionals and those with immaterial labour are in positions of real power with their expertise scarce and having control of the factors that create successful performance and accumulation for owners. From this perspective, employee engagement and high levels of commitment are not only more efficient but lead to more humane workplaces. The ideal knowledge worker is the universally educated person, combining the intellectual’s ability to understand abstract concepts and empirical research, with the managerial genius for applying knowledge practically in the pursuit of efficiency\(^\text{iv}\).
Critical scholars of all schools have been at the forefront of undermining both the theoretical and empirical basis of these optimistic post-Fordist accounts (Godard 2004:349; Reid and Ramarajan 2016:84). Alvesson and Karrenman (2004:440) highlighted the moral internalisation involved in turning organisational constraints on worker autonomy into preferences chosen by individuals themselves. From this perspective, the governable individual is created; regulated from inside and enjoying their emotional labour the way an actor inhibits a role. Developing your skills, being committed and challenging poor quality and inefficiency, does not increase our self-governing capabilities but makes hierarchical control easier. The ideal worker is a Stakhanov-like creature; a concept which management take for granted as desirable and feasible but is shown to be reified because there is nothing in practice that can ever meet its standard. Resistance within this context is a tool for staff to cope with increased management control (and the gap between its dystopia ideal and workplace reality). To illustrate, healthcare scholar Doolin (2002:379) interpreted the imposition of entrepreneurship on clinicians as unwanted and alien; a method for spreading market driven instrumental thinking into patient care.

However, a more specific and nuanced understanding of how concepts initially used by managers are adopted and used as tools to resist is explored by Hjofth (2005, 2016) in his exploration of ‘entrepreneurship’. In contrast to prevailing critical perspectives which focus on understanding how and why staff resist management, he wished to explore both resistance by managers and how initiatives can be appropriated from hierarchies and used against them (Hjofth 2016:288). For him the ‘enterprising-employee’ reflects the managerial ideal, a worker who organises themselves and takes risks to improve services allowing management to use information technology to survey work remotely. Superficially rebellious, ‘enterprising-employees’ attempt to resist, but end up playing a management proscribed role without further purpose and meaning. Management want the ‘enterprising-employee’ who is manageable, not ‘entrepreneurship’ which is not, because the latter involves non-instrumental thinking, creativity, learning by error-&-practice and a radical re-conceptualisation of management.
Building upon studies highlighting uncertainty as the enemy of management control (Alvesson and Karreman 2004:423) and alternative critical forms of social and green entrepreneurship (Berglund and Skoglund 2015); Hjofth (2016:312) saw ‘entrepreneurship’ as a disruptive catalyst, potentially empowering all staff and creating unpredictability and anxiety for hierarchies. Under such conditions, he found some managers resisted entrepreneurship in contrast to their public pronouncements about it liberating staff from bureaucracy. Creativity is not just observed from below, but from managers in finding ways to subtly counter-resist employee ‘empowerment’ (Hjofth 2016:300). The danger of ‘entrepreneurship’ to management is particularly prevalent within healthcare because it can be seen to support a professional desire to expand their practice and innovate (Hjoft 2005:386). Recently Hjorth and colleagues have explored these alternative perspectives on entrepreneurship arguing it is not simply synonymous with individual economic enterprise, despite their frequent association (Farias, Fernandez, Hjorth and Holt 2019). Rather its focus can be on the ethical (through its descriptions of ‘what is’ and ‘what could become’), creative change (through its embrace of liminal spaces, criticism of conventional working and an emphasis on what is ‘new’ beyond) and political (through its support for non-instrumental testing and the de-normalising of existing structures, institutions and practices).

Corroborating Boyce’s study of Allied Health Professionals (2008) and Jodoin and Ayers’ (2013) ethnographical studies of US clinicians; Hjoth showed staff resistance can take several forms. Firstly, some clinicians simply reject management’s proposals, seeing no direct relevance, ignoring its ambiguity and conceptual uncertainty. Whereas some staff are noncommittal and calculative, requesting more evidence about its impact for patients. Finally, staff also adopted management initiatives seeing them as new opportunities to alter the national context and local power relations. Rather than being simply managerial entrepreneurship is fluid and multi-layered with various staff responses intertwined with what hierarchies offer.
Hjofth (2016:314) also reminded us that resistance was not always progressive and can come unpredictably from all levels, while personal and professional development cannot be condemned simply as creating isolated employees ripe for domination. In support of Petrakaki et al (2018:151), Hjofth suggested the literature has downplayed the role of agency in choosing how staff responded. Moreover, concepts adopted by mainstream scholars can contain the seeds of alternative thinking and tools for anti-managerial positions. For example, Hjofth reflected both notions of self-improvement which can be found in radical theories of adult education and effective social action prominent on the political Left (Dachler and Wilpert 1978:8). Learning to participate by *doing* participation (and staff gradually transforming into something other than employees) are central to critical accounts.

### 2.7.4 Staff experience of being transferred out of the NHS

There is now a need to reconnect scholarly reflections on resistance with empirical studies of how staff responded to being transferred from the public sector. In this sub-section, I consider the qualitative research of Waring and Bishop (2011) and Waring (2015) and their analysis of healthcare workers moving from NHS employment to a privately-owned provider. Adopting an ethnographical position (and the paradigm of cultural migration which saw staff transfer as an example of population diaspora), they showed how staff employed a variety of resistant forms and did not simply acquiesce to management defined roles. Waring (2015:358) applied a three-stepped approach; dislocation from the public sector, resettlement interaction between the receiving organisation and staff responses and finally new hybrid ways of working. In particular, new owners/managers can be hostile to the existing practices staff brought with them, seeking to exploit and segment them while also absorbing them into their existing culture.

Within the liminal spaces created by the initial dislocation, the security and stability staff felt about their roles and identities were challenged at a ‘crossroads’ (Waring and Bishop 2011:666). They found involuntary transfers out of NHS employment caused staff discontinuities in the sense of
motivation, values and norms and played a significant part in their lack of engagement in the new organisation (Waring 2015:345). Reinforcing the different types of resistance identified by Hjoft (2016); many staff longed to return to the NHS (‘the marooned’); or sought to replicate and protect existing practices (‘the guardians’) or were optimistic about new opportunities to enhance clinical practice (‘the pioneers’) (Waring and Bishop 2011:672). They also found that identification with these responses was shaped by existing professional standing, occupational positions and the extent of work autonomy and control. HCAs, nurses and therapists and medical doctors dominated the three groups respectively. For example, medics saw non-NHS entities as representing a return to clinical dominance, autonomy in everyday practice and freedom from state hierarchies. However, less professionalised staff tended to see the transfer as involuntary and were subsequently less engaged.

Waring and Bishop (2011:668) also found commitment to ‘public sector values’ variable, observing ‘pioneers’ and ‘guardians’ acting to retain and expand distinct professional non-managerial value systems and their existing occupational hierarchies. Whereas the ‘marooned’ saw the private sector as focused solely on profit, efficiency and productivity in divergence from NHS values (Waring and Bishop 2011:672). While all clinicians criticised local managers when they tried to represent ‘outside’ external owners, staff resistance did not simply condemn and confront all change with practices of mixing, adapting and translating widespread. Clinicians sought different ways to maintain a sense of security and meaning particularly in the transitional and inauguration phases.

It could be suggested that Waring’s use of three-stages mimicked Lewin’s (1947) conventional change management approach of unfreezing, changing and refreezing which saw resistance as something to be overcome (Ackroyd 2012:230). However, Waring (2015:346) counters these mainstream static stages of change (and their assumptions of the desirability of management proposals) by emphasising hybridity. For him, staff responses to management were not merely driven by a self-serving wish to conserve current privileges. Using the diaspora framework, he
explores the variety of staff responses and the inevitability of re-negotiating organisational practice. Waring (2015:347) reaffirmed Hjofth’s (2016) insight; resistance against management initiatives can result in a type of reverse takeover, where staff re-appropriate concepts to such an extent they are used for ends that its originators’ had no intention and in ways not recognised as resistance by its targets.

2.7.5 Summary

Although encapsulating findings are difficult due to the multiplicity of definitions and schools of thought key findings do emerge:

1. Resistance is nuanced and complex, often more spontaneous than traditional approaches which sought to understand how hegemony was reinforced, consent manufactured, and staff dissatisfaction channelled into organised labour. Resistance to new and more understated forms of management control are themselves more diverse. Since power is not singular but both decentred and intersectional, it means resistance is also inherently plural (Johansson and Vinthegan 2019:15). For Courpasson and Vallas (2016:7) Hollander and Einwohner (2004:548) and Thompson (2016:107) there are gradients of resistance with some challenging the roles given by management, while others confront wider questions of hierarchy, authority, organisational purpose and societal change.

2. Consent, resistance and participation are entangled because with complication and nuance, comes an acknowledgement that we are all complicit at some level into existing organisational practice. As Johansson and Vinthegan (2019) declared; power and resistance are interdependent and constitute/affect each other. We may challenge unjust hierarchy but we also crave authority. For Mumby et al (2017:1161) and Raby (2005:168), we need to move beyond binaries such as dominant and subordinate, where roles are completely preordained, unproblematic and professionals are always good and heroic in opposing managers.
3. As a counterweight to the temptation to seek uncomplicated answers, Waring (2015:346) showed how professionals responded to complexity through acculturation, adaption and appropriation and not by simply rejecting or accepting management proposals. Resistance included overt opposition, superficial compliance, influencing national policy, taking-over schemes, limited consent to specific changes and promoting more radical alternatives.

4. Resistance is always situational. Within healthcare, owners/managers do not have command over labour processes and therefore their capability to shape resistance is limited. Perhaps uniquely, clinicians have proven to be adaptable, effective and fiercely resistant to attempts to reduce their autonomy (Waring and Bishop 2011).

5. Walker’s (2016) notion of ATR is valuable in illuminating on the subtleness of co-option while Hjofth (2016) helpfully described how staff appropriated the seemingly managerial concept of entrepreneurship. A paradox appears; the more resistance is open, antagonistic and engaged in organisational life, the more likely it is to be successful in terms of fashioning alternatives but also the more likely it is to be co-opted.

6. Recently critical literature calls upon us to study not only how and why staff conformed, but also how opposition to managerialism can be encouraged by participation. Although some critical literature suggests consent can never be freely given, exploring the differences between authentic and managerial forms possible. For both Lloyd (2017) and Walker (2016) authentic participation was different to management-initiated involvement because it used non-instrumental reasoning and was direct, continuous and focused on operational work. These tests are subtle and the distinction between participation, resistance and co-option blurred, unstable and contingent.

7. From Lloyd (2017) I also note staff struggled to appreciate and organise collective resistance essential to nurturing alternatives. Resistance was also more than just the absence of
management; it had to be consequential, required long-term risk-taking, shared experience, sacrifice and enjoyment. It must also connect micro-opposition with a wider context outside the team, department or corporate body while avoiding pre-determined and rigid destination points and agreed stages of consensus.

8. I also observe renewed importance assigned to material, economic, and organisational structures. When economic categories (such as ownership) changed and collided with a desire to confront injustice and inequality at work, new interests and situations are created which disrupt and disorientate. Lloyd (2017) using critical realist O’Mahoney’s (2011) earlier work on essentialism, stressed the unique form of antagonism embedded in all workplaces and why it meant resistance to managerialism constantly occurred.

Despite these contributions, many aspects of the relationships between employee-ownership, resistance and healthcare are under researched, particularly concerning what was unique (if anything) about resistance in this sector.

2.8 Conclusions and research focus

The literature surrounding employee-ownership is extensive and varied embracing a rich tradition amongst the social sciences and covering different political, theoretical and methodological positions. However, there is insufficient research on recent developments within healthcare; and where public policy research occurs, they are largely positivist accounts ignoring discussions of power and questions of normative value. Further, critical research tends to follow two perspectives on employee-ownership; either an essentially positive and democratic contribution to alternative organising; or a new more sophisticated form of managerialism with pseudo-engagement and representatives reproducing hierarchical control. Based on these findings, Figure 2.2 graphically shows my priority concepts.

Figure 2.2 – Hierarchy of concepts
In terms of the focus of analysis, I concentrate on the meso-level i.e. the intra-organisational relationships between the individual, team and corporate body (O’Reilly and Reed 2011:1095, Caronna 2012:72). Certain macro-level societal issues are considered such as professionalism and external environmental pressure. For example, I sought to understand how participants framed the rationale for employee-ownership within wider societal (and politically contested) notions of ownership and control.

These contextual conditions are explored throughout the empirical Chapters and considered within a critical realist framework in Chapter 8 (Conclusions). However, certain macro-level issues were not studied, and the Thesis is not an evaluation of the policy of PSMs or an investigation into the ‘spill-over’ of organisational participation into society. Control is used specifically as described in the ladder of participation in Section 2.6. Furthermore, although I do discuss an individual’s subjective experience of owning, a micro-level analysis of personal autonomy and control over labour processes is not included. Finally, I focus is on understanding employee-ownership within Red City and Blue County. Therefore, empirical analysis of the two NHS cases is always secondary, limited and related only to the primary concepts in Figure 2.2.
Although a variety of interpretations of social phenomena is accepted, at this juncture it is helpful to give *sufficient* description to central concepts. Appendix 1 contains further explanations of keywords employee-ownership, alternative organisations, workplace resistance and staff participation and control. Secondary concepts are also described namely, community healthcare, cooperatives, co-option, co-ordination, control systems, hierarchies, management prerogative, organisations (and organising), post-structuralism, power, professionalism, responsibility, retroduction and workplace democracy.

Clearly it is insufficient for the researcher to say the phenomenon under study and research questions are complex and ambiguous. If we do, we are in danger of confusing the reason for research (to increase our understanding) with its results. When we first engage in organisational research everything seems both complicated and vague. This is because the researcher does not have the methodological position to make sense of the situation and in the next Chapter (Methodology) I attempt to tackle this problem.
CHAPTER 3 - METHODOLOGY

3.1 Introduction

3.1.1 Overview

The numerous ontological and epistemological positions and vast array of research approaches and methods available raise important questions about what we can actually know about employee-ownership. However, these intensive and irreconcilable debates cannot become so engulfing they paralyse the research process altogether. This Chapter suggests a pathway through based on the key steps advocated by scholars of research methods (Pryor, Yates and Dunne 2005, Simons 2009; Yin 2009; Caroona 2010; Thomas 2011 and Bryman 2001) and critical commentators (Duberley and Johnson 2009; Edwards, O’Mahoney and Vincent 2014; Ackroyd and Karlsson 2014; O’Mahoney and Vincent 2014; Easton 2010 and Fletcher 2017).

The Chapter is structured as follows:

Section 3.2 (research activities) describes the qualitative methods undertaken and the datasets produced including interviews, non-participative observation, discussion groups and documentation analysis.

Section 3.3 (approach and rationale) outlines the research intent, purpose and justification for using case studies and qualitative methods.

Section 3.4 (analysis and interpretation) explains how data was analysed through three sequential stages of initial coding, draft findings refinement and final themes and feedback. I use the term methodological position as an umbrella term for all three elements.

Section 3.5 (ethical considerations) describes my approach to the ethical issues of the thesis.
3.1.2 Critical realism

Overall, I adopted a critical realist position as the most appropriate approach to address whether ownership mattered because it provides a way to understand how and why institutionalised structures of power embody certain causal mechanisms and shape organisations (Reed 2011:54). As I described in Section 2.3, there are two main strands of critical scholarship and their relative merits have taken the form of a heated debate recently as described by opposing protagonists (Thompson and O’Doherty 2011). In this Chapter I do not adjudicate between these methodological standpoints, rather I focus on the research activities undertaken and why they were suitable to my research. By stressing the adaptability of critical realism, I suggest it avoids too much unwarranted material determinism while also highlighting that discursive only accounts tend to neglect economic and structural conditions that provoke change.

Although developing a reliable account of social life is undoubtedly complicated, critical realism posits that its multi-layered dimension can be better understood through a variety of activities including analysis of context, causes and outcomes as well as local actors’ experience and interpretations. Proponents often place it between (and in opposition to) positivism and post-structuralism. Although these stances are ultimately irreconcilable, critical realism aims to consider both realist ontology and subjectivist epistemology (Giacomini 2010:142). Increasingly being used in organisational studies as well as the sociology of health, critical realism is particularly suited to understanding causality, the impact of an economic change as well as placing qualitative data about social phenomena within wider theoretical context. Further, it contains an emancipation disposition (an assumption that better ways of organising are possible while valuing attempts at their realisation) which makes it suited to case study research and considering alternatives to managerialism (Easton 2010:119).

In terms of ontology, I have assumed there is specific knowledge that can be gained about how healthcare is (and can be) organised which is independent from informants’ interpretation. If
employees’ owning their organisation results in differences (and through retroduction analysis, we
can identify generative mechanisms) this is in some sense real ontologically (Reed 2011:56). I have
not taken the view that there is nothing real out-there to understand and explain, or that there is
nothing to share more widely because everything is localised discourse (O’Mahoney 2011:725).
The researcher can therefore aim to create (although limited and modest) statements regarding
whether ownership matters. My position is also nuanced. I do not take the view that there can be
an independent reality that is easily knowable and universal, stating what a good organisation
should look like always and everywhere. I am seeking to uncover potential and tendencies rather
than discover truths.

When seeking to understand participants’ perceptions of ownership, the epistemological position
taken is one of a subjectivist. We come to know what is happening to staff because we have
analysed their experiences through observation, group discussions and interviews. Work is a
largely socially constructed reality which can be discerned through qualitative methods because
they can explain how organisations operate better than positivism. Critical realists do not accept
that observation is theory neutral because research is always messy, provisional, partial and
conceptually mediated (Miller and Tsang 2010:144). And although they share with post-
structuralists’ that meaning cannot be simply measured or counted without bias, they also argue
discourse does not entirely construct the world.

The importance of non-discursive nature of ontology is reflected in its four modes of reality; 1)
material, such as the weather; 2) ideas, such as discourse, beliefs and concepts; 3) artefactual, such
as physical entities; and 4) social, such as structures and work practices that constitute
organisations. And the three ways of understanding reality; a) the real, their essential natures to
cause change; b) the actual, what happens when the potential to change outcomes are activated;
and the c) empirical, the subset of the real and the actual that is observed and experienced by actors
and researchers. Most relevantly, critical realists accept the ontological reality of the organisation
as a social structure with innate causal powers or tendencies which can be activated in a complex interplay between structure and agency (Reed 2001:59). Retroduction is a mode of inference in which outcomes are explained by identifying generative processes which can produce them under particular conditions. Figure 3.1 shows the flow of retroduction thinking.

**Figure 3.1 - Mechanism-Conditions-Outcomes**

![Diagram of Mechanism-Conditions-Outcomes](source)

Source Adapted from (Belfrage and Hauf 2017, Mason, Easton and Lenney 2013).

### 3.2 Research activities

This Section explains *what* activities were carried out, *when* and *how*. Although in Chapter 4 I describe the four case studies in detail, as a way of introduction, Red City and Blue County are the two employee-owned organisations and Yellow County and Green Town and County are NHS bodies (a NHS Trust and NHS Foundation Trust (FT) respectively). Table 3.1 shows the interventions chronologically. Appendix 2 provides additional information about interview and discussion group participants while Appendix 3 contains the participant information sheets and consent forms.
### Table 3.1 – Research timeline

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<thead>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Red City</strong></td>
<td>Documentary analysis</td>
<td>4 interviews.</td>
<td>4 Interview Non-participation observation (Closure of Red City announced in Oct).</td>
<td>1 interview Emerging findings shared with participants (Jan). Closure of Red City (Mar)</td>
<td>2 second post-closure interviews</td>
</tr>
<tr>
<td></td>
<td>Discussion group</td>
<td>Non-participation observation (1 week)</td>
<td>Non-participation observation (1 week)</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>8 interviews</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Non-participation observation (1 week)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Blue County</strong></td>
<td>Documentary analysis</td>
<td>9 Interviews</td>
<td>1 Interviews</td>
<td>2 second interviews Emerging findings shared (Dec).</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Non-participation observation (1 week)</td>
<td>Discussion group</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Non-participation observation (1 week)</td>
<td></td>
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<tr>
<td><strong>Yellow County</strong></td>
<td>Documentary analysis</td>
<td>8 Interviews</td>
<td>Non-participation</td>
<td></td>
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<td></td>
<td></td>
<td>Non-participation observation (3 days)</td>
<td>observation</td>
<td></td>
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<tr>
<td><strong>Green Town and County</strong></td>
<td>Documentary analysis</td>
<td>2 Interviews</td>
<td>2 Interviews</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>3 Interviews</td>
<td>Non-participation observation</td>
<td></td>
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</tbody>
</table>
3.2.1 Documentary analysis

A document is defined as anything relevant written or produced about the case study. I assumed no text was merely technical or passive; they all had a context, generated a voice and required action. While documents were not reality or facts independent of interpretation, they were representative of the practical requirements in which they are used and constructed (May 2001:182). As Pryor et al (2005:140) declared the consumer or reader of text is also its producer. For critical realism, textual analysis is essential in understanding the environmental, economic and wider structural context which is experienced by local actors. Table 3.2 lists all relevant documentation analysed.

**Table 3.2 – Document analysis**

<table>
<thead>
<tr>
<th>Document</th>
<th>Red City</th>
<th>Blue County</th>
<th>Yellow County</th>
<th>Green Town &amp; County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Case for employee-ownership</td>
<td>Yes</td>
<td>Yes</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Annual business plans and strategies</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Articles of Association</td>
<td>Yes</td>
<td>Yes</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Organisational charts</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Staff participation and engagement programmes/plans</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Personal development and performance appraisal systems</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Annual general meeting agenda &amp; papers</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Document</td>
<td>Red City</td>
<td>Blue County</td>
<td>Yellow County</td>
<td>Green Town &amp; County</td>
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<td>----------------------------------------------</td>
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<tr>
<td>Project group papers (various)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Annual reports and accounts</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Website, social media accounts and associated links</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Monthly clinical directorate meeting papers.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

I use the term The Proposals to describe the business cases to establish Red City and Blue County and their Year 1 business plans. Collectively they represented senior clinicians and managements’ public vision; making claims and promises about placing employee-owners at the centre of these new organisations (and thus creating subsequent staff expectations and resistance). Analysing these public statements allowed me to ask participants to articulate the gap between what had been said and what was happening; and also what was being said about the disparity. The dataset produced was a summary of the key characteristics, identification of initial themes and topics for further investigation.

### 3.2.2 Interviews

Interviews were important because an individual’s views and interpretations of events, circumstances and people, were essential to addressing my research questions. Interviews were conducted with staff members (n=40), of which 27 were within employee-owned entities and 13 NHS. They included key occupational groups such as medical, nursing, therapists, management and support staff. Five interviewees were management directors and the remaining 35 clinical and administrative staff.
In terms of selection and gathering participants, I wrote an advert in staff newsletters and presented to the Boards and Trade Union representative groups. Staff volunteered and contacted me by email or phone and subsequently consent given. To ensure an appropriate sample, I identified the key gaps in occupations, service departments, age, geographical base and length of service and subsequently contacted team leaders, union leads and clinical directors directly. Within Red City and Blue County 27 (70%) participants were owners and 8 (30%) non-owners. (The number of shareholding staff in 2015 was 65% and 68% respectively). The inclusion of a large number of different occupations and positions ensured data was collated groups often underrepresented and marginalized such as healthcare assistants (HCA) (McCann et al 2013:750).

When asked her expectations of my research, Bridget (a therapist) expressed exasperation about previous visits from people ‘outside’ which focused on manager’s accounts:

> We have had had lots of people come to talk to us, but not sure they come to listen. I think we don’t have a lot of people actually coming to find out about us on the front line and question us like you are doing.

Interviews were conducted in a range of venues often outside informants’ workplace and therefore avoiding the institutional and dominant restraint of physical buildings. I used a combination of semi and unstructured interview techniques to encourage a conversational approach to allow participants to answer on their own terms, while also providing comparability through standardised themes. Structured interviews were not chosen as they did not allow prompting and further probing of participants’ experience. The four thematic areas and questions are shown in Tables 3.3 to 3.6.
### Table 3.3 - Theme 1 Participants’ role and relationship to ownership

<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Could you tell me about the organisation and your relationship to it?</td>
</tr>
<tr>
<td>2. Are you an owner?</td>
</tr>
<tr>
<td>If yes, tell me about what it means to you?</td>
</tr>
<tr>
<td>If no, why you have not taken your share?</td>
</tr>
<tr>
<td>3. To what extent do you feel that [organisation] is yours?</td>
</tr>
<tr>
<td>4. What was your experience of establishing the new [organisation]?</td>
</tr>
<tr>
<td>5. Has ownership made any difference to way you do your clinical work?</td>
</tr>
<tr>
<td>6. What is ownership for?</td>
</tr>
</tbody>
</table>

### Table 3.4 - Theme 2 Participation and control

<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. How do you express your opinion at work?</td>
</tr>
<tr>
<td>8. What topics are you involved in?</td>
</tr>
<tr>
<td>9. Can you give me an example where you have influenced and been involved in an important change in your work or wider organisational decision?</td>
</tr>
<tr>
<td>10. How are objectives and the goals of the team set? And performance judged?</td>
</tr>
<tr>
<td>11. Can you describe employee-ownership working well?</td>
</tr>
<tr>
<td>12. How do you think external bodies - such as medical colleges, DH, commissioners and users exercise control?</td>
</tr>
</tbody>
</table>

### Table 3.5 – Theme 3 Management and conflict
<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>13 How would you describe how things get done around here and has it changed?</td>
</tr>
<tr>
<td>14 Where there any aspects of [organisation] you disagreed with and how did you respond?</td>
</tr>
<tr>
<td>15 Have managers changed since staff held shares/the staff engagement programme?</td>
</tr>
<tr>
<td>16 Were there any examples where you been involved in an organisational decision but felt your involvement has not been effective?</td>
</tr>
</tbody>
</table>

**Table 3.6 – Theme 4 Personal development and organisational identity**

<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 Many people talk about health workers having public service values and ethos? What is your opinion?</td>
</tr>
<tr>
<td>18 How do you describe [organisation] to friends and family?</td>
</tr>
<tr>
<td>19 Now you are an owner, do you have the skills, experience or knowledge?</td>
</tr>
<tr>
<td>20 Do you think [organisation] can survive the way it is owned and run at present?</td>
</tr>
<tr>
<td>21 Has the process of owning and participating changed you?</td>
</tr>
<tr>
<td>22 Does ownership matter?</td>
</tr>
</tbody>
</table>

Using four broad topics, I allowed diversion from the schedule when initiated by informants while also moving from general issues to specific examples. My strategy was to; 1) start with descriptive not evaluative questions, thus building cooperation; 2) limit direct yes or no answers; 3) explore causations with why questions to test the relative influence of agency and structure; 4) improvise questions to probe differences between public acceptable accounts and respondent feedback; and 5) show difference over time by asking about the past, present and future. In this manner, the interviews involved connecting information and drawing pivotal processes within a theoretical context to explain causal sequences as advocated by Smith and Elgar (2014:109). For example, eliciting information from clinical staff required me to link their personal experience with the wider unobserved environmental forces such as the conflict between policy hierarchies and clinicians for
control. A particular tactic was used with Board directors because elites are often skilled at managing interviews to evade difficult questions. A devil’s advocate style and improvised open-ended questions were used to disrupt their conversational flow where I felt the answers given did not show any in-depth thinking, relevance or avoided contrary evidence.

All interviews were recorded and transcribed with any additional notes written immediately. Although the interviews were rigorously planned and carefully applied, I acknowledge quotation selective in isolation. Critical scholars have always understood, informants are often unable to articulate the structural conditions responsible for their situation (Duberley and Johnson 2011:351). Hence there was a need to investigate further issues highlighted by interviewees, such as whether a consensus existed on the desirability of ownership. I required methods that did not just gather data about what participants said but also the way they interacted with each other and whether shared conclusions existed. Hence, I supplemented interviews with non-participative observation and discussion groups.

3.2.3 Non-participant observation

I stayed in each employee-owned case study for four separate blocks (16 days in total) and the NHS bodies for two days each (four days in total). I observed key governing and participation events (Table 3.7) in their naturalistic setting, shadowing individuals and teams, obtaining artefacts and a sense of the non-verbal gesture and ergonomic layouts (Bryman 2001:328).

Table 3.7 – Non-participation events

<table>
<thead>
<tr>
<th>Red City</th>
<th>AGM 2015 (attendees n=60-70 staff)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Staff Consultation Representative Meeting and AGM October 2014 and July 2015 (n=10 staff)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------</td>
<td>-----------------------------------------------------------------</td>
</tr>
<tr>
<td>Two Clinical Monthly</td>
<td>Two Clinical Monthly Service Meetings October 2014 and July 2015</td>
</tr>
<tr>
<td>Service Meetings</td>
<td>(n=16 staff)</td>
</tr>
<tr>
<td>Elderly care</td>
<td>Elderly care outreach clinical team meeting – October 2014</td>
</tr>
<tr>
<td>Outreach</td>
<td>(n=9 staff)</td>
</tr>
<tr>
<td>Clinical Team</td>
<td>Trade Union Representatives Meeting July 2016 (n=8 staff)</td>
</tr>
<tr>
<td>Meeting October 2014</td>
<td>Staff Representative Council Meeting October 2014 and January</td>
</tr>
<tr>
<td></td>
<td>2016 (n=8 staff)</td>
</tr>
<tr>
<td></td>
<td>Blue County</td>
</tr>
<tr>
<td></td>
<td>AGM 2016 (n=45 staff)</td>
</tr>
<tr>
<td></td>
<td>Staff Representative Council Meeting and AGM January 2015 and</td>
</tr>
<tr>
<td></td>
<td>July 2016 (n=13 staff)</td>
</tr>
<tr>
<td></td>
<td>Stakeholder communication meeting January 2015 and July 2016 (n=35 staff)</td>
</tr>
<tr>
<td></td>
<td>Strategy Project Group February 2016 and July 2016(n=8 staff)</td>
</tr>
<tr>
<td></td>
<td>Health Visitors’ clinical team meeting – January 2015 (n=9 staff)</td>
</tr>
<tr>
<td></td>
<td>Two Clinical Monthly Service Meetings - January 2015 &amp; 2016 (n=22 staff)</td>
</tr>
<tr>
<td></td>
<td>Directors and staff representatives joint meeting – January 2015 (n=19 staff)</td>
</tr>
<tr>
<td></td>
<td>Yellow County</td>
</tr>
<tr>
<td></td>
<td>AGM 2016 (n=20 staff)</td>
</tr>
<tr>
<td></td>
<td>Staff Consultation Committee July 2016 (n=12 staff)</td>
</tr>
<tr>
<td></td>
<td>Green T&amp;C</td>
</tr>
<tr>
<td></td>
<td>AGM 2016 (n=17 staff)</td>
</tr>
<tr>
<td></td>
<td>Clinical Directorate Monthly meeting July 2016 (n=7 staff)</td>
</tr>
</tbody>
</table>
From a critical realist position, observation was valuable in uncovering how governance systems worked in practice and the relationship between formal processes, agency and outcomes (Delbridge 2014:235). Conscious that I was inevitably seen in the room observing and therefore a participant of some sort, my policy was to be physically distance from the centre of the meeting (Pryor et al 2005:62). Although observation was overt, I combined this with hanging-around where I could listen and engage in open ended conversation. Allowing (or even actively planning) for spontaneity was essential and the option was given to participants to go off-the-record for non-attributable conversations (Rathbun 2008:698). Field notes were taken with a double column proforma with the first describing events and the second including an initial interpretation and commentary. The number of inferences in the second column was as low as possible while producing meaningful text for later analysis.

3.2.4 Discussion groups

Based on the emerging themes from earlier interventions, I used group discussions to move from descriptive to embryonic findings with open-ended and non-directive questions for two 90-minute sessions with clinical staff (Barbour 2010:328). In terms of selection, the two groups included 10 Red City therapists and three Blue County HCAs (and eight owners and five non-owners). These groups also provided feedback on research findings to date, giving opportunities to explore areas of consensus and disharmony and therefore building collective understanding. Participants were not just a source of data but part of discussions to understand and influence others’ perceptions. This was particularly important when assessing claims/promises made by hierarchies and detecting what were publically acceptable ways of describing events.

Once introductions and initial Q&As were completed, participants were asked to use stickable paper cards to summarise their experiences by using a small number of words or visually draw their viewpoint (Seanor and Ridley-Duff 2007). Asking participants to create images and project narratives onto a physical space provided data they may not have been able/willing to verbalize.
Subsequently, I asked volunteers to share their responses with the whole group while facilitating to ensure all informants contributed. For example, I supported participants to give examples to illustrate the points made on the walled paper. Finally, I assisted a wider discussion with all attendees to highlight both their differences and shared conclusions.

Table 3.8 shows the thematic questions, order and purpose

**Table 3.8 – Discussion groups**

<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHEET A - How would you describe your overall experience?</td>
</tr>
<tr>
<td>SHEET B - How would a good ownership experience look like?</td>
</tr>
<tr>
<td>SHEET C - Where do you see [organization] on a continuum between social at one end and business on the other?</td>
</tr>
<tr>
<td>SHEET C (II) – In what direction is the organization moving?</td>
</tr>
<tr>
<td>SHEET D - Does ownership matter?</td>
</tr>
</tbody>
</table>

Extract 3.1 shows the walled sheets in the room of the Red City discussion group.
Extract 3.1 – Discussion Group Sheets

These groups allowed me to capture different perspectives on the same issues and how apparently contradictory views might co-exist. For example, I stimulated discussions by using supplementary statements such as ‘some people say you may own shares but you don’t really control things, what would you say?’ Hence initial coding and interpretation was undertaken by participants and the researcher simultaneously.

3.2.5 Research questions and qualitative methods

My research activities created four datasets; 1) documentary analysis, 2) interview transcripts, 3) observation field notes and 4) group wall charts, recordings and facilitator notes. Interviewee transcripts were the most extensive in terms of volume and detail, providing the majority of insights. By using both broad themes and specific questions, interviews did not allow for the bland telling of experience (actors describing ownership as great or awful) but moved to eliciting
causation through why questions and storytelling via a less directional style. Interviews therefore contributed to all three research questions.

Document analysis played an important part in addressing questions of employee control and resistance by providing data on the wider context which was often unobserved by staff. By revealing how plans were put into action and whether they were accepted or challenged, non-participatory observation supplied information on how staff responded to management proposals. Ethnographic methods enabled me to see the pressures, tension and contradictions staff faced as I was not just gathering information about what participants said but observing how they interacted in a naturalistic setting.

Discussion groups were important in understanding how employee-ownership was contested and the commonalities and conflict between different views. Rather than dwell on formal governance arrangements and organisational charts, it was useful to ask staff to identify touch-points; moments of significant change and key processes. By encouraging participants to talk to each other (rather than to me) I was able to gain insights on whether staff control had degenerated over time because they debated their experiences together.

3.3 Approach and rationale

Building upon previous explanations of the what and how of research, this Section describes why particular methods were chosen and their relevance to my research questions.

3.3.1 Why case studies?

The case study method was identified because it enabled me to gather a wide variety of data on one specific phenomenon; namely ownership. In addition, case studies also focus on a small number of physical areas and conceptual entities called organisations (Alvesson and Deetz 2000:201). Using what Foucault called ‘polyhedron of intelligibility’, it allows the same phenomena to be looked at from several directions (Thomas 2011:11). As Yin described (2009), case studies
are empirical inquiries that investigate a phenomenon within its real-life context, especially when the boundaries between phenomenon and context are not clear and there is a need to study certain phenomena in detail. Furthermore, research activities can be delivered by a single investigator because it is not a study of everything in the case (Stake 2000:453). A wide range of methodological tools can also be used because it is not methods that define the case study but a choice about what is to be studied. With interviews at its core, case studies can be the only practical means to obtain types of data about causation, local context and informant interpretation (Rathbun 2008:690). Although case study analysis does not rule out quantitative methods, I used qualitative tools and in the next sub-section I describe why.

3.3.2 Case study qualitative research

In terms of understanding the impact of organisational change, there are a very wide variety of scholarly attempts to understand difference and measure results. Mainstream *What Matters Is What Works* policy evaluations have tended to be methodologically positivist concentrating on identifying quantitative indicators (Ham and Ellins 2014). Within public policy discourse, knowledge is considered socially useful when it is congruent with empirical fact. Normative considerations and notions of power are rarely up for debate because these discussions can be subject to multiple interpretations and therefore challenged as un-verifiable (Rathbun 2008:687). Healthcare organisational research suffer more than most from these assumptions, the result of an uneasy alliance between managerialism (and the primacy given to instrumental knowledge) and medicine (with the privileged status given to establishing scientifically justifiable facts) (Alvesson and Deetz 2000:13). From this perspective what matters in employee-ownership is its success as a pragmatic solution to the problems of achieving better patient outcomes, financial control and staff satisfaction with political questions of the distribution of ownership or non-managerial forms of organising secondary.
The evidence hierarchy presented by policy evaluation has also endured continual and sustained assault from critical scholars (Piekkari and Welch 2017). The popularity of case study is due in part to significant problems with the instrumental rationality of quantitative and quasi-experimental approaches to researching complex organisational phenomena and policy interventions (Simons 2009). They struggled to understand how outputs were different between organisations because control groups were impossible to identify. Critical realists Vincent and Wapshott (2014:148) argued quantitative studies failed to explain why diverse organisations in complex environments developed in particular ways and therefore did not provide a sound basis for making policy decisions or developing wider social theory. The interaction between process, context and outcomes were largely unexplored.

Critical realist approaches to case studies (and retroduction thinking in particular) focus on exploring possible causal links and wider normative non-instrumental outcomes rather than mere managerial and measurable results. This critique of quantitative approaches reversed the traditional challenge to case studies. Rather than case studies producing data which was impossible to generalise, it was quasi-experimental methods that produced conclusions which were unusable because they had difficulties in establishing causation. Although informative, staff surveys and overly structured interviews (with fixed and closed questions) were severely limited. They provided no local understanding of workplace practice, the intellectual history in which discourse about key concepts took place, or wider economic structures and environmental change (Prentice 2010:171).

3.3.3 Generalisation

Whether conclusions from case studies are generalizable has been subject to intensive scholarly debate (Flyvbjerg’s 2011). This dispute rests on whether in-depth knowledge of a single place can provide insights of wider significance. Thomas (2011:3) claimed case study findings cannot be generalised and therefore researchers should not even try. He argued there were no grounds for making universal claims and the case study represented nothing other than its uniqueness. They
may be better at how and why questions but are only informative because they are untranslatable. The tensions between the uniqueness of case study findings and generalisability are ultimately unresolvable. However, I maintain there several ways that the researcher can make inference from a case and highlight potential application for other areas. Firstly, it is important to clarify that analytic generalisation refers to comparing existing theory to empirical data and is not statistical generalisation (Melia 2010:559) or evidence of material determinism (Easton 2010:123). My aim therefore is limited to presenting the experience of four examples to expand our knowledge about the nature and impact of ownership within healthcare.

Notions of reliability and validity which are inextricably linked to quantitative methods are largely irrelevant accordingly to Timmermans (2013) and Simons (2009). It is not whether one type of data provides greater generalisation than others, but how qualitative data can show experience and narrative where inferences can be drawn. Simons calls it ‘usability’ of findings; the middle ground between what Thomas (2011:3) calls ‘bits of information’ and generalisation. Within an employee-ownership context, research should not focus on identifying replicable ‘best practice’ but consider the specific characteristics and processes which create different outcomes.

For Stake (2000:443), the claim for case studies is the analysis of different datasets as a compromise with the complexity of social phenomena and the limitations of our research resources. We cannot know everything, we must accept the case is just a case and we cannot understand the specific case without knowing others, but our investigation time has to be focused on knowing this case. Therefore, my generalisation claims are modest, accepting causes and interpretations are difficult to understand and are often transitory.

The selection of case studies reflected this methodological stance. I identified four case studies because this enabled me to gain sufficient understanding about the history, context and locality of each organisation, while also illustrating the similarities and divergences between employee-owned entities and NHS Trusts. All case studies provided community non-acute healthcare and the
number of cases limited to four due to the practical requirements of a single PhD. Red City and Blue County were chosen due to their similar size, proximity, ease of travel and promptness in response to my request. Yellow County and Green Town and County were chosen because they were an NHS Trust and NHS FT respectively.

3.4 Analysis and interpretation

The previous Sections described how datasets were produced and the rationale for choosing specific methods: I now wish to explain how information was analysed, interpreted and findings developed. I acknowledge that all ways of ordering data are permanently contestable and therefore my aim is simply to be transparent regarding process and to keep these classifications as guides. As Alvesson and Deetz (2000:78) argued, evaluating what is important from hundreds of pages of data and numerous artefacts inevitably means using theory laden discretion, selection and arbitrariness. Ferlie et al (2012:1303) are correct; we must avoid fixed categorises, binary dimensions, 2 by 2 graphs, fixed questions and keep working iteratively within and between the datasets, coding loosely with language ambiguous and always emergent. The price we pay is more fuzziness and complications but better research. While analysis in practice began as soon as data was collected, it is important to outline openly how my conclusions emerged and in the next subsection I show the stages of analysis, coding and articulation of findings.

3.4.1 Initial exploration

At first, I focused on understanding each dataset separately by clarifying how participants described their experience, the local context and the key phrases used. Although a formal grounded approach was not used, open and thematic coding was completed early and subsequently revised as more research was conducted (Evers and van Staa 2010:754). To illustrate, I reflected on how participants’ viewed documents asking: Was it considered to have authority? What truth claims did it make, or was it merely giving instruction? It was not just the content of the document
that was analysed but the field of action in which it was written. The Proposal and early interview data were central to this initial exploration. Consequently, I detected frequent words leading to 22 initial codes shown in Figure 3.2.

**Figure 3.2 – Initial codes**

![Diagram showing initial codes]

3.4.2 Systematic analysis and refinement

My analysis progressed to searching themes across datasets and involved the synthesis of findings into a discussion document for my supervisors and informants as advocated by. By engaging participants in the emerging themes, I was able to reinforce reciprocity but also engender further dialogue between the data and the theoretical framework I applied. This ensured the move from descriptive to explanatory analysis easier. Discussion groups played an important role in exploring themes and tentative findings with participants, while key word searches in case study documents were helpful in understanding change over time. Re-reading initial accounts and conducting follow-up conversations with interviewees were used to challenge and refine conclusions as well
as capture information overlooked (Caronna 2010:83). A draft findings discussion document was shared in January 2017 with all interviewees.

3.4.3 Thesis development and feedback

I verified the draft findings through further consideration of data, written feedback and additional interviews up to January 2018. By incorporating all criticisms and comments, I was able to develop an agreed structure to the empirical analysis, reconsider contrary evidence and produce my conclusions. This stage was about facilitating a process of discussion not ensuring consensus. It was only during this phase that I settled on an order to the initial codes through the notion of four contested sub-elements as shown in Figure 3.3.

**Figure 3.3 – Contested themes**

I explore the notion of contested themes in the literature and empirically more fully in Chapter 5. Figure 3.4 overleaf shows the 1st and 2nd contested themes in more detail which are analysed in Chapter 6.
Figure 3.4 - Contested themes analysed Chapter 6

Contested Themes

1. The meaning of participation and extent of control
   - The limitations of staff control and the demanding nature of staff owning and participating even with formal governance processes in place
   - The relationship with workplace democracy with equal shares, democratic one-member-one-vote systems creating greater sense of equality and worth
   - The extent of degeneration and how managerialism (and its logics) was accepted and challenged
   - How regeneration manifested in practice and how normative notions of idealised exceptional workplaces underpinned staff responses
   - Conclusions on their critical worth

2. Producing more social benefits or socialising work
   - The results of complexity are both the entanglement of consent, resistance and participation; and a variety of responses from staff
   - The influence of professional autonomy on management control and re-negotiation of workplace practice
   - The role of material/economic change in creating new spaces for resistance
   - The possibility of exploring alternatives also brings risks of co-option
   - The role of our essential attributes as labour to challenge managerialism and the importance of adult learning and personal development
   - The role of idealised workplace constructions (and a sense of fun and enjoyment) in influencing collective forms of resistance

Figure 3.5 shows the analysis of the 3rd and 4th themes investigated in Chapter 7.

Figure 3.5 - Contested themes analysed Chapter 7

Contested Themes

3. Examplars and exceptionalism
   - The results of complexity are both the entanglement of consent, resistance and participation; and a variety of responses from staff
   - The influence of professional autonomy on management control and re-negotiation of workplace practice
   - The role of material/economic change in creating new spaces for resistance
   - The possibility of exploring alternatives also brings risks of co-option
   - The role of our essential attributes as labour to challenge managerialism and the importance of adult learning and personal development
   - The role of idealised workplace constructions (and a sense of fun and enjoyment) in influencing collective forms of resistance
3.5 Ethical considerations

This Section does not detail all the processes undertaken to ensure an ethically robust study however it outlines the methods undertaken to manage the risks. It is important to note my research plan passed The University of Sussex ethical review process prior to commencing fieldwork and all risks were outlined, shared and discussed with Supervisors. The main ethical issue was confidentiality, particularly the willingness of participants to express concerns about the organisation and the interface between staff and managers. Within organisations, participants are differentially powerful and investigating ownership and control is essentially about power. Several steps were taken to limit the potential problems, namely:

1 Initial contact was made with four organisations who trade union representatives and corporate boards agreed in principle to be part of the research. These case studies were not known prior to initial contact.

2 Potential participants were approached by the researcher directly for formal consent. The information sheets provided clear guidance on the intended purpose and use of the research.

3 I did not have any formal organisational position and was not accountable to management or an external body. This was made explicit before research began and individually to each interviewee before commencing.

4 Participants were anonymised and views not known to others. They were also informed of the need for confidentiality and my independence. Participants were able to discuss the research objectives and the use of data directly with my Supervisor if they wished.

5 The following specific measures were used to ensure confidentiality when analysing interview data. I encrypted the names of participants into broad groups (such owner/non-owner, clinician/non-clinician) and applied false names. Only I was aware of the encryption system and reference to a specific interview date and person.
6 Given the sensitive nature of the subject matter within the discussion groups no two individuals were in an immediate line management relationship. This required a careful approach to recruitment and meant some volunteers were excluded.

7 During discussion groups the important issue was my ability to listen to workers debate with each other. In discussion with trade union representatives and management, there was consensus that the level of risk was low in terms of potential harm to participants.

8 Non-participation observational research was public and explicit. If my presence during an event or meeting was challenged by anyone, I either asked the chair of the meeting to open up a discussion about my presence and/or invited questions from the person involved. Formally consent was either given or I removed myself from the meeting.

9 In terms of the possible effect of my presence on the behaviour of those being studied, I asked my lead contacts at each case study to help identify whether there had been any changes in customary behaviour and group routines.

3.6 Methodological conclusions

In this chapter I have explained how the research was planned, conducted and data turned into findings. I accept as a meta-theory critical realism is not a testable body of ideas and I have not detailed its philosophies of social science and the debates between its various proponents and critics. Critical realism is not infallible, and I use it as an effective way of researching my questions and providing new insights. Therefore, I refrain from using excessively phraseology which excludes those not familiar with its terminology.

Significantly the suitability of critical realism to my research is demonstrated through its explanation of the theoretical context for discursive conflict, the non-linear forms of causation created by structural change, conceptual contestation and its emancipatory disposition. Asking does ownership matter is an issue of ontology and invites an account of causality, posing questions
of whether it makes something happen, produce, enable, create and generate outcomes (O’Mahoney and Vincent 2014:13). Interestingly, it is doubtful whether post-structuralists would even ask the question. They may suggest talking about ownership matters (because all discourse has social meaning) but to claim that the transfer of shares to staff was a reality is to make the mistake of reifying ownership. However, I take the view that critical realism re-balances ontology in relation to epistemology and is the best approach to appreciate multiple forms of employee-ownership reality. What makes something real is if it makes a difference and includes (but not limited to) what is constructed through discourse. Following Reed (2011:61) and Lloyd (2017:269) I stress what is social is never just social, but simultaneously material, economic, physical and idealist. Building upon my research questions and priorities outlined in Section 2.8, in summary I adopted the following methodological position:

1. Allowing participants to identify topics themselves, downplaying my expert role while also maintaining a focus on ownership.

2. An assumption that ownership is in some senses real ontologically whilst recognizing social processes as sense-making ends in themselves.

3. There is a structural basis to why organisations work in the way that they do, which is independent of the language participants construct and their interpretations. A relativist epistemology is essential but not sufficient.

4. Understanding how ownership is experienced by local actors in practice requires a relativist epistemological position and leads to the use of qualitative methods.

5. Economic and material phenomena such as ownership, does not simply determine behaviour, social action and language in a simple linear manner, but guide and influences.
CHAPTER 4 – THE CASE STUDIES

4.1 Introduction

Alternative organisational forms are beset by a vast number of descriptions including co-operative, social enterprises, third sector, voluntary groups, charities and not-for-profit. These words are often used interchangeably in everyday use and are ill-defined in legal and scholarly terms. Although ambiguity can be beneficial, such as helping to widen support, it can also bring the inappropriate appropriation by private corporations seeking a social gloss. Moreover, an understanding of the policy framework which Red City and Blue County were created by (and operated within) is important in applying critical realism. Seeing organisations influenced by a wider set of political, historical and social contextual factors, provides evidence of how generative mechanisms can bring about change and how full actualisation is restricted. As Shields (2018:114) declared in her critical realist case study of healthcare Community Interest Companies (CIC); to appreciate the role and impact of these organisations, it is important to consider all aspects of the context in which they arose. In this Chapter I introduce the policy framework for public sector mutual (PSM), CICs, NHS Foundation Trusts (FT) and summarise how the case studies came about, their legal form and ownership structure, their size in terms of staffing and income and their governance processes.

4.2 The Policy Framework

4.2.1 Department of Health

The emergence of employee-owned providers was not the result of local spontaneity but the policy for creating new organisational forms initially developed during the last Labour administration. The possibility of growing the use of alternative providers was contained within the NHS Next Stage Review (DH 2008), Transforming Community Services Programme (DH 2009) and The NHS Operating Framework (DH 2010) (Shields 2018). Crucially, from April 2011 Primary
Care Trusts (PCTs) ceased to employ staff responsible for providing clinical care. Subsequently, the ‘Right to Request’ to leave the public sector and set up an independent social enterprise (often referred to as spinning-out) was established (DH 2008b). Central government estimated 10% of NHS staff would eventually be employed by social enterprises (Shields 2018:13). Furthermore, The Health and Social Care Act 2012 introduced a wide range of changes to the structure of the NHS and most relevantly abolished PCTs completely and transferred most of their commissioning functions to several hundred GP-clinical led groups while encouraging the further expansion of providers who were not state owned.

The closure of PCTs accelerated the development of social enterprises because NHS authorities were forced to consider different legal organisational forms to deliver clinical services. And as I describe later in Section 4.3, Red City and Blue County were not created by staff choosing to spin-out via the Right-to-Request process. Rather they were created by the PCT using an appraisal of the options for delivering services once their direct role in provision was removed. Overall, the policy framework created an environment which allowed local health services to explore new organisational forms although they did not make them compulsory (DH 2010b).

### 4.2.2 New organisational forms

Initiated by central Government, and enacted by the Audit, Investigation and Community Enterprise Act (2004), CICs are described as organisations which trade with a social purpose, or to carry out activities for the benefit of the community and not purely for private advantage (DBIS 2015:8). CICs were developed for social enterprises because the latter was not a specific legal form in company or public administrative law. Both Red City and Blue County adopted this form in a similar manner to most providers which spun-out (Miller, Millar and Hall 2012:233).

CICs provide a wide variety of goods and services such as city centre regeneration, recycling centres, restaurants and community cafes, care, transport, retail and shops, education and environmental management services. While local assets are owned by the company not the state,
they are held in an asset-lock, prohibiting demutualisation. There are also limitations applied to dividend and interest payments made to shareholders and financiers (DBIS 2015:11).

The phrase *not-for-profit* is frequently used however this is misleading as CICs need to remain solvent as a limited company. CICs also raise questions of how community interest, social aims and control are defined and applied. The meaning of community has a specific definition, expressed through a seven-part annual test based on the social benefits achieved (and not on its ownership form). The CIC Regulator has discretion in deciding whether the organisation’s claim to be a bona fide social venture is upheld (Ridley-Duff 2007:38). As highlighted in the survey of the literature on market socialism in sub-section 2.5.4, policy proponents claimed CICs would generate greater innovation, autonomy and empowerment producing efficiency and patient responsive services with increased accountability to both staff and patients. Finally, Red City and Blue County were part of the PSM Development Programme created in 2010 as a cross Government initiative to support their growth and sustainability.

The NHS has also attempted different ways to increase the operational autonomy for local services while retaining ownership and other aspects of control. Since NHS Trusts were formed, providers have been able to employ staff directly, develop their own strategies, enter into legally binding contracts and determine the use of some assets and surpluses. However, NHS Trusts are owned by the state. In 2003 the legislative basis for NHS FTs were created and they differed from standard NHS Trusts as they have the unique legal form of public benefit corporation and have greater autonomy. A NHS Trust becomes a FT as a result of completing a five-year plan with accreditation overseen by the regulatory body Monitor. FTs are also owned by the state.

### 4.3 Key characteristics and recent history

Table 4.1 overleaf shows the key organisational figures and to ensure anonymity, quantitative data (such as income and staffing) are categorised into ranges.
### Table 4.1 – Case study key characteristics

<table>
<thead>
<tr>
<th>Services</th>
<th>Geographical Area</th>
<th>Commissioners</th>
<th>Inc (Growth)</th>
<th>Staff</th>
<th>Ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Red City</strong></td>
<td>Community health services and social care (excluding mental health and children’s community services).</td>
<td>A city population of 150,000-200,000 with services provided predominately to this geographical area.</td>
<td>£30-40m</td>
<td>1,000</td>
<td>600-700 staff owners (65% of eligible staff)</td>
</tr>
<tr>
<td><strong>Blue County</strong></td>
<td>Community health services (excluding mental health, children’s community services and social care)</td>
<td>Semi-rural population of 300,000 to 350,000 with several services provided to patients from other areas.</td>
<td>£40-50m</td>
<td>1-1,500</td>
<td>700-800 staff-owners (70% of eligible staff).</td>
</tr>
<tr>
<td>Yellow County</td>
<td>Services</td>
<td>Geographical Area</td>
<td>Commissioners</td>
<td>Inc</td>
<td>Staff</td>
</tr>
<tr>
<td>---------------</td>
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<tr>
<td></td>
<td>Community health services (including children’s services, learning disability and services for adults and older people)</td>
<td>Rural county with 3 centres of population above 100,000 (1 small unitary authority city). Services are also delivered in 5 smaller community hospitals.</td>
<td>The main provider of services across five different CCG areas with contracts with public agencies accounting for 95% of income.</td>
<td>£100-125m</td>
<td>3,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Green Town &amp; County</th>
<th>Services</th>
<th>Geographical Area</th>
<th>Commissioners</th>
<th>Inc</th>
<th>Staff</th>
<th>Ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Acute and community health services (including 2 district general hospitals with emergency departments, combined children’s, adults and older people services in 3 smaller community hospitals).</td>
<td>Large rural county with 3 centres of population above 100,000.</td>
<td>2 contracts with local commissioners (85% of income)</td>
<td>£225-275m</td>
<td>4,000</td>
<td>State ownership.</td>
</tr>
</tbody>
</table>

Clearly, the NHS case studies were larger than Red City and Blue County and this precludes simple comparison.
In terms of the recent history of Red City and Blue County, in autumn 2010 the PCTs produced business cases appraising the different organisational forms available and recommending the establishment of an employee-owned CIC. Table 4.2 contains the four options.

**Table 4.2 – Organisational options**

<table>
<thead>
<tr>
<th>Option</th>
<th>Ownership &amp; Organisation Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Merger with existing NHS organisations. Existing service contracts, assets and employment of staff to be retained by the state through a local NHS Trust or FTs.</td>
</tr>
<tr>
<td>2</td>
<td>Creation of a new separate - Community FT. Existing service contracts, assets and employment to be retained by the state through the creation of a new FT.</td>
</tr>
<tr>
<td>3</td>
<td>Creation of a new CIC employee-owned enterprise. Existing service contracts, assets and staff employment to be transferred to a new organisation owned by staff through the distribution of £1 ordinary direct with assets locked. Legal ownership is removed from the state.</td>
</tr>
<tr>
<td>4</td>
<td>Private-sector provision (with the successful company being identified through a market testing process). The acquisition of the service contracts, assets and staff employment to a private entity and therefore ownership is removed from the state.</td>
</tr>
</tbody>
</table>

To inform the decision-making process, both PCTs involved staff through a series of workshops, written information and regular attendance by senior management at staff meetings and joint staff consultative committees. Staff attendance at face-to-face meetings and workshops was 81%.
Once the appraisals were completed, each PCT Board made the final decision to between October 2010 and January 2011.

Yellow County was created through the merger of smaller providers in April 2013 and prior to April 2011 the services were provided directly by the PCT. The Trust became a FT in April 2016. Green Town and County had previously applied for FT status, but the process was stopped due to an inability to meet the initial finance targets prescribed by Monitor.

At this juncture it is important to explain the events surrounding the closure of Red City. In June 2016, Red City was given notice on their main contract (95% of income) and a procurement tendering process was launched by local commissioners to identify a new provider. Subsequently, in April 2017 the local hospital FT took over the running of community health services while social work and occupational therapy returned to the local authority. All legal ownership rights were removed from staff and transferred to existing public bodies while their £1 shares returned. Commissioners justified the decision on performance failings and a national change in policy towards integrating services within health (and not between health and social care). However, this narrative was contested by Red City staff which I discuss in Chapter 7 (sub-section 7.6.1). I also return to the significance of the closure in my conclusions (Section 8.3).

4.4 Staff participation and governance

4.4.1 Red City and Blue County

The employee-owned entities had similar governance structures which were distinct from existing public sector models and included.

1. The Articles of Association (the Articles).
2. The composition and working processes of the Board.
3. Staff–owner representative councils (SRC).
4. Direct owner participation and control.
The Articles defined the powers and rules which govern internal decision-making such as the appointment of executive and non-executives directors (NEDs), the nature of shareholding (who can own shares and how they transfer), voting procedures for organisational decisions, surplus distribution, how conflict of interests are managed and the conduct of meetings. Equity is owned by individual staff members with direct voting and beneficial rights. Shares are not held indirectly in a Trust. The Articles (often referred to as a constitution) described the relationships between different institutions and individuals, their roles, powers and responsibilities. For example, it explained how directors were publically accountable to owners for the previous year’s performance through the shareholder Annual General Meeting (AGM). Amendments to the Articles could also be agreed by owners by one-member-one-vote ballots. For instance, in April 2014 all new Red City staff were automatically given a share and no longer had to proactively choose opt-in, but could decide before their starting date to opt-out. For Blue County, members voted to make share-ownership mandatory for all new employees offered permanent contracts.

Despite the greater emphasis given to employee control, both cases studies have Boards made up of executive directors and NEDs, responsible for achieving the agreed strategy. The executive directors are employees and owners by necessity. The NEDs are not employees (or owners) and aim to bring an independent perspective and challenge on behalf of owners to the executive directors. Within both cases there were five executive directors, 4 NEDs, one Chair and one staff-owner Board member appointed by the SRC. Red City also included a GP primary care Board director to represent key local stakeholders. Staff representative councils were designed to be the means for owner control by: 1) Monitoring and scrutinising management; 2) Representing owner views; 3) Channelling communication to and from the Board and 4) Making certain decisions such as appointing and removing directors.

The SRC are led by a chair and eight governors elected by owners every 2-3 years through a single transferable voting system. They have responsibility to approve (and remove under exceptional
Board directors, as well as deciding on any matters relating to staff employment terms and conditions. Although Councils are a form of indirect participation, they also have a duty to develop a participative culture, encouraging owners to engage fully in organisational matters and in controlling managers at both a corporate and workplace level.

4.4.2 Direct participation

For each clinical department, elected staff-governors meet monthly with service coordinators (formerly called departmental managers), clinical directors, the assigned executive director and NED, and employee owners to monitor operations and discuss performance and strategy.

The aim is to ensure owner participation is as close as possible to the everyday work of clinicians and to be a continuous process for dialogue between staff groups. Of course similar meetings took place before transfer, but the changed structure involved three new elements: 1) owner representatives to be physically present; 2) formal discussion of how the executive team were performing against their agreed yearly objectives; and 3) regular engagement of all staff in operational coordination, initial policy formation and strategy development. For example, participants described how decision-making was devolved to staff rather than a few staff representatives being taken up to the Board. The business cases envisaged these meetings would be an instrument for staff to explore not only their rights as owners (and what could be expected from the new organisation) but also their responsibilities as owners.

There was also an expectation that these meetings would expand their scope over time as staff became more confident and skilled. By encapsulating the concept of self-managing teams many participants saw them as bulwark against both traditional hierarchies and indirect forms of participation. It was claimed that ultimately these meetings would be continuous, autonomous and collective forms of devolved decision-making. In addition, sortation was used to develop strategies and consider organisational issues. For example, in 2015 Red City SRC and directors agreed a joint project group to consider department clinical strategies and in Blue County staff
were allocated by random lot to partake in a project group developing the organisation’s new strategic vision. The AGM also provided opportunities for direct owner led decision-making and management accountability. Any owner could submit a written question to directors prior to the AGM and each director had to respond verbally during the meeting and in written form. Directors presented to owners their performance for the previous year and were open to questions from the floor.

4.4.3 NHS Trusts and staff participation

NHS Trusts are not required to have formal governance structures for engaging staff, however, there are institutions and processes created to ensure staff are informed and able to use their clinical expertise and knowledge to influence. Yellow County operated a Clinical Management Board (CMB) where senior clinicians advised the executive directors and Trust Board. Importantly, CMBs did not have a democratic mandate to represent staff and although clinical directors were involved in decision-making, they were tasked with implementing corporate policy and performance managing their clinical teams. CMBs are accountable to executives and are not mechanisms to ensure management accountability to staff.

Unlike NHS Trusts, staff engagement is specifically prescribed by Monitor within FTs. Senior managers and clinicians do not have discretion to involve staff or not, they are mandated to do so. Within FTs, there are four member groups (staff, patient, public and appointed) and permanent staff automatically become staff-members but may opt-out if they wish. The Council of Member Governors is not exclusively occupied by staff. Three member groups (the public, patients and staff) elect governors for a period of three years using a one-member-one-vote electoral system. Appointed governors are chosen by key stakeholder organisations such as the local authority or charities. Commonly Councils have 15 governors distributed as follows: three staff, three patients, six public and three appointed. The Council’s chair is not independent of senior management, as the chairman of the FT Board is also the Council’s chair. Governors therefore have a formal role
in making the FT publicly accountable, but staff-members are not owners and they do not have the right to decide investment and surplus distribution except the endorsing of significant transactions. Governors do not focus on the interest of those who have ownership which is retained by the state and tend to act as a link to the local community, helping to recruit members and feeding back their views.

4.5 Conclusion

In this Chapter I have described the context and immediate history for each case study with reference to employee engagement and its governance structures. The key commonalities and differences between the four are identified below.

Regardless of whether they were employee-owned, NHS Trusts or FTs, all these new organisational forms were initiated by local senior clinicians and managers working within an NHS policy framework. Furthermore, all publically declared the importance of staff engagement while enhancing their participation programmes with the following characteristics:

1. Formalising staff engagement, increasing its consistency in terms of content and branding.
2. Emphasising the role of line managers in delivering top-down communications and being the visible face of the organisation to staff.
3. Claiming to empower employees to have a voice which is listened to and acted upon.
4. Placing engagement within the context of managing change, so participation has an instrumental rationale and is sold to sceptical clinicians as a vehicle for getting things done.
5. Direct and instant communication from senior clinicians and managers to staff through weekly CEO emails, direct face to face sessions and other social media.

There were also commonalities between employee-owned entities and FTs with both forms using indirect representative forms with staff involved in electing councils and seeking to restrict the traditional remit of management. However, only employee-owned bodies attempted other forms of direct participation. The similarities between Red City and Blue County were striking. Both
followed the basic cycle of co-operative management as described by Oakeshott (1990:155) in Figure 4.1.

**Figure 4.1 – Cycle of co-operative management**

Compared to NHS bodies, the governance arrangements for employee-owned enterprises were undoubtedly different. Their uniqueness depended not only on SRCs holding directors to account but owners having powers described as rights enshrined in the Articles. At least in formal terms, employee-ownership challenged conventional ideas of management autonomy and discretion. Moreover, legitimacy for controlling hierarchies came not from being a member of staff or having clinical expertise but by being owners.

The empirical practice of these abstract claims is the subject of the next three Chapters.
CHAPTER 5 – CONTESTING EMPLOYEE-OWNERSHIP

5.1 Introduction

In this Chapter I examine employee-ownership as a contested term exploring the relevant literature and subsequently my empirical data. I will show how participants disagreed about the idea of ownership and practice of employee-ownership, whether it mattered and its desirability. The Chapter is structured as follows; in Section 5.2 I summarise my earlier literature review highlighting the areas of agreement and contestation between social scientists generally and Tudor-Hart and Ridley-Duff in particular. I also establish a framework for organising the empirical data. In Section 5.3 I describe The Proposals as both an attempt by hierarchies to present their form of employee-ownership and a basis for opposing interpretations. Section 5.4 analyses how legal, liberal and managerialist perspectives evolved. Section 5.5 introduces how staff developed other interpretations and conflict ensued; Section 5.6 describes the experience for NHS staff while in Section 5.7 I return to the literature and establish my contribution.

I argue these discursive conflicts reflect a long intellectual tradition of dispute over employee-ownership and were more than disagreement normally observable in any organisation undergoing change. Current academic debates have not sufficiently recognized different ownership(s) and therefore categorise all non-state forms as essentially individual and private. The value and originality of this Chapter is derived from placing healthcare case study data within a history of scholarly contestation and a deep exploration of the contributions of Tudor-Hart and Ridley-Duff.
5.2 Summarising the scholarly scene

In Section 2.2 I described the different perspectives regarding ownership and in Section 2.5 I analysed the contributions of Tudor-Hart and Ridley-Duff. Before analysing my case study data, I recap these views and outline how empirical information was subsequently framed.

5.2.1 Ownership and the social sciences

Firstly, legal-liberal positions focus on property and creating unambiguous boundaries, whereas occupational psychologists claim it is a state in which people feel attached to their organisation and/or work. Managerial explanations argue it is the acceptance of responsibility to solve problems defined by organisational hierarchies. A range of alternative collective interpretations are also possible, which do not focus on the employee-owner as a possessive individual. For anthropologists, owning is intrinsically linked to notions of knowing, creating and locality; a place to live-in and nurture kinship relationships. Democratic-political perspectives see owning as a key generative force shaping society and necessary for participation and collective decision-making. Central to these debates is whether employee-ownership is an expression of possessiveness undermining all forms of collectivism or whether it is a pre-condition to live freely because it is central to agency, status and reducing alienation, powerlessness and fatalism.

5.2.2 Tudor-Hart and Ridley-Duff

Within the wide range of scholars critical of legal, liberal and managerial accounts, the collective works of Tudor-Hart and Ridley-Duff are particularly sceptical of interpretations which stressed the individual as a profit-maximising and property cumulating entity. For both, ownership was more than property and essentially political with a democratic and participatory core. It was certainly not about staff taking responsibility for organisational problems as defined by management beholden to private interests. Notwithstanding their common anti-managerialism, four topics of contestation emerged.
1. In terms of participation and control, Tudor-Hart argued national state ownership was legitimised through existing representative elections and therefore the use of hierarchies for management and political control was not exploitative. In contrast, for Ridley-Duff owing and participating in your local organisation was central to personal and professional development. He challenged Tudor-Hart’s belief that staff can avoid the ambiguities and responsibilities of coordinating public services by focusing on individual patients and avoiding legal ownership.

2. A distinction between social aims and/or socialising work is also made. For Ridley-Duff the rationale of employee-ownership is not simply to produce more measurable social benefits but to transform the workplace. Whereas Tudor-Hart argued the NHS already represents socialised work with its un-commodified labour, absence of pricing and collective purpose.

3. For Tudor-Hart the NHS was ‘feasible socialism’; the only viable alternative to market anarchy. While for Ridley-Duff employee-ownership was valued because it used a variety of non-managerial mechanisms to openly address different organising values and was therefore an exemplar for alternative practice.

4. Tudor-Hart and Ridley-Duff also disagreed about the role of management and resistance to managerialism. The former stressed the importance of clinical ownership; workers coordinating patient care outside management control. However, Ridley-Duff contended legal ownership was a precondition to collective and democratic forms of resistance because staff gained power and responsibility for wider organisational coordination. For him, taking ownership in all its forms is the best way to curb management.
5.2.3 Theoretical framework

In this sub-section I describe how the empirical data is presented and subsequently the role contested concepts play in critical realism, highlighting the importance of normative notions of desirable workplaces.

At this juncture, it is essential to understand how disputed concepts have been debated by scholars. Most famously, the philosopher of social science Gallie’s (1956) introduced the essentially contested conceptual framework to assess concepts such as social justice and democracy which are impossible to define conclusively (Kurki 2010). The contestable framework stands in contrast to much positivist research methodology which suggests researchers should construct boundaries around terms prior to research to reduce scope and create a single meaning. These scholarly tactics do not work for essentially contested concepts (Collier, Hidalgo and Maciuaneau 2006:212).

Although Gallie (1956:172) established seven conditions for contestability (appraisiveness, internal complexity (with sub-elements), various descriptions, openness, aggressive & defensive uses, original exemplar and progressive competition) he is principally interested in showing how scholarly advancement is best achieved by accepting contestation and suspending the belief that through empiricism, logic and normative reasoning a single definition is possible. Contestation is not simply disagreement about means or the process of arguing about it in application. Essentially contested concepts are manifested in recurring debates which can be reimagined with new language in different settings. Rather than use Gallie’s whole system, due to the irrelevance of some conditions, I nevertheless apply the notion of sub-elements.

Sub-elements are shared between competing interpretations and act as the battle ground for their contestation. Each interpretation of the concept has something different to say about the sub-elements, which act like intellectual sandpaper, provoking scholarly opposition leading to further disagreement. Although helpful in exploring contestation, this form of analysis is potentially and always in tension; i.e. ascertaining both differences between competing interpretations as well as their
commonality in its sub-elements is complex and problematic (Okoye 2009:618). Sub-elements are not simply the thematic findings usually found in qualitative research; they explain a contested concept’s various characteristics, the interactions between different interpretations and ultimately describe the areas of dispute and agreement. They reflect the ambiguous ‘dual-realities’ of conflicts remarked upon by scholars of employee-ownership (Azeni and Vieta 2014:55). Rather than hindering good social science, maintaining a wider appreciation of ownership and acknowledging its contested nature allows for a more comprehensive exploration.

With the contested framework established, we can now see how critical realism supports investigations into phenomena which comprise aspects of the ideally real (such as interpretative clashes surrounding the normative value of employee-ownership), and the socially real (such as economic change and organisational structures). The critical realist seeks to appreciate the phenomena of power as both discursive (relating to the interplay between social actors and their power relations) and structural (with power being possessed). Understanding how staff contested the social reality of changed economic categories of owner-management-labour illuminates the interplay between modes of reality. Further, Sayer (2000:2) and Reed (2011:61) showed how normative thinking is central to critical realism because the description and evaluation of the (mis)use of power, human alienation and the potential for improvement are its essential elements. Normative thinking its embodies its emancipatory disposition, helping us to understand how we ought to organise ourselves and judge the desirability of alternatives.

In terms of presenting empirical data I use two stages: Firstly, I explain The Proposal and subsequently employ the different disciplinary perspectives on ownership described in Sections 2.2. Secondly, I reflect on the work of Ridley-Duff and Tudor-Hart and to identify four contested sub-elements.
5.3 The Proposals: the public case for employee-ownership

In this Section I analyse The Proposals highlighting how ambiguity and its promissory nature were evident at the beginning. Although written by senior clinicians and managers, The Proposals were not purely managerial; they contained theoretical concepts and initiated processes creating different interpretations and opposition including the idea of active participation and the intrinsic value of engaging in organisational life.

5.3.1 A top-down creation

Although the original business cases emphasised the role employee-owners would play in management, staff were not directly involved in its creation. At its very genesis, the idea of creating a highly participative organisation was not initiated by local staff but by NHS regional bodies and local hierarchies. Finance officer Omar, an owner and local employee for 27 years, described the tension between the initial exclusion of staff and their eventual engagement:

Q – What was your experience of establishing Blue County?

A - It was the CEO and PCT Board that decided to create one. Not quite a management buy-out. Us plebs further down the food chain did not make the decision, but what happened was there was a lot of work done to engage staff in the process. Literally, it was not just a few [people], everyone had workshops, reasons why, for and against debated openly.

The qualification ‘not quite’ illustrated the importance of senior managers and commissioners. Employee-ownership was promoted to staff, rather than being mandated through a democratic choice. Nurse and owner, Karen argued despite the limited options available their ownership model was ultimately beneficial:

Q – Where you involved in the process for setting up [Red City]?
A - No choice really. In principle the commissioner had to separate from the provider. Spin out as a private company or spin out as employee-ownership or merge with another NHS Trust. And the latter was dropped. So employee-ownership or private, and if we are spinning out then that seems to be option that was preferable.

A binary choice between private or employee-ownership was created by the DH with the final decision made by its local agency, the PCT. Staff were consulted but were not given the power to decide about an organisational change that sought to give them greater control (echoing Tudor-Hart’s (2010) charge of democratic illegitimacy. Rather than degenerate from a starting point of being highly participative, Red City and Blue County were created by oligarchies they did not descend into. A long-standing local employee, social worker Tina described how the transfer challenged and reflected aspects of managerialism:

Q – Can you tell me who set up Red City?

A - We were created by the very organisation [PCT] which is the antithesis of what [Red City] is about. How can you create [a] bottom up organisation that was created top down by heath authorities and DH? The strategic health authority had an input into recruitment of directors early on, and within the first few months, their job description was ripped up and they left, because they did not fit into employee-ownership ways.

With the example of a newly appointed director losing their job, Tina showed how employee-ownership disrupted existing conventional assumptions as well as reflecting them.

For scholars wishing to consider alternative forms, this raises concerns about implementing the genuine transfer of control to employees when ownership was not actively sought by enough of its proposed recipients. However, although transferring was quite ‘scary’ nurse (and former social worker) Susan stressed the importance of adaption and learning:
Q – How did you first encounter employee-ownership?

A – Well initially, its quite a scary thought for T&Cs and pensions and once explained okay really. Initially I don’t know what’s going on. But I have begun to understand a lot more what it is and about. Yeah I am comfortable with it now, managers are much more visible.

5.3.2 Active participation and devolution?

Although institutions and formal procedures outlined in the Articles were important, employee-ownership was always more than just a written constitution or a new organisational chart. It promised a new culture of organising not just a new type of organisation.

For example, the congruence between personal and organisational development was crucial for one of employee-ownership’s advocates, Blue County clinical trainer Esther:

Q – What does having ownership mean to you?

A - We have talked about that it is not just about that transactional ‘you pay your pound’ and that is it and you have your vote technically and legally at an AGM. How we have evolved it is to have different structures within it to give more voice throughout and that sense of participation as a way of working and behaving..what we expect of each other. So we have always had that narrative behind what do we mean by it.
Thus, Esther described a normative conceptualisation of ownership that emphasised its difference from the public and private-sectors and highlighted its potential for making a positive impact on her working life and intra-organisational relationships. One of the boldest claims was the ambition to empower front-line clinicians as Extracts 5.1 showed. Clinical staff were to be equal partners, with services not just being delivered but transformed.

**Extract 5.1 – Blue County Business Case (2011:11)**

We will develop a flatter structure that ensures all staff can influence the business and ability to encompass co-production approaches and partnership with community and patients, allowing for a simplified management structure offering greater delegated power to frontline staff and improved decision-making.

Extract 5.2 introduces the Three Rs (Rights to participate, Responsibilities to other owners and a share in the Rewards), which would free up management to facilitate and look outwards because hierarchical control would be replaced over time by self-management and mutual accountability.

**Extract 5.2 – Red City Business Case (2011:8)**

Ownership linked to empowerment is fundamental to the case for change and the culture of [Red City]. To foster this culture, an Organisational Development Strategy, based on a Rights, Responsibilities and Rewards (the 3 Rs) is being developed with staff. To support our achievement of this, we have developed a model which gives staff real involvement in decision-making at all levels, with a staff representative council as the main enabling vehicle.
Ultimately, managers would become deliberating practitioners, focusing on the organisational environment while seeking dialogue and learning with their fellow shareholding clinicians. With the emphasis on benefits for clinicians, The Proposal(s) claimed ownership was a prerequisite for a new form of equality of status; a tool for reducing hierarchies and limiting management discretion. For example, Red City symbolically changed the title of its ‘business managers’ to ‘clinical service co-ordinators’ on its inauguration. Coordinator Liza, who was supportive of both the alteration in title and genuinely enthusiastic about being an owner, stated:

Q - What is the role of management now?
A - Forward and outward looking through necessity and having to leave the operational day to day. So it’s a different set of skills than command and control.

For her ‘command and control’ was increasingly ineffective and old-fashioned.

5.3.3 Owning as extrinsically and intrinsically valuable

The Proposal(s) promised not only specific participative rights but also opportunities for experience-based-learning, personal and professional development and improved organisational performance. Owners were expected to engage not only because they had an interest in the benefits (or because they had clinical expertise) but as respected partners in a joint venture. The experienced clinical supervisor Jennifer (an NHS employee of 20 years) saw a process for extending her knowledge into other aspects of organisational life. She stated enthusiastically with a sense of positive revelation reflected in her inflection at the end:

Q - What did ownership mean to you?
A - I think sometimes, ability to talk as an owner and get a different perspective. See something from another viewpoint as sometimes something makes sense from a different perspective. So we mean wider not just your bit and how your team is linked in. You see?
The Proposals contained claims on both extrinsic grounds (i.e. increasing levels of productivity and better patient and organisational outcomes) and intrinsic grounds (i.e. reducing work alienation, increasing staff well-being and development). Reflecting the tension between social aims and work socialisation raised by Ridley-Duff and Southcombe (2012), participants also described a lack of clarity about whether ownership was primarily about re-engaging staff in their own organisation (and minimising the negative impact of change) or radically transforming how care would be delivered.

5.3.4 Exceptionalism and being different

For proponents, the new ownership structure was not irrelevant or accidental, it would be central to who they were, what they did and how they did it, as shown in Extract 5.3.

**Extract 5.3 – Blue County Business Plan (2011:12)**

One of the key differences for staff will be that staff will each own a share in the organisation and have a more influential role in how the organisation operates. This ownership and empowerment is fundamental to the culture.

With the Three Rs, these new entities were portrayed as an alternative to existing public and private versions of managerialism; more entrepreneurial than the former and more caring than the latter. They would be unique organisational hybrids, focused on long-term commitment to patients and local communities rather than reacting to short-term political imperatives or external shareholders.

In this sub-section I have shown how ownership as business-as-usual or radical change, the ambiguity of language and intent was acknowledged as problematic from the beginning and continuously debated.
5.4 Legal, liberal and managerial ownership forms

In this Section I explore how senior managers and clinicians interpreted The Proposals to develop legal and liberal forms of ownership emphasising a constitution governing owner property rights and the responsibilities of shareholders. Secondly, I describe a managerial version focusing on instrumental efficiency and conclude the latter was compatible with legal-liberal versions but ultimately sought more significant change.

5.4.1 Legal-liberal perspectives

For Michelle a manager recently assigned to lead the governance of Red City, the transfer of ownership and the Articles were the very essence of the organisation:

Q – What is the role of the Articles?

A - They are the fundamental backbone of the organisation. It’s like a constitution.

Proudly defining them as a ‘fundamental’, Michelle revealed the importance she gave to the legal actuality of shareholding and the formal aspects of governance. By using a biological-body allegory (‘back-bone’) she also suggested something behind the surface, hidden to the naked eye but an underpinning skeleton for other practices and behaviour\textsuperscript{ii}. From this viewpoint, the clarification and limitation of owner rights is a pre-requisite for the orderly distribution of shares to staff. Ownership (and its implications for organisational form) was essentially about individual possession, as Blue County therapist Rebecca stated with no hesitation and a lot of distain for the question:

Q - What difference did being an owner make?

A - Managers don’t give staff the rights, the existence of a share gives them that right.
Although assertive in protecting individual shareholders and articulating their rights, liberal perspectives were conflated with legalism to see staff participation limited in scope to areas codified in the Articles such as Directors’ meetings shown in Extract 5.4.

**Extract 5.4 – Red City The Articles Glossary**

<table>
<thead>
<tr>
<th>“Memorandum”</th>
<th>the Company’s memorandum of association;</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Ordinary Share”</td>
<td>a redeemable ordinary share of £1 each in the Company</td>
</tr>
<tr>
<td>“paid”</td>
<td>means paid or credited as paid;</td>
</tr>
<tr>
<td>“NHS bodies”</td>
<td>organisations which fall within the meaning of “NHS body” set out in section 28(6) of the National Health Service Act 2006;</td>
</tr>
<tr>
<td>“participate”</td>
<td>in relation to a Directors’ meeting, has the meaning given in Article 15;</td>
</tr>
<tr>
<td>“Permitted Industrial and Provident Society”</td>
<td>means an industrial and provident society which has a restriction on the use of its assets in accordance with regulation 4 of the Community Benefit Societies (Restriction on Use of Assets) Regulations 2006 or regulation 4 of the Community Benefit Societies (Restriction on Use of Assets) Regulations (Northern Ireland) 2006;</td>
</tr>
<tr>
<td>“Proxy Notice”</td>
<td>has the meaning given in Article 47;</td>
</tr>
</tbody>
</table>

Participation would be achieved through the exercising of rights at certain times for specific issues with a clear distinction and division of powers. Low priority was given to altering work processes because the conventional chain of command remained with an emphasis on staff as shareholders, not as producers. Moreover, management may be accountable to owners through new governance, but owners have responsibilities to accept reasonable management direction, follow due process and make ‘tough decisions’ (Jennifer).
5.4.2 Managerial perspectives

Building upon and adding to these interpretations, a managerial perspective emerged centred on delegating responsibility for operational delivery and performance to ‘committed and responsible’ staff-owners (Jennifer). Organisational problems, as defined by directors, were to be reassigned from managers to staff (and internalised by them). In this narrative, ownership was sold to clinicians as giving further power(s) and enabling them to take control as long as they accepted the obligation of maintaining financially viability, achieving performance targets and improving services. The ultimate purpose of staff participation was to support predetermined ends rather than being judged as intrinsically desirable. Decision-making may be more transparent but staff voices were only heard within a prescribed framework while being a good owner meant being more corporate and less selfish.

For senior managers, head-office had a monopoly on normative arguments for working together, and therefore crowded out non-managerial versions of collective action. In Extract 5.5 the SRC chair described what being a shareholder meant; reiterating that taking control and using opportunities brought both personal happiness and better patient care.
By claiming we are all responsible for our own well-being, the obligation to engage and develop is placed directly on employee owners themselves. As participation was available it now became the duty of owners to engage in ‘life-affirming work’ (Matthew). Passivity and highlighting problems without offering solutions was considered as complaining and whingeing by experienced Red City HR manager Julie (an NHS employee since graduation 12 years ago, who had not articulated strong views for or against ownership):

A – Why do you think many staff-owners remain dissatisfied?

Q – There is always a lot of moaning on the shop floor.
The retail allegory of ‘shop-floor’ (rather than the clinician-patient interface) was used, dismissing the uniqueness of the healthcare context and avoiding any delineation between moaning (as unjustified fault-finding from those critical of all change) and warranted criticism of the genuineness of participation. In Extract 5.6 the chief executive (who had been employed locally since graduation) described how ownership was about regaining control and avoiding the humiliation of external dominance, implying active owners will enjoy a dignifying, rewarding and enjoyable work experience.

**Extract 5.6 – Chief Executive Statement Annual Review 2012/13 Blue County**

There is nothing more humiliating than having other people taking control of your life and making all the decisions for you. It’s the reason we decided to become our own organisation rather than rely on someone else taking control. The problem is often that the easy decision is to let someone else take control and make decisions and then try to live with the consequences. It serves a short term goal but ultimately is not satisfactory. Our vision is about addressing this issue and the things in our control to understand and communicate with patients, customers and staff.

The CEO was evidently attempting to describe an ideal image of the owner with agency and particular skills and behaviours. Echoing The SRC Chair (Extract 5.5), owners opposed inactiveness because they take control, make decisions and gladly seize responsibility. Getting engaged was an attribute infused with a moral purpose; participation is good, important and valued in itself, while a lack of engagement is bad. Staff were no longer mere employees, but mature and adult-like, having tough conversations about performance and priorities.
When asked why some staff did not engage, Blue County director Joseph rather dismissively replied (while waving his hand to suggest annoyance):

| We all need to take responsibility and grow-up. We are all adults with a valuable view. |

To management, The Proposal(s) promised for those prepared to engage life-changing personal development and career advancement and the chance to ‘grow up’. Although it is easy to poke fun at the grandiose claims and inspirational/sinister language, The Proposal(s) did show how employee-ownership was never considered as just another restructure. For manager Julie, this time it was going to be different:

| Q – Does being an owner make any difference to the way you work? |
| A - Something about the marriage metaphor as [referring to owning as a long term commitment between equal partners], the announcement of it is just a word but also about a mind-set change, something more fundamental..and that shift is quite radical. Yesterday you were an employee and now you are an owner and employee. |

While Julie described the performative nature of being an owner, the complications of being different were also acknowledged. For her ownership was not staff engagement as practised in the NHS, but organisational activism with a specific moral duty to engage emotionally. For managers, organisational attachment was considered more important than professional or NHS system-wide loyalty, while attempts to radically socialise work were subject to instrumental assessment. Local employee of 11 years, Blue County director Matthew fervently recommended the example of staff owned supermarket Waitrose:

| Q – What does employee-ownership mean to you? |
| A - The pound share is irrelevant, compared to the subtle part of this and therefore ‘I care’ [physically displayed speech marks]. The Waitrose advert is good quote. They are more |
smiley in that supermarket. This is my company as much as others and we all take pride and hopefully they [staff] become less tolerant of failure.

Matthew is referring to the 2014 Waitrose advert which claimed the difference made by employee-ownership was that staff ‘cared’\textsuperscript{iii}. Managerial interpretations involved attempts to colonise caring by converting it from a personal disposition and professional vocation to protect and attend to the patient’s needs to being defined and imposed by management and considered compulsory by dint of ownership.

In this sub-section I have shown how legal, liberal and managerial versions were distinct but also mutually supportive; focusing on how staff were expected as shareholders to engage in specific and limited participation events for instrumental purposes. Ultimately, managerialism went furthest. Employee-ownership may have included a transactional element (£1 buys an equity share certificate) but such a narrow focus neglected its key intention: The alteration of how staff interacted with co-workers, managers and their position in relation to their organisation. Possible conflict over whether the intensity of participation was an expression of managerialism (imposing work intensification) or more positively (as a reflection of the normative benefits of public engagement and commitment required for organisational citizenship) was evident at the start. The debate surrounding what an owner is (and what they do differently from being an employee or professional) was always going to be contested.

5.5 Conflict and other forms of ownership

Rather than simply acquiescing or disengaging, I observed a process of contesting; reflecting both the different disciplinary traditions and the specific claims of Tudor-Hart and Ridley-Duff. Advocate of ownership, Red City therapist and trade union representative Laura overleaf argued the relevance of ownership was derived from its wider meaning:
Q - Is the holding of legal shares important?

A - For me it’s engagement and big [hands spreading wide in front] ownership, not the ownership bit of the pound share.

In this Section I explore the meaning of ‘big ownership’ across four areas of psychological, clinical responsibility, anthropological and political-democratic versions.

5.5.1 Psychological ownership

Following Van Dyne and Pierce (2004), how participants’ articulated ownership as a sense of attachment to, possession of and identification with the organisation was central. Did participants experience Red City and Blue County as something they owned? Did they feel they were the organisation? High levels of psychological ownership were experienced by HCA Catherine when she reflected upon the recent change and her 10 years of NHS employment:

Q - Do you feel you own the organisation?

A - Yeah, I do genuinely believe and we come back to I am owner. I feel the organisation is mine and my colleagues, and we own it. Very passionate about the organisation. Would I feel the same in an organisation in which I was not an owner? [ ....] No I don’t think I would. I think it has changed my attitude towards the organisation.

She continued to explain the fulfilment of being an owner and the rewarding nature of identifying with her ‘bit’:

So yeah, [I’m] proud of [Blue County] as member-owned. I have tried to debate why myself and failed a lot. But to me ownership does matter because I really do feel it is mine, I own that chunk [drawing a circle on a piece of paper and pointing].
Even though it was difficult to comprehend (and Catherine may have ‘failed a lot’), understanding whether it mattered was something worth pursuing. For her employee-ownership was exceptional for its propensity to encourage attachment (my ‘chunk’) while psychological ownership involved the responsibility for work outside individual practice. Coordinator Michael vividly captured owning was more than just being an employee:

Q. - What does ownership mean to you?

A - I suppose it means in terms of a share, it infers I take some more responsibility for hopefully the success of the organisation. In terms of looking at a bit more broadly, how things are done and how they are run. As an owner I know more about others within [Red City] than I would if I was just an employee.

Although psychological readings challenged managerialism, they did occasionally use similar language such as ‘taking–on responsibility and owning issues’ (Georgina). However, psychological ownership did not mean staff focused on finding solutions to problems pre-determined by hierarchies. Following Van Dyne and Pierce (2004), attachment was not a free good to be captured by management it was achieved through staff perceptions of due participative process, the just distribution of organisational benefits and a positive impact on patients.

Those with high levels of psychological ownership did not simply have responsibility to (or worked in) the organisation; they felt they were the organisation independently of management. In contrast, directors saw doing engagement as an approach to managing the workforce. For staff what mattered was the psychological state of being engaged (‘its ours because we are consulted on a lot of things’ Lola). Psychological ownership remained distinct from managerialism because of the value attached to participation; the intensity of attraction and the critical judgement made on management initiated programmes.
5.5.2 Owning as clinical responsibility

It is important at this juncture to remind ourselves of Tudor-Hart’s (2010:120) interpretation of ownership as clinical responsibility. In colloquial terms this included making things happen for patients and getting things done without recourse to organisational hierarchies or legal enforcement. I found clinical responsibility reflected language used in psychological and managerial versions but ultimately remained anti-managerial because definitions of what was needed were derived from professional values. When I asked experienced therapist team leader Rebecca about Blue County’s newly created vision and values (which involved management’s attempts to include the phrase ‘passion for work’) she replied succulently:

**Passion is there but I am not passionate I am professional.**

I explored further, asking for examples and she replied rather hesitatingly at first but with increased confidence:

**Well then its complicated..[2 secs]...but I would say it’s a bit patronising for me, as being a therapist-owner means being clinical, no pun intended, at times when judging relative need..being passionate gets in the way.**

The focus of clinical ownership was on clinicians accepting (and carrying out) their professional responsibilities to care for the whole patient, despite requests from management. Tudor-Hart (2010:14) was correct to highlight; 1) how ownership meant more for clinicians than property; 2) the importance of clinical knowledge which was not derived from shareholder rights; and 3) how management failed to respond adequately to clinicians’ desire to control more of their own operational work. I now turn to interpretations of ownership which focused on its shared sense of place and egalitarian nature.
5.5.3 Special places and collective forms

Following Ridley-Duff (2007:383, 2010:51), in this sub-section I demonstrate how some informants gave ownership a collective meaning emphasising the discovery of shared values and common endeavour as well as ownership as a prerequisite for ensuring the organisation operated on a more democratic and egalitarian basis. These viewpoints highlighted the intensity and quality of relationships between staff-owners and how employee-ownership helped address the complexities of consensus building and coordinating diverse services. By radicalising The Proposal(s), some employee-owners focused on the widest possible expansion of participation to address perceptions of injustice, unaccountability, inequality and unnecessary hierarchy.

Although several participants articulated similar conceptualisations, I explore in detail the views of owner and social worker, Elizabeth who was aged 40-45 and had worked locally since professional qualification. She was also an elected staff representative and attended monthly service meetings. Initially I asked her to describe working at Red City:

A - To me when I describe working within [Red City] I will say working within and part of it. I won’t say I am working for it. Secondly, I have a sense of being part of something on more of an equal basis more than just this entity employs me to do X. Normal things like employee voice and influence, but also the ability to cut across hierarchies and shape decisions and the business direction together, all of us.

Elizabeth challenged existing concepts of her employment status because ownership represented more than being employed, a professional or involved in management. It took on a democratic character (or ‘equal basis’) through one-person-one-share-one-vote processes. Further she explored with certainty, a meaning beyond weighing up its costs and benefits by comparing it with being a single owner operating their small business.

Q - How do you feel about being an owner?
A – Well you give your time and self to it but it is also a different thing, there is a sense of which you do feel a sense of ownership in the traditional sense of I own, but also the sense of ownership together and of my actions. Because I know it has an impact on the security and direction of me and its success we [can] learn together. It’s more than transactional and it must be ongoing as we get better together.

Elizabeth’s interpretation of being an owner was focused on the relationship between owners and their agency to collectively determine the future. This was not ownership as an individual profit-maximising shareholder within a private corporation or small business. At this juncture, I noticed she was intensive in tone and opened her palms to convey trust:

Owning the future, if you take the shareholder model, you could be a shareholder in any model. You get a dividends and that is the relationship you are in. Financial basis, you have an interest and it is a transactional basis. You are not going to give any more to it or yourself to that company. If you are a shareholder you do have a different relationship to what you are doing. If we are successful I am part of it, it is not a one way transactional relationship for my time and effort. I can point at it and if it succeeds I am going to take the praise like everyone else, you know what I mean?

After asking for reassurance from me in terms of confidentiality, I observed how Elizabeth turned her palms from an open stance to facing each other suggesting her lack of doubt:

If it fails, I will need to learn to deal with that failure along with everybody else. It feels it is more, intangible and maybe it’s a different intangible for different people making a wow factor that is unique to everyone.

What matters for Elizabeth was not acquiring shares but combining owning and working because only then would staff own both its successes and failures. On my initial reading, I focused on the
problems she raised such as the ongoing struggle with measuring the different ‘Wow’. However, on closer inspection I registered how different her perspective was from legal, liberal and managerial interpretations. For Elizabeth ownership became meaningful through its collective nature. As described by Ridley-Duff (2007:383), it is by using our knowledge to create and inhibit a special place (‘along with everybody else’) that staff ensure the organisation acts in ways congruent with a normative ideal and its public aims. She continued to stress ownership’s ethereal nature and how it eroded the distinctions between owner-manager-employee:

Q. Can you give me some examples of where ownership has made a difference?

A. There is an element of family type of thing that you had developed and certain things we have done and how...[we have] also got that sense of attachment to knowing that this bit is not right but knowing we can get there and change it. It’s an attachment of not just ‘isn’t it great here?’ but also in a way of continually [being] involved in discussing something and doing things. Sorting the place out by ourselves, that’s what ownership means to me. Getting together and playing your part.

Elizabeth emphasised the importance of ‘discussing something’ without imposition by hierarchies and owners having responsibility horizontally to their equal partners. Although initiated by the structural change of transferring ownership, for her exceptionalism was constructed through dialogue with fellow owners. Ownership was not about possessing a legal entity (a share); or being an individual shareholder (a category); or taking responsibility for predetermined instrumental ends (managerial). Following Brightman et al (2016:13), ownership for her involved commensality, reciprocity and nurturing. It was constituted by multiple relations between peers and was a countervailing mechanism against the polarisation effect of different professional groups and diverse clinical departments. Owning becomes a process of place-making, a way of establishing new relationships between persons (and people and things).
Ownership mattered for Elizabeth because it became real through the practical choices made by staff and not defined solely by an abstract set of legal principles. By appreciating the lack of adherence to possessive individualism, ownership was not only a relational phenomenon, but dangerous to conventional management. What was owned by staff was not so much physical things as relations, processes for creating status and imagining different futures. I explored with others whether distributing shares equally was meaningful and medic Christine (who was generally supportive of being an owner and a local employee of 13 years) was explicit:

Q – Does being an employee-owner make any difference to how you work with colleagues?

A - Knowing somebody as a fellow member breaks down most of the hurdles. So I would have never known a social worker in my last role in intensive care. Now, there is 40 or 50 care workers and they all know who I am and they have a question whether it is about nursing or not, they ask me. With us being equal shareholders it means we tend to consider other things than normal departmental stuff. There is commonality to it.

As predicted by Ridley-Duff (2007), rather than a means to represent individual concerns ownership provided a language to increase ‘commonality’, collaboration based on shared interests and encouraging trust between occupations. Although clearly different from workplace democracy, arguments for employee-ownership were brimming in democratic language, as nurse-owner Susan described with an evangelical energy:

Q – What was the impact of ownership?

A - Having groups of members irrespective of pay, grade and professional or status have an equal vote, in terms of the significant things we do. We do not allow a greater than one-share-per-person and that is a real democratic thing. A little bit of me thinks that the Board may earn more than me or whatever, but they cannot own more than me. Push comes to shove, they can’t have any more say and sense of being part of it, a right to be occasionally quite
challenging [physically demonstrating question marks] ‘I am not going to put up with that, that’s wrong’. And we are going to do something about it ourselves.

This is employee-ownership as embryonic self-management socialised work as described by Ridley-Duff and Southcombe (2012). Subsequently, I noticed a pause before she stated:

Overall, I do find myself saying as a prefix, ‘as an owner’, but we should widen what we do together and that matters to me, have a right to tell the Board that you work for me on all things and that matters to me.

Corroborating Ridley-Duff (2010:189), participants also recognised their experience was varied and accepted further debate on priority given to different values was required. For owner-therapist Kimberly, speaking confidently in the focus group, owning was about working with co-workers as the best way to bring about change:

Q – What difference does ownership make if any?

A - Sometimes staff say it does not make any difference whether we are a local authority or NHS or social enterprise and I say if there is enough of you as shareholders to voice your opinion then it does matter. But it does involve them becoming shareholders 1st. That’s the difficult bit, to take your staff colleagues with you if you really want something to change.

She then opened her arms to ask for confirmation of her experience around the room. I observed supportive validation by owner and non-owning peers nodding, with interventions restricted to clarifying points and descriptions of similar personal examples. Ownership was being described as a public good, being both dynamic (as employee owners actively engaged the more confident and assertive they became in controlling management) and cumulative (the greater the number of staff who took ownership and the more existing owners engaged the more it mattered). In other
words, if ownership was more valuable the more people had it and the more it was used (a shareable good which does not degrade or become diluted through wider distribution) this was in opposition to perspectives which emphasised scarcity and possessiveness. Shares were not mere things (passive registers of wealth, power or capacities for control) but personified artefacts of relationships (Brightman et al 2016:21). Neither was it about eliminating all ambiguity to enable legal enforcement, creating exclusivity and achieving permanent solutions, but creating something of ‘our own’ (Jennifer).

In summary for some, ownership moved beyond individual engagement as a means to deliver predetermined goals and towards being linked to an expansionist view of workplace democracy, the socialisation of work and transformational potential of staff control. Management wishing to minimise the link would describe ownership as ‘giving opportunities to engage’ (Matthew) whereas non-managers often depicted ownership assertively as ‘staff having the power to decide’ (Laura). I do not suggest these anthropological and politico-democratic interpretations described actual practice for all; rather informants used these ideal constructs to critique other conceptualisations and explore the tensions between instrumental imperatives and participative processes. In support of Ridley-Duff (2012:11); acceptance of these recurring differences was central to how staff understood its exceptionalism.

5.6 A comparison with NHS Staff

In this Section I consider how NHS staff compared with these multiple and conflicting interpretations of ownership. Of course, when asked to talk about ownership there was little discussion about the legal forms of ownership as no transfers of equity occurred. Overall, managerial and clinical responsibility perspectives dominated while alternative forms remained absent. When compared to employee owners, levels of psychological attachment to their local employing organisation were less strong and the perception of a gap between management and
staff greater. The formal attributes of an organisation (its name, identity, reputation and plans) mattered much less for local NHS employee of 19 years therapist Alison:

Q – What does ownership mean to you?

A - It is wrapped up in the sense of vocation and location so to speak. I happen to live and work here. I feel vocation to treat the people in [County Area]. I don’t think I have that management and ownership I don’t have the depth of feeling.

Nurse Salma (and locally employed for six years) reflected on the lack of attachment when asked the same question, pleading for more collective identity with their Trust:

A lot of middle managers talk about they [staff] and them [the Trust] as if they are different. As if it is someone else. You are the Trust, I say, they are not someone else, even quite senior, I say who is they? I just tell them [staff] things, not into setting hares racing, but that’s an excuse for not talking to engage people and keeping them in the quiet.

Importantly, NHS informants did not use the term ‘stewardship’ of the NHS. I also did not find clinicians in FTs any more attached as Nurse Petra, who had only recently joined the Trust and continued to compare recent and previous experiences, stated:

Q – Is the Trust yours?

A - I don’t feel it is our organisation, I feel it is very much a managers’ organisation. I don’t really feel ownership. There is always stumbling blocks in what you want to do. I think we need to ensure clinicians are tied into things and not just their clinical work to be honest.

It was not just the lack of management legitimacy but the lack of local ownership over the NHS policy hierarchy which was bemoaned by informants. Being an FT member (not just an employee)
did not appear to improve their sense of psychological ownership or lead to other ownership interpretations for medic Lucy, who pleaded for more local ownership:

Q – What does ownership mean?

A - My view of ownership is that this is part of what FT is about, but it does not go far enough. Trying to understand ownership you know to be fair to central government that’s all that they can do. They can’t get that ownership local they can’t create it locally.

Although my study is severely limited in the numbers of NHS staff interviewed (n=13), these perspectives suggests being an employee owner had more meaning to many staff than being an NHS Trust employee or an FT member. NHS staff may have complained and used other ways of opposing such as disengagement or severe criticism, but they did not develop alternative perspectives on ownership, new ways of working or applied democratic criteria to critique hierarchies. These findings suggest difficulties associated with the legitimacy of hierarchies remain, while Tudor-Hart may have underestimated the importance of other ownership forms.

5.7 Discussion

In light of my empirical data, I now return to Tudor-Hart and Ridley-Duff exploring areas of accord and disagreement.

The inclination of staff to challenge and modify The Proposals meant incongruent versions multiplied. Legal, liberal and managerial definitions were evident but these perspectives were not accepted, either as desirable or self-evidently the only way to interpret ownership. Mainstream approaches were not able to deliver the promises made in The Proposals, let alone address staff anxieties or reflect normative ideas about how workplaces should operate. Other alternatives emerged which appeared to relate to psychological, clinical responsibility, anthropological and politico-democratic forms. These local discussions were not purely abstract or a distraction from
the ‘real work’ (Matthew) of implementing management plans. They involved users engaging in and offering competing versions of what ownership is (and might be) and whether it mattered. With debates about ownership increasing quarrelsome, conflict became common in contrast to the NHS. While Tudor-Hart was correct to conclude ownership was not exclusively about property, my findings suggest his focus on ownership as clinical responsibility incomplete. Clearly promiscuous, employee-ownership’s prevalence was based on an ability to subsume differences within its semantic borders through paradoxes and ambiguity. Ownership(s) was also a valued achievement and evoked positive associations. We all want more of it, without agreeing what it is. Therefore, staff (and critical researchers) could simultaneously and legitimately be both for and against employee-ownership.

Both Ridley-Duff and Tudor-Hart were correct to highlight how ownership was essentially political because who owned provision and what ownership meant were contested questions and not mere administrative detail\(^*\). Rather than articulating mainstream views, staff expressed opposition that had more in common with notions of workplace democracy and worker control embodied in political theory. We should not be swayed from highlighting its political nature by those who claim its introduction as un-theorised common sense. My study suggests there is little agreement about what ownership is and whether it matters and there is no point in pretending otherwise. Furthermore, the underlying optimism and acceptance of plurality by Ridley-Duff was in contrast with Tudor-Hart’s pessimism about professionals’ motivation when they hold shares. This study confirms this divide also exists for staff, suggesting the alternative value of employee-ownership within public services is not sufficiently understood. These debates are perhaps reflective of the ambiguity and caution many feel on the political Left towards employee-ownership generally and specifically its application within public services.

Notwithstanding the common anti-managerialism of Tudor-Hart and Ridley-Duff, I suggest that employee-ownership can also be viewed critically as containing four contested sub-elements.
1. **Participation and control**

All ownership forms sought to increase staff participation although they disagreed about its scope and importance. For example, how was participation differentiated from control? What was the relationship to workplace democracy, if any? Staff opponents of ownership reflected Tudor-Hart’s focus on how the NHS gained democratic legitimacy through Parliament. In contrast, there was evidence of Ridley-Duff’s endorsement of local engagement as a mechanism to give consent to and control over organisational hierarchies. My study also confirmed Ridley-Duff’s (2007:382) description of the tensions embodied within politico-democratic forms of employee-ownership. For example, there were differences between the need to create organisational-wide consensus (a unitarist perspective) or facilitate diversity (a pluralist outlook). The propensity of managerialism to co-opt the former view was obvious and created the inevitability of conflict over control.

2. **Social aims and the socialisation of work**

It was evident that all versions of ownership made claims to create social value either by meeting social aims and/or by socialising work. Managerial informants articulated perspectives emphasising how governance arrangements ensured directors were accountable retrospectively to staff for their performance. Widening the number of staff who took shares was valued because it gave workers a say and increased responsibility for individual work, meeting wider corporate ends and meeting regulatory requirements within budget. However for managers there were limitations to staff control and considerations of how work should be organised were not the primary concern. In contrast, for many non-managerial informants the purpose of employee-ownership was precisely to oppose instrumental thinking and to offer alternatives by transforming workplace relationships reflecting Ridley-Duff’s central insight. Tudor-Hart’s concern that the use of employee-ownership (and therefore markets) would inescapably lead to a reduction of public service values in the pursuit of staff self-interest was
unfounded (even if that interest was on behalf of clinicians working in cooperative forms of ownership).

However, many participants demonstrated a reluctance to consider legal-ownership at all or remained disengaged after becoming a shareholder as observed by Tudor-Hart. They still opposed management but socialising work for this group was achieved through clinicians focusing on co-producing with patients while being freed from the burden of possession.

3. **Exceptionalism and organisational exemplars**

   When participants described employee-ownership in multiple ways, they also highlighted claims being made for its role as an exemplar. Private, public, third way, in-between hybrid or something else; its location within the typology of organisational forms was vigorously disputed. Justified largely using instrumental criteria, legal-liberal and managerial perspectives did not seek further expansion or identify wider societal lessons. Other ideal models based on a radical tradition and professional notions of clinical self-management were envisaged by staff. To illustrate, The JLP was Red City’s mentor organisation but there were vigorous debates about its relevance. In support of Ridley-Duff, my study showed how owning was a way for some of testing practice against normative notions of justice, equality and solidarity. More sceptical staff reflected Tudor-Hart’s contention that the NHS model was already a form of socialised work. However, even these staff expressed a desire for more local ownership even if this was not formal shareholding.

4. **The role of management and resistance**

   As different ideas about ownership emerged, conflict transpired about the extent to which being an owner disrupted or replaced the organisational status-quo. Under employee-ownership, managers were formally accountable to owners and could be removed by owners via their representatives. But it was less clear how this would be enacted in practice and the
ways it altered day-to-day management behaviour and organisation-wide coordination. Does taking legal ownership automatically imply staff should take responsibility for strategy and service delivery beyond Tudor-Hart’s concept of clinical responsibility? And if yes, is this desirable? My analysis also suggests management strategies to promote individual responsibility were rebuffed by employee-owners.

5.8 Conclusions

In this Chapter I have examined employee-ownership as a contested term and highlighted the key aspects of contention. Non-managerial interpretations emerged and expressed the gaps between the ambiguous ideals contained within The Proposals, participants’ own experience of practice and the long-standing radical traditional of staff ownership and control. Further, organisational hierarchies did not fix in advance what ownership meant and what being an owner involved in detail. Their perspectives did not dominate debate or suffocate opposition.

The Proposals were not solely managerial polemics; they were open to a variety of interpretations. Ownership may have been about control, but it was also out of control having unanticipated consequences for policy makers and management. And although Red City and Blue County were not out-of-control in terms of organisational performance, managers were not in control of what was happening.

By embracing contestation and placing contemporary practice within wider historical scholarship I believe we are able to avoid futile disputes about definitions. Different staff accounts were not metaphorical, catachresis or homonymic. With each set of users claiming to know the real essence of ownership, contestation is not a problem but essential in our quest for greater understanding. Ownership for participants related to a multitude of relationships between people and institutions, objects and social spaces. These debates about ownership (which reflected the disciplinary traditions) were really discussions about whether ownership was about property at all. While
ownership does involve legal and abstract questions of who owns equity, as I have shown this is not the whole story.

Building upon my discussion of the research question and contested themes in Section 3.4, this Chapter has identified commonalities and differences through four sub-elements. In Chapter 6 I discuss sub-elements 1 and 2 more fully when I consider whether legal transfer enabled staff to control management, alter organisational purpose and transform work. In Chapter 7 I analyse sub-elements 3 and 4 when I study the exceptionalism of employee-ownership and address how opposition to (and alternative from) managerialism evolved.
CHAPTER 6 – STAFF CONTROL AND THE PURPOSE OF OWNERSHIP

6.1 Introduction

In this Chapter I consider how participation was experienced by staff and how control was perceived and exercised. I explore the distinction between communication to employees and staff control and analyse how owners and non-owners alike discussed the purpose of employee-ownership and how this influenced nascent forms of radical work socialisation.

In Section 6.2 I recap on the literature described in Section 2.6 and describe my framework for ordering the empirical data. Subsequently there are four empirical examples in Sections 6.3 to 6.6 namely; owners voting directly on organisational decisions; notions of status, hierarchy and accountability; control over clinical work; and how employees visualised tensions and conflicts. I consider the differences with NHS staff experiences in Section 6.7 and in Section 6.8 return to the question of staff control and the alternative value of owning.

Despite its limitations, I argue the transfer of shares initiated a new debate, creating space for democratic infused arguments for expanding control over management to emerge. For staff legal-ownership only mattered if they had greater control over their own immediate workplaces as well as dedicated time to develop the skills to participate more widely. Ownership gave many employees new mechanisms to make management more accountable and equalised power/power relations which resulted in a renegotiation of workplace practice. Although not dominated, discursive conflicts surrounding the conceptual ambiguity of employee-ownership were influential in determining whether staff control went beyond conventional engagement.
6.2 Summarising the scholarly scene

6.2.1 A recap

Employee-ownership has both a distinctive and equivocal status in critical debates with two conventional wisdoms apparent; either a valued exemplar with emancipating potential or a degenerative model spirally inevitably to failure and irrelevance. Sympathetic accounts have explored how ownership plays an influential role in initiating participation where it did not previously exist; challenging existing management prerogatives and making hierarchies more accountable. However, these perspectives suffer from a tendency to romanticise organizational life within employee-owned bodies, seeing greater unity and authentic staff control coupled with reduced conflict. Failures are blamed on staff not taking collective responsibility and/or enemy forces eager to impede these embryonic alternatives. Other critical scholars are reluctant to consider employee-ownership as an alternative, relegating claims of emancipation through ownership to the status of empty signifier and continue the Foucauldian tradition of modest and locally focused micro-resistance. These perspectives dispute a simple link between ownership and control while regarding attempts to introduce an ownership culture as overly ambitious at best and at worse camouflage for increased surveillance and imposed self-discipline.

Specifically my analysis of three groups of scholars; Cathcart (2013a, 2013b), Paranaque and Willmott (2014), Storey et al (2014), Salaman and Storey (2016), Storey and Salaman (2017) and Basterretxea and Storey (2018) highlighted the following:

1. There is evidence of degeneration with managerialism reappearing and staff control and non-managerial practice fragile. However, oligarchical dystopia was not inevitable.

2. Formal owner rights were limited but also valued by employees and important in initiating nascent alternatives. Continual responsiveness was needed to ensure formal processes for management accountability were delivered in practice while relentless managerial demands to circumvent or compromise staff control, resisted.
3. The presence of regenerative prefigurative practice (and its challenge to convention practice) was extensively explored. Non-managerial and managerial values and logics were in constant tension while employee-ownership was viewed as a potential mechanism for openly discussing the conflict. However, developing alternative practices while delivering services sustainably in a hostile competitive environment was not simple or undemanding.

4. Rather than despair at the lack of staff engagement despite opportunities, these studies highlighted the need for long-term individual development programmes, time for owners to learn new skills and the normative case for organising without management to be made. Ultimately, they highlighted how personal self-reflection and improvement was needed.

5. All were cautious of the alternative value of employee-ownership, arguing owner led democratic control was potentially transformational but empirically partial and required constant regeneration. The influence of discursive conflict, organisational restructuring and changes in legal ownership were all considered important.

6.2.2 Theoretical framework

In this sub-section I show how data was mapped to a theoretical framework using the ladder of participation introduced in sub-section 2.6.2 and reproduced in Figure 6.1 overleaf. To restate, increasing the scope, extent, frequency and intensity of employee engagement over the allocation of surpluses, strategic decisions and operational work, leads to staff control and is closely linked to notions of workplace democracy. For staff involvement to be defined as control, participation should be widespread, direct and continuous. Control also implies prefigurative discussions about organisational ends and a denaturalising of managerialism by challenging its pre-eminence. I also assume employees and organisations move up and down the ladder because there is no linear, predictable and automatic causation. Furthermore, this movement is also evidence of both degeneration and regeneration.
To illustrate, if instrumental thinking continues to be imposed by hierarchies without debate this suggests managerialism has not been *denaturalised*, whereas *prefigurative* discussions about organisational plans and management practice implies the opposite. Examples of conflicts and tensions within the case studies can therefore be analysed consistently and prominence given to liminal transitions between levels of control. Crucial to understanding whether ownership mattered was an analysis of how Red City and Blue County compared with the two NHS case studies in Section 6.7. From a critical realist perspective, clarification of outcomes and exploration of conditions and context in comparison supports the investigation of causation.

### 6.3 Ownership and the Vote

In this Section I describe how staff voted on an organisation decision and how many valued its introduction while others criticised its limitations.

#### 6.3.1 The Process

On 30th September 2013, Red City included all owners in an organisational-wide ballot (the Vote) to decide the distribution of a planned surplus and the options for achieving their business plans over the preceding two years (2014-15 & 2015-16).
VOTE 1 - Firstly, owners were asked how the surplus was to be distributed. The options were: 1) 1% pay rise, 2) a £400 lump sum to all shareholders, 3) allocation to financial reserves, 4) reinvestment in service delivery across all units; or 5) continual subsidies to loss-making units.

VOTE 2 - Secondly, owners were invited to identify how the surplus would be funded. The list of options included: 1) changing the provider of occupational health (OH); 2) altering how annual leave is booked from April-to-March to individual birthdays; 3) increasing income from individual private patients, or 4) selling the loss-making supported employment service to a charity, public or a private organisation.

Prior to the Vote, there was a series of workshops, written information and face-to-face meetings and Extract 6.1 shows the information pack contents page.

Extract 6.1 – The Vote Information Pack contents

The type of question and options were not pre-determined and as a result of feedback, result changes were made (for example, Vote 1 Option 2 was suggested by a member of staff). The final ballot questions, options and timescales were agreed by the SRC and Board. A preference voting
system was used, scoring 1 to 9 against each option. The two options scoring the most votes were declared the result published 7th October 2013. The number of shareholders was 591, and the number of votes cast 138, with a 24% turnout. Out of 31 clinical service teams, 58% had at least one vote cast and 55% of all owners were involved in pre-voting engagements. For Vote 1, the results were options 1 and 2 (1% pay rise and continued cross-subsidisation respectively). Vote 2 resulted in changes to occupational health provision and annual leave. Although owners continued Vote 1 annually, Vote 2 had not been repeated.

6.3.2 The narrative

The central place of the Vote in the story of Red City was evident to owners and non-owners alike. Although participants experienced it differently, they were all willing to speak for considerable time on the Vote, often bringing discussions back when addressing other questions.

As I will show, the Vote reflected differences about whether participation should be a specific time limited exercise of engagement or a wider political discussion.

Manager Julie who despite experiencing several structural changes locally in her 12 years acknowledged its uniqueness:

Q – Did the Vote signify anything?

A - It is a completely different way of working. Everyone has come from the NHS and local government and yes it was a different culture of being told and alien way of thinking to say you have a view about the surplus but we are part of [Red City] and part of that is that you do get to have a say.

The ‘different way of working’ played a defining role and was the example often highlighted when participants were asked to summarise their experience. There was a particularly strong positive sentiment amongst owners with long-standing medic and owner, Christine declaring:

Q – Are you able to give an example of ownership making any change?
A - Easy, given a vote, that’s a positive.

She continued to confirm Paranque and Willmott’s (2014:606) observation that ownership and rights to control certain decisions tended to increase internal discussion:

First of all there was a dialogue, there is some central co-ordination...but the influencing and shaping comes from shareholders. Very different from the NHS normal approach. It would not have happened if we were not employee-owned. The Board would sit and decide, we can afford this and the staff would have been told.

Given Julie and Christine long tenure, employee-ownership was not merely the vehicle of young newly qualified professionals. Christine continued, highlighting how the SRC or Board had not endorsed a particular option:

We had no idea of what would happen, the process of counting was a bit slow but it was like election night.

Given her 11 years of NHS experience, the shock of the new was clear to nurse-owner Karen, who was undecided about the value of employee-ownership but supportive of the Vote:

Q – Were staff adequately prepared?

A – I think some very quiet people have plucked up courage to speak and have many useful things to say and we have never given them a platform to speak, whereas they do now. Its a whole different way of working, it took me some time to get my head around it. But overall its definitely positive, we can decide ourselves its not imposed upon us. You feel there is an opportunity to contribute to have your say..they [public sector] would normally let you know this sort of thing by email.

As Catheart (2013a:613) observed, participants were sophisticated in their appreciation of the tensions between different values and distinguished between whether the right decision/option
was taken and whether it was right in principle to include staff in decisions of this type. Christine continued:

Q - Overall was the Vote a good thing?

A - Yes, it was right to ask and the right decision made and we wanted to be asked. But it was such a big thing to ask as the first thing for the new organisation. When you are working for years and years for government you are not there to make decisions you are there to do things.

For those who voted, being involved was just as important (if not more so) than the outcome because they were for the first time involved in income, expenditure and resource allocation decisions. Following Paranque and Willmott (2014:618) nonconventional ways of decision-making required greater transparency, agnostic debate, staff commitment and time to understand the issues. For clinical trainer Marta (who had recently been elected as a staff representative after 20 years of clinical work) participation was what they were, not just what they did:

Q – What were the lessons of the exercise?

A - We could and need to do this type of thing in other areas and other decisions about say expanding a service or where a service needs to change for patients and so yes.. it was good to come to a decision that had not been clear cut before.

For Marta the Vote was political because it was contested, not a technical decision with unequivocal costs and benefits and commonly accepted assumptions and aims. As Cathcart (2013a:612) remarked upon, the experience of participation led some to want more and better forms of staff control:

When we do this again [in other areas] we will go down the same route as before so we will have a say in it. So every plan or strategy can be justified to owners.
6.3.3 The role of ownership

There was a strong view amongst owners that without shares, the Vote would not have taken place. Trade union representative (and supporter of employee-ownership), physiotherapist Laura explained having shares were catalytic:

Q – Did ownership make a difference?
A - What my share would give me is my ability to vote on these types of issues. What I like, we are actually having a say and what it meant as well, it gave us control over our own pay and workforce for the first time.

Nurse, former social worker and staff representative Susan, succinctly stated the case for ownership as both a generative mechanism and something that could be possessed:

Q – Did ownership make a difference?
A - I don’t think we would have come so far without it.

Owner rights gave confidence to some about their influence over management as Susan continued:

In NHS organisations traditionally that level of engagement [is] not there. So what makes it happen? Because we have shares, the Articles and we build other processes.

Moreover, the outcome of the Vote was accepted as legitimate and implemented without dispute by management. Not only was there a perception that ownership determined the Vote, but it also increased the number of owners because it gave staff a reason to take shares. Bridget (therapist-owner and non-committal about its value) declared in the focus group when I asked why some had decided to become shareholders:

I think it was the first vote. I thought I can’t vote as I’m not a shareholder and then I decided to become an owner and it influenced me.
6.3.4 Limitations

The lack of preparation for the Vote was raised consistently. Strategy lead James (responsible for organisational planning and analytic support to the SRC) described:

Q – Did you feel able and prepared to vote?
A – At first I did not know about it and I am sure many just didn’t think it was important or that real. There is also a fundamental issue about getting ready for that type of decisions, because it is a different type of role. If we did it again, it might be different in terms of more time to consider .....unlike John Lewis where you are clearer when a consensus decision is needed and also the process is quicker and cheaper.

With a paper-based voting system and administrative costs very high, the case for deepening and expanding voting was difficult. And although participants valued casting a vote, it did not mean it was a universally positive experience. The low turn-out and no recurrence of Vote 2 was highlighted by experienced nurse Tracy (who was a non-owner, union rep and critic):

Q – Have you repeated the Vote?
A - Since then, nothing of this kind since the 2014 AGM last year. Staff are still waiting for more participation.

There were signs of limiting direct participation. For recently recruited director Brian, who was enthusiastic about employee-ownership, the problem was the lack of informed owners and the constraints of the external environment:

Q – Were staff prepared for the Vote?
A - I think a number of staff were not aware of what they were voting for. If they don’t know the bigger financial picture they don’t know what to choose.

Whether being informed meant staff were critically engaged or reflected managerial priorities was unclear. For Brian, the lack of willingness by staff to engage with complexity was crucial.
However, participants had begun to consider the conflicting demands inherent in resource allocation as observed by Storey et al. (2014:635). Initially unsupportive about ownership, medic-owner Christine changed her opinion:

Q – Were employee owners fully prepared for the Vote?
A – Not really, I thought it was quite negative at first because we did not understand what was to be offset. So as an employee it was okay, but as a nurse I was very disappointed that to get the 1% I lost something.

Despite her reservations, she debated these tensions within her team and overall the process was considered worthwhile:

I think we have to take responsibility to understand that the benefits has to off-set and I think when you start you do not really worry about where it is coming from and the reality of what it did, we still have occupational health, but it reduced a bit. We have some choices and we give some description of what would be needed.

With a 24% turnout, it can be argued that the Vote was tokenistic, an example of disengagement not participation. With Vote 2 not repeated since, the degree and quality of participation was insufficient and incongruent to radical interpretations. However, it cannot be argued it was merely superficial and symbolic as surplus distribution was a key constituent in owner control (Step 5) while also being highly valued by many participants. Turnout was also not low compared to voting rates in other workplace democratic systems such as The Mondragon (Webb and Cheney 2014:75). In contrast to previous public sector practice, the Vote enabled this decision to be more transparent and informed by a wider number of staff. Crucially, managers were not the focus of decision-making. Staff expressed conditional commitment to existing participation while also demanding more and better forms to supplement representation following Storey et al (2014). As raised by Cathcart (2013a), the problem was not too much democracy but not enough of the right
kind which was often reflected by staff by describing it as ‘slower but better decisions’ (Malick).

Clearly managerial assumptions about the omnipresent and competent manager were disputed while the problems of sustain high levels of workplace democracy ongoing (King and Land 2018).

### 6.4 Status, hierarchies and accountability

How and why employee-ownership altered participants’ understanding of their sense of status (and ultimately how control was manifested, and new forms of accountability emerged) is discussed in this Section. Legal-liberal notions of ownership appeared which emphasised the equal distribution of equity, with control limited to ‘having a say’ (Brian). Moreover, managerial accounts focused on the need for hierarchies to shape the organisation to meet external market or government pressure. I will show many staff saw the equality of shareholders as a foundation for a much more radical critique of organising conventions. While critically examining proponents’ claims that management had become accountable to employee as owners, I also acknowledge in practice staff control was constrained by prevailing gender, economic and knowledge inequalities within and between different occupations and professions.

#### 6.4.1 An equal status and voice?

A local employee of 20 years who had occupied several different clinical and managerial posts, co-ordinator Jennifer described how ownership challenged the notion that staff were accountable to managers:

<table>
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<tr>
<th>Q – Does having equal shares have any meaning?</th>
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<tbody>
<tr>
<td>A - The shareholders are the original body, at the end of the day management have to report to shareholders, whereas in local authority there is not that sort of relationship and structure. It is top-driven, but here everyone who is a shareholder is equal.</td>
</tr>
</tbody>
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Jennifer included the verb ‘driven’ in the context of the public sector but not when reflecting on Red City. Perhaps hoping equal share distribution would be a countervailing force against existing hierarchy, clinical trainer and Blue County staff representative, Esther declared:

**Q – Are shareholders equal?**

**A –** Yes I think..I can suggest a change and it is really that you can make a difference regardless of what level you are. Everyone is equal because everyone can have a say and voices are equal. Anyone of us can. It does not matter who you are, it will be heard as much as someone who is higher up in the hierarchy. It feels quite powerful.

This sense of equality was also reflected in the pay levels of senior clinicians and managers, which were relatively low for both Red City and Blue County\(^i\). As highlighted by Esther overleaf, equal shares helped sustain this perception of reduced hierarchy:

**Q - Does ownership matter?**

**A -** Ownership does matter, yes, as from the viewpoint of I would like to continue to have the ownership factor and because of the concept of members we are a more fairer organisation for those don’t have the ability to express themselves. Its like a level playing field really.

The sense of security, stability and self-worth by being an owner was for her a precondition for elevating positive perceptions of the self, future and her individual contribution. Contrary to psychological ownership, this status was not focused on an object (a legal and physical entity called the organisation) but self-confidence and a sense of place and control. This was particularly important when work was often experienced fatalistically as threatening, disorderly for staff with less autonomy. Enthusiastic Blue County HCA owner Catherine declared:

**Q - What does ownership mean?**
A - I could come in and just go to work and go home, but I can be part of something and I am important, they want my views. I have values [and] if done well, I think it is brilliant, it makes you feel valued. You feel you are not just being told what to do as quickly and cheaply as possible.

Despite the lack of control in several other aspects of their working lives, ownership provided a sanctuary where their equal status as shareholders was formally recognised. For example, voting on surplus distribution at the AGM provided importance (my vote counts), stability (I and fellow owners control the decision) and self-assurance (my perspective is valuable because I am an owner not just an employee and professional). Tina, local social worker for 17 years, used ‘we’ and ‘I’ in describing her agency:

Q - What benefits if any does ownership give?

A – It gives you more freedom I can absolutely shape its future and influence its destiny. We can because we own it. I am important because I am an owner and not a player in a machine anymore. Where I have worked before in various hospitals, I would have had to be at a different level to be heard to get that ability to articulate these ideas.

Tina continued to express her concern with the hierarchical nature of her NHS experience:

By the time I got the point in the organisation where I could make the case the ideas would have been dead in my head.

Of course these emancipatory statements do not describe the experience of all, but for her it meant reversing the chain of command so they were making others accountable rather than being the ones examined. Compared to their public sector past, many owners felt the AGM Q&As with directors were an important mechanism for accountability and were compared with examples in
popular culture such as Prime Minister’s Question Time and The Dragon’s Den. Experienced director Joseph felt personally nervous:

Q – Are you more accountable now?

A - Feel mmmm I absolutely do, I have to stand up as an individual and to answer questions from the floor, then I really do feel the heat...not great at it at first. I have been to many AGMs in health, we don’t get the same level of questions and interest as we get here.

Extract 6.2 illustrates how the AGM was projected as staff control’s symbolic representation.

Extract 6.2 – Personal note of CEO’s presentation Blue County AGM 22nd Sept 2017

‘This is a special day for us because it is an example of what we are and what makes us unique. By showing how the Board is accountable to owners through questions and answers and describing performance and benefits we are different. We are a democratic organisation that empowers staff and this today is a celebration.’

I noted applause and clapping around the room from over 50 owners perhaps confirming their collective celebration of being different. From a managerial perspective, equitable share distribution, equal rights to influence decisions and the direct and personal accountability of directors at AGMs were palpable and sufficient. Clinical trainer Marta described its tangibility:

Q – Can you give me an example of management being accountable?

A – AGMs, staff questions to the Board and not from staff representatives. Those questions told you a lot about where [Red City] is, because it is easy for me to sit in meetings with people who are as motivated and engaged as myself, so seeing those questions was very useful... So
overall, management are accountable I would say so, [individual] members can’t and should not fire directors, but they can still put pressure on them if they club together.

The conventional view of control as being tool of senior management was being questioned but as I will demonstrate changes remained inconsistent, episodic and limited.

6.4.2 A critical perspective

The continuation of management discretion was summarised forcibly by non-owner Tracy:

<table>
<thead>
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<th>Q – How would you describe owner control of management?</th>
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<tr>
<td>A - Senior management have not given up power. The management here still find it hard to let go. Really trivial things like annual leave. Rather than let staff work it out, they do it themselves and then complain about it.</td>
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</tbody>
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Power for Tracy was possessive, and something being *held*, while staff lack of support for employee-ownership was due to the persistence of hierarchy, despite formal shareholder equality. Reflecting on the lack of genuine accountability she stated:

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<th>Q - Are they [managers] any more accountable?</th>
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<tr>
<td>A - Are they? [raising voice] often only sharing information with staff representatives, AGM only one-off event and that’s if staff go.</td>
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Moreover, the idea that management was now accountable startled nurse-owner Karen who remained ambivalent about ownership:

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<th>Q - Are managers accountable to staff-owners?</th>
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<tbody>
<tr>
<td>A - I never think of it like that. No not really perceive it as that way round. Still a sense of management and structure and cascading down what is done.</td>
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</table>
Although managerialism was challenged it had clearly not disappeared. With experiences varied two differing interpretations emerged: employee-ownership as an all-encompassing permanent way of working with active and direct participation over both the corporate organisation and operational work; or the exercise of specific and residual rights to be used episodically to increase performance. Furthermore, most informants acknowledged that owner derived participation was not just one or the other, but a new mechanism to deliberate these tensions. Cathcart (2013a:613) and Paranque and Willmott (2014:606) are corroborated; staff accommodated some elements of instrumental thinking while also prioritising processual values and also debating continuously their relative priority.

6.4.3 Exploring owner development

Disputes about control were also reflected in conflict about what becoming an owner meant for clinicians’ personal and professional development. Participants considered gaining appropriate experience, knowledge and skills (and the time needed to participate) as a precursor for both engagement and making management more accountable. Merely growing the numbers of staff who were owners was not sufficient, their capacity to participate was crucial. Moreover, for non-managerial owners developing was not about replicating orthodox management education. Strategic lead James (who had been involved in drafting The Proposal(s) but accepted its limitations) declared:

Q – What was the impact of employee-ownership on decision-making?

A - Some decisions are not technical they are, do we go into this new area? Marketing helps but is not the full picture it needs to be widen out to other people and other things I think.

For James, the ‘full-picture’ required insights from all staff and involved rejecting the view of management as neutral and its tools and techniques universally applicable. Owner development was not focused on creating new quasi-managers, while organisational knowledge was not considered to be monopolised by a centralised and specialised function. Significantly, all three
staff representatives interviewed participated in a programme of mentorship with other employee-owned bodies using adult learning methods rather than formal academic education. I was also surprised how few references were made to becoming *like* managers while prominence was given to the political aspects of collective action and activism; understanding voter/owner needs, contributing and influencing skills, conflict-resolution, rhetorical skills and consensus building. Representative Marta stated:

**Q – Are staff representatives and shareholders becoming more like managers?**

**A - I don’t want to do an MBA, that is not where I want to go. We need some of those skills but also it is more and different.**

Management or clinical knowledge was rarely mentioned, as she continued without hesitation:

**I don’t think you need any particular skills as defined as professional management, but it is about different ways of thinking, perspectives and doing things, so its about lots of views and interests that people bring to the table. If you have too much management training, what would be the point of all having the same views?**

Marta was fully aware of the danger of simply endorsing a pre-prescribed management agenda. For her, gaining management skills was essential in ensuring that owners were not *hoodwinked* by managers, but they were not sufficient. Increasing accountability meant control commensurate with employee’s capacity and was not just about specific decisions being removed from manager’s discretion or using direct staff participation rather than representatives. Put simply, control through ownership was linked by staff to competence and knowledge. HCA and owner Georgina, whose support was selective, suggested participation as a form of control will only work if employees also developed:

**Q – What needs to be done to increase staff control?**
A - How do we get everyone up to [that] level? People who are very busy [need] to stop and reflect... give them some down time.

Owner and co-ordinator Michael described how believing in your own personal agency while also acknowledging its limitation was central:

Q – How has owner control developed?

A - I think when I first came into the organisation it was utopian at the beginning. We want to control everything, la la la land and everyone was a member of the (SRC) with an afternoon off, great idea. But this year we have to implement and great ideas take a lot of time...and great effort...err... so this is where some managers had control and now they lost control. In the past we did not have that knowledge or involvement. We were ignorant whereas now [interviewee’s voice raised].

Michael confirmed Salaman and Storey (2016:191), insight that it is through participation that employees develop the required knowledge and skills. It is not simply that ownership matters and that is why you use it, but it only has meaning as a result of using it. Confidence in personal agency and belief in collective action was a counter point to the ‘la la la land’ of thinking that you can control everything instantaneously and easily. Control over management was not a gift bestowed through acquiring equity and governance rights; it had to be earned. And because it required effort it ensured owners would not fall into the trap of passivity (nothing ever changes and we cannot change) and idealism (change is easy and always desirable). Instead of staff engaging because ownership mattered, ownership mattered more when staff had the capacity and capability to engage. Mattering occurs in certain circumstances and through the development of competences and confidence of staff as agents; it is not automatic and predictable.
6.4.4 Accountability and dialogue

The ambiguity of being individually accountable to a line manager while management was also accountable to the collective group of owners meant a sense of shared accountability emerged. As Paranque and Willmott (2014:619) described; JLP staff reconsidered the vertical direction of accountability, rather than simply overturning existing hierarchies. My study showed how ownership led to incremental reductions in management discretion it did not ensure management became comprehensively and continuously accountable to staff. Social worker Tina saw this as a new ethical relationship which was also difficult to comprehend:

Q – Has accountability changed?

A - There are mutual accountabilities, we owe it to each other and I do feel we are all in it together. Personal moral relationship to each other but not quite clear.

Accountability was a renegotiation, in progress and never definitive, for James:

Q - Are management more accountable?

A - I think it has succeeded, yes a bit. There are different ways of doing it and I think people are a lot more closely connected with the mechanism of management and organisational things. It does challenge the way the Board thinks and the way management does and talk which in-turn does slowly changing behaviours.

Probing further, I asked interviewees whether some subjects, topics or questions were not openly addressed. I was surprised even non-owner Tracy felt nothing was off-the-agenda:

Q – Do you think all the important issues are discussed?

A - No biggies decisions missed, we can discuss strategies, the Articles, election of staff governors, surplus, appointments. I don’t think there is a huge amount that I am excluded
from......It is a flat structure and if I wanted to raise anything I could and felt comfortable. People do say we are more assertive and more open with criticism. Monthly meetings on Tuesday for an hour, we are not frightened to say their thing.

Rather than important issues excluded, conflicts occurred with the involvement of a wider numbers of employees. Staff representative and therapist team lead Rebecca declared:

Q – Was there anything you want to highlight about the Vote that was important?

A – Well it was a bit more fundamental than a vote, let’s say, we the staff representatives challenged and were challenged by having a surplus at all, what does it mean, why have we got one? Where has it come from? That whole aspect was difficult.

Her perspective showed disagreement about both the content of decision-making (do we invest in this new service?) but also at the prefigurative level (why a surplus, what is its purpose, what is success?). Instead of the internalisation of management priorities and imposition of a single corporate view, disagreement abounded. By raising staff expectations and by giving more opportunities for expressing differences, conflict was ever-present both reproducing and confronting managerialism (Paranque and Willmott 2014:616). For social worker Tina, its value came not from providing simple answers, but legitimising discursive processes for understanding complexity and change:

Q – Was there any difference in how conflict is managed?

A – Yeah, more often I think almost a legitimacy in holding each other to account, why are we making those decisions? Other organisations you don’t even ask a question.
6.4.5 A vignette of conflict

To illustrate, in September 2014 an organisational restructure (The Restructure) was developed by directors to reduce the number of departments (9 to 4) and directors (6 to 4), senior management posts (9 to 6); and devolve decision-making to clinical teams. Extract 6.3 shows graphically the desired Restructure end-point.

Extract 6.3 – Blue County Proposed Restructure

The Board asked the SRC to communicate The Restructure to staff. The SRC refused, citing the lack of prior discussion and concerns about their role and work intensification. Clinical trainer Esther described bluntly when asked to explain the dispute:

| The SRs were saying we don’t agree with the [Restructure] and you [the Board] want us to go and sell it. I don’t think so. It was top-down [wagging her finger]. |
SRs described a sense of being told what to do and wrote to the Board to reject The Restructure while asking for clarity about their role and the value of participation. A one-day workshop in December 2014 between the Board and the SRC resulted in a revised approach in which SRC control over executive directors was strengthened (including an additional SR on the Board with full voting rights); the number of proposed management jobs cuts halved and a rejection of linking performance targets to employee pay. When asked to describe the outcomes, therapist Rebecca argued the conflict resulted in more transparency:

The problem was not resolved by one person. You cannot make that top-down anymore. In every other organisation I have worked in it is always decided by a few at the top and they bring some external consultants to help and then they sell it.

Contrasting experiences were apparent; management felt SR endorsement would mean initiatives could be implemented quicker (‘It was a no-brainer’ Matthew); while in the beginning SRs thought that employee-ownership would change staff-management relationships quickly, painlessly and irrecoverably. Rebecca continued to describe the conflict as worthwhile:

I know we were going to have phase of learning and it would not be short term and quick. Interesting experience, good to meet other staff members and come together. I think better to engage and not to engage. And it does take time and a mean lot of time. Staff like to know why and have much more ownership of it.

For Rebecca there was little evidence of the suppression of difference or the creation of a false consensus. Although initially focused on clarifying boundaries between institutions, the conflict did spotlight attention on the nature of participation, as she reflected further:

Before we thought it was all about making other people accountable. And when we became a staff-owned organisation we thought, what do we do with it now? What’s the point of it?
To begin with, it was thought [by the Board] that the SRC role was just to be a tick box.... They thought it was a channel and good way of involving staff. They thought they were doing the right thing. But SRs said we would like to have some discussion in this. Used to just observe, [but] now participate.

In resolution, directors accepted the purpose of the SRs was ‘not to communicate their interpretations of events and interests to staff’ (Matthew). However, Board accountability to owners may have been restricted because by defining precisely the roles of SRs they also limited them to specified areas.

In summary, despite a large minority of staff refusing shares, many staff perceived ownership as creating an *a priori* sense of equality and status because your value was founded on your parity of equity, not your organisational position or professional standing. Although management discretion and unaccountability persisted (and degeneration observed) existing hierarchies were challenged in ways largely unforeseen in The Proposals. Employee-ownership was empowering for some in their relationship with individual managers, as well as creating accountability at a corporate level. In support of Cathcart (2013a:614) and Paranaque and Willmott (2014:606); owner processes for control simultaneously invited intervention from staff (and did not merely reinforce managerialism) while also associating them with work beyond their clinical workplaces. Crucially owner development and *doing* participation was considered a vital condition for further expansion of staff control. This analysis substantiates Salaman and Storey’s (2016:150) (and Langmead’s 2019:79) focus on emphasising antagonistic conflict and dispute over purpose and values as an essence element in practising (or ‘feeling into’) participation. Rather than risking degeneration, these conflicts represented liminal, creative and productive spaces.
6.5 Direct participation and control

To achieve a comprehensive understanding of employee-ownership and control, it is not enough to examine formal governance. We should also consider how ownership was practised by participants as part of their everyday work and its influence over clinical teams. By exploring the latter, it also reminds us where clinicians predominately find meaning and the focal point of workplace conflict. To recap, The Proposal(s) claimed that employee owners would have influence over both the organisation and their own work. However, participants overwhelmingly questioned whether the transfer had helped them gain greater control of clinical work.

6.5.1 The importance of operational control

Initially, I asked participants to describe an ideal form of organising. For owner therapist (William), co-ordinating your team’s workload and clinical autonomy was central:

Q – What does ownership mean for you?

A - It’s about small teams how we treat patients in front of them. It is not about high-level meetings which we have but what is expected from the bottom, top and middle where people’s opinion and ideas are heard and listened to. They [staff] do not think about being a shareholder owner and AGMs etc. It is never discussed and never debated much as part of team meetings. And I don’t mean a corporate decision or a 1% pay-rise or not, I mean a difference to patients, a new service or simply reducing wasted work.

For William, ownership of work should involve clinicians formed around particular patient groups, scheduling work together with patients and GPs, controlling their budgets, reviewing performance against plan and developing future strategies. The promise of ownership was widely accepted as desirable but not as a description of empirical fact, rather an instrument to critique its lack of application in practice. In describing greater team control, clinical staff did not describe ownership as taking responsibility for problems defined by management, but ownership as a participative and
active process of self-organisation. With mainstream interpretations, direct supervisory control was replaced by high commitment while control did not shift to employees with the purpose of organising remaining instrumental. For clinicians, owning was outside clinical work but constant, ongoing, immediate and practical. Representative forms of participation were often portrayed as slow, distant and superfluous. William continued:

\[\text{In my mind, what day to day, what practical, representation do I have, the local work I see and feel that, [but] with [Blue County wide] decision-making I don’t feel it. I either don’t think about it as really important, and think this is the same for my team and colleagues as well, we see it as something quite bureaucratic and time consuming. But what matters to me is my workload, how we organise our team.}\]

Although electoral systems are often interpreted as a radical alternative to orthodox management decision-making, for many staff they were ineffective compared with the way they instantaneously mobilised resources in real-time with patients and co-workers. For HCA Georgina, ownership was bracketed with governance, corporate and formality:

\[\text{Q – How does your team participate?}\]

\[\text{A - [The team] did not want to miss out or be passive and apathetic. Their day to day working life is around clinical work. They want to develop clinically and don’t want to develop and think about management.}\]

For her the point at which ownership impacted on clinical work was where the promise of owner participation became meaningful reflecting the weight Paranque and Willmott (2014) placed on the labour process. Contrasting increased participation in organisational-wide decisions with a lack of control locally, co-coordinator Michael stated:

\[\text{Q – What is the role of the Articles?}\]
A - The articles are good, the rights are there. But without true participation it’s not worth the paper it’s written on, its meaningless.. on its own. So legally we are owners, but not a lot that functions within it suggests to me we have employee-ownership. We have lots of meetings, we have this vote or that discussion and awards ceremonies and we are giving a 4 tick box for the surplus, but the formal bit of shares can be irrelevant. Sometimes, you are only a shareholder because of a piece of paper saying a pound, but you are like absent owners in your own organisation.

Michael highlighted governance processes do not adequately encompass what ownership does and should mean. Although staff representatives and The Vote were welcomed, participants often disputed whether these indirect forms should dominate.

### 6.5.2 Sortation and monthly service meetings

With the explicit purpose of replacing a sole dependency on representation, informants often described examples of direct participation including sortation. In June 2015, Blue County created a project group by sampling 12 staff-owners from different professionals, services and levels to develop a new strategy.

Participants felt that there was potential to reconnect mind/hand work, as initially sceptical owner and medic (Christine) explained:

Q – What difference did the project group make?

A - Making it meaningful in terms of everyday lives. It helped make a connection between people and gave us a new and different language we could all use. I started to struggle with what is strategic and the challenge to translate the strategic into the operational. So I mean it linked day-to-day work with strategic type decisions.
Owner and sortation member, HCA (Catherine) emphasised learning to participate by participating:

Q – What lessons were there?

A - They [clinicians] think it is will be just high-level talk and they would look silly but if only they would go it is not like that at all. They talk about things that affect them on the ward and to their work and they add real value to those conversations.

For her, the problem of low participant rates and perceptions of a lack of authenticity could be reduced by making engagement more future orientated and relevant clinically. It meant accepting participation was more than episodically scrutinising management plans or accounting for previous performance. Staff control over corporate issues was not only limited in practice but of secondary concern. The governance system (which was meant to be the embodiment of ownership) was seen by many as an administrative burden, disconnected from ordinary staff and lacking in influence over deeply embedded organisational inequality and hierarchies. With monthly service meetings open to all shareholders, strategist James argued they could be a permanent enabler for owner control:

Q – Are managers held accountable at the monthly meetings?

A - Yes, managers are held accountable, although not fully there yet, SRs and staff currently do begin to hold the managers to account. Which has been hard for some of the traditional style managers.

The ambivalent description (‘currently do’ but ‘not fully’) does again show equivocality and incompleteness. To further my understanding, I attended a monthly service meeting with James and observed a disagreement over management performance between two nurse staff owners
(Rose staff-owner 1 and Claire staff-owner 2) and coordinator Rachael (non-clinician with 10 years of administrative experience).

After the meeting, while walking with Claire, I asked for her reflections and noted the following in Extract 6.4.

**Extract 6.4 – Conversation notes with staff-owner**

When I saw Rachael (the coordinator) later the same day, she did not want to comment although visibly upset. I telephoned the next day and asked for her perspective, highlighting the following as indicative:

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I would like to say it is really unclear what I do and who I work for anymore, is it up or down or sideways? More decisions were increasingly being made by others but she was still accountable for situations and results beyond control.
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In addition to the ambiguity (‘up or down or sideways’), this vignette provides insight into the face-to-face nature of control as Claire was not absence, passive and quiescent. Several clinicians clearly used the available control mechanisms to renegotiate the manager-staff relationship and attempted to deliver the promise that management now worked for (and were accountable to) owners. Acceptance of management control came from their consistency with participants’ view of the purpose of Blue County and their interests as owners and employees to comply. Beyond any quarrel between individuals, the tension reflected the multiple purposes of these meetings; retrospective accountability for previous performance; discussions about future plans and an exercise in staff participation. Although ownership was sold as enabling staff voices to be heard, for many clinicians it was also a vehicle for ‘getting things done’ (Joanne). As an ideal, owner-participation was not just ‘talk’ (Catherine) about corporate matters, but action orientated, a productive dialogue between freely engaged equals, facilitated (but not controlled) by managers: Ownership as an antidote to the mythical bureaucratic talking-shop and not its reflection.

In this sub-section I have shown examples of degeneration while also highlighting how many staff struggled against this shift by using participation to make management more accountable. Although important, the impact of sortation and monthly meetings was inconsistent with prefigurative discussions constantly questioned. For both supporters and opponents of ownership, participation as proscribed by the Articles was viewed as somewhat remote. Staff simultaneously bemoaned the lack of difference ownership made to clinical ‘street-level’ work, while also valuing direct and face-to-face contact over ‘someone else representing you’ (Liz).

### 6.6 Visualising control and de(re)generation

In this Chapter I have outlined how staff experienced the influence of ownership across dimensions of control. In this sub-section, I analyse how staff visualised conflict. I asked the Red City discussion group (n=10), to mark an arrow in the direction of change the organisation was
moving towards between the continuum of *Social* (left-hand) and *Business* (right-hand) (Drawing 6.1). The start-point of the arrow indicated the current position.

**Drawing 6.1 – Perceived position and direction of change**

Replicating Seanor et al (2013), this method illustrated how informants perceived a direction of travel towards *Business*; with six participants marking arrows going left to right and only three in the opposite direction. However, this was blurred when discussed collectively and comments (A&B) added, suggesting a dynamic process with no static point of finality. Malick (supporter of ownership) volunteered his authorship of the thick green line with arrows both ways. He stressed to whole group ‘its not one way traffic, for example think about the Vote everyone’ while also highlighting that ‘we all wear many hats’, corroborating Salaman and Storey (2016:149) and their description of dual priorities.
The struggles of amalgamating instrumental and processual values are shown by the additional comments (yellow stickies). Without hesitation non-owner Melissa (author of Comment A ‘constant battle’) asked participants to share their experiences. I noted owners tended to agree with the identification of conflict while also describing the outcomes more positively as ‘rebalancing’ (Nicole), ‘its stronger push back’ (Heather), or emphasising ‘more robust decisions in the end’ (Lola). Moreover, participants questioned the framing of the question as a straight-line. Owner Bridget (and author of one of the green arrows) stated unambiguously ‘it is not 2D, the whole point is that you go back and forth and change up-and-down’. I asked the group what these movements meant, and after a vigorous discussion no consensus emerged on the Arrows sheet. Subsequently I invited participants to draw their own versions on blank sheets. Drawing 6.2 shows the three-way Venn diagram of ‘staff as owners’, ‘organisational/management’ and ‘professional/quality’ constructed jointly by Emily, Melissa and Bridget.

**Drawing 6.2 – Venn diagram approach to visualisation**
The emphasis on being different and a rejection of employee-ownership as a compromise between Business and Social was noted. Salaman and Storey’s (2016:134) observed similar concerns for JLP staff when they feared losing ‘everything they are’. The addition of two green circular arrows overlapping the blue circles by Malick was discussed and participants agreed there was frequent, repetitive and habitual conflict. (Non-owner Patrick was the exception, who argued these clashes would be resolved by ‘renationalisation’). With the use of Venn diagrams, employee-ownership could simultaneously challenge professionalism while also combining in opposition to managerialism (which I discuss in Chapter 7).

Overall these visualisations challenged two assumptions; the direction of travel was not simply towards managerial models, while ownership did not produce staff control in a direct and undeviating manner. My study underlined how owners did not equate ownership with managerialism - or responding effectively to patients as customers - as simply becoming like a Business. Rather it helped them to understand how to cope with (and appreciate better) these conflicting demands. In support of Paranque and Willmott (2014:617) and Salaman and Storey (2016:142), employee-owned entities had ‘circular and recursive’ debates about the nature of ownership, control and management, rather than linear processes pursuing fixed ends. For most informants uncovering and working with contradictions and ambiguities was their distinctive trait.

Moreover, the problems of deciding on the relevant priority of values, agreeing collective action and coordinating subsequent service delivery was no longer the sole remit of management. For both advocates and detractors, staff were not passive recipients of paradoxes that never change, but active contributors. More assertive and argumentative staff asked not just how efficient can we be, but also to what ends and why. After the discussion group I asked Bridget what her ideal workplace would look like and she replied it was work in progress:

> I did not know what it would look like until we were there and still think it is evolving, not sure where we will end up in the end. We are very young in our development.
While the dangers of degeneration were ever present, staff continuously repelled management encroachments because these regressive tendencies were not insurmountable. Despite staff control over both clinical operations and organisational-wide strategies sporadic and fragile, the assumption that all organising required a permanent cadre of indispensable managers (with unique perspectives, neutral technocratic tools, objectively balancing competing claims and determining the best course of action) was doubted.

6.7 NHS employees and staff engagement

Consideration of how NHS staff experienced participation does help us understand the different outcomes present at Red City and Blue County. NHS interviewees often saw staff engagement negatively, failing to perceive a purpose beyond senior management listening to staff and gaining useful insights. Staff bemoaned the lack of genuine engagement, criticising management initiatives as weak, arguing that participation was only valued with reference to its impact on performance. For most, engagement did not provide a sense of equality, self-worth or a mechanism for reassurance about their influence and role. With very low expectations, NHS staff displayed much more fatalism about the inevitably of management control. With 22 years of NHS in different areas, medic (Lucy) stated succinctly:

Q – What’s the purpose of staff engagement programmes?
A – To be honest it’s just a cheap way of sorting out the Director’s problems.

To the same question senior manager Jeff responded:

I was trying bring that barrier down and try to bring the front-line closer to the top tier of the organisation, if I am being honest, in order to bring loyalty to the organisation not just to the NHS. Staff are very loyal to the NHS but don’t give a shit about the [Case Study 4]. Because by and large they know that the NHS is going to continue.
While engagement programmes followed good practice and well managed, they were not considered sufficient to engender trust, as nurse Kelly stated with little enthusiasm stated:

Q – How was the engagement programme implemented and what were the lessons?
A - Used a well test engagement methodology, the programme is very good evidence based and doing it properly but not quite there, hitting people already engaged.

For NHS staff, engagement was not justified by managers with normative arguments while in practice it was restricted to less meaningful consultative forms. Indirect forms such as AGMs were also poorly attended. With lower levels of attachment to their local Trust, feeling proud of their role but not necessarily their employers, NHS staff also had increased perceptions of hierarchies and cynicism about management-led engagement (‘no point’ Grace). I found senior manager Jeff expressing disappointment that staff did not ‘own’ organisational problems and lacked ‘responsibility’ beyond their clinical practice. In contrast, non-managerial staff felt that genuine participation needed to come before taking responsibility. This distance between owning your individual work and owning the organisation was summarised by nurse Petra:

Q – Do you feel the organisation is yours?
A - Last two years, so many CEO and FDs too much removing of management. Owning [the organisation] is too difficult so you own what’s in front of you. The team, own your work, the patient which is a very short sighted negative way in a situation that you cannot control. Staff feedback rarely changes anything really, so it doesn’t matter, it has no consequence.

In a similar manner to employee-owners, I also asked NHS informants whether participative processes had changed them and there were significantly fewer acknowledgements of personal development. It was apparent that there was no dislocation with previous public sector practice and existing perceptions of management, with the case for participation made on instrumental
grounds. Noting that employee owners were also former public sector staff, their previous experience provided another source of comparison. Red City social worker Elizabeth explained:

Q – How do you compare your public sector and [Red City] experiences?

A - Why had it not happened elsewhere? We are the same people generally speaking that were here before and providing the same services we were before. So actually why is it any different? There is something in that setting up separate [Red City]. It is the different ways of working that enables us to do things differently.

Although her last sentence is close to tautology, it does illustrate how ownership had influence, as confirmed by Blue County owner Esther:

Q – Compared to your NHS past, did ownership make a difference?

A - Ownership gives you something its not nothing. That’s the debate, do you have to be a mutual to achieve this? It is really difficult to do anyway and this makes it more real and a bigger reason to do. So it is something, but not everything. As an employee you are brought into decisions more. Others say they are but nothing ever happens, whereas in employee-ownership they have to happen. But not sure why people behaviour differently. There is something going on, maybe it the newness and people are enthusiastic but its more.

Overall, NHS staff responses to management initiatives largely took the form of scepticism and disengagement while employee owners contrasted their current experience favourably with their previous public sector tenure. Participation clearly lacked authenticity to many NHS staff who preserved their sense of autonomy and expressed opposition by refusing to comply with management engagement.
6.8 Discussion

In this Section I probe more intensely, the themes outlined in the empirical analysis, while reflecting on my contribution compared to the three sets of scholarships.

1. I corroborate the conclusions of all three sets of scholarship; employee-ownership had meaningful alternative value but also significant limitations. The transfer of shares created a sense of equality which gave many staff the status, confidence and mandate to confront management and explore alternatives. Initiating a new debate, employee-ownership enabled space for democratic infused arguments for expanding staff control to surface. As observed by Storey et al (2014:636), clinicians perceived owner participation as a non-managerial vehicle for discussing (‘talking through’ William) tensions between different values.

2. While being tangible and valued by staff, management accountability was restricted and dependent on conditions including sufficient protected time for staff to develop their knowledge and skills while also learning to participate by participating in non-representative forms such as sortation. The empirical material also highlighted how having ownership did not meet expectations for control over clinical work while direct participation was used infrequently. Participation did not ameliorate for staff the strains of customer/patient demand and pressure for performance from external stakeholders. Building upon Cathcart (2013a:614), for ownership to matter staff required continuous participation over day-to-day operations, corporate strategic decisions and surplus distribution.

3. I also upheld the insights of Cathcart (2013a:666) and Paranque and Willmott (2014:616) that employee-ownership can reproduce instrumental logics, consumerist orientations and support management attempts to restrain owner control. Managerialism was concurrently challenged and reinforced. Owners were now influencing decisions previously the sole remit of management, while also becoming more cooperative by sharing their unique knowledge
(Storey et al 2014:636). Control was not simply re-allocated or handed over by management to staff but increased for both.

4. The analysis also highlighted how managerial and non-managerial values were in constant tension while employee-ownership was viewed as a potential mechanism for discussing the conflict more openly. The data substantiated Storey and Salaman’s (2017:353) conclusion that the ‘inter-locked and mutually supportive’ commitments and processes underpinned by ownership mattered; producing different outcomes and practices. My study revealed how staff perceived participation as arduous and only partially successful, but this did not mean existing participation was not valuable.

5. I illuminated the weakness of state ownership as NHS employees abandoned confidence in corporate engagement programmes, because they felt they sought to create a ‘management ownership mind-set’ (Jeff). By focusing on where outcomes were different in Red City and Blue County, I also move the debate forward by appreciating the transfer of shares was a ‘condition of possibility’ to use Paranque and Willmott’s phrase (2014:611). This is not a conclusion of material determinism as ownership transfer did not automatically bring staff control. But ownership was a necessary lever for forcing management to make participation more meaningful. Legal transfer of ownership may be insufficient on its own, but it was essential for many.

6. All three sets of scholarship highlighted how owner control required the acceptance of legitimate de jure shareholder authority and the de facto democratic power to curtail and restrict members and coordinate collective action. Therefore, legal-liberal notions of limited owner control over management remained important but clearly inadequate. Furthermore, management may have claimed to be the sole mechanism for organising collective action but ultimately failed because they were not considered to be legitimate. Moreover, my study
illustrated the significant obstacles to regenerating owner-democratic control namely: environment pressure compressing available time, fears of self-exploitation and the ‘taking on’ of too many responsibilities. I also examined the analytical complexity of many organising decisions and the significant emotional commitment and personal reflection non-managerial organising entailed.

7. There was also considerable data displaying how participants saw value in the legal transfer, but they also sought to challenge it and ultimately go beyond. Ownership was ‘something but not everything’ (Richard) and in this nuanced conclusion, I am reminded of therapist William’s pithy but succinct statement:

Q - Does ownership matter?

A - It shouldn’t really make any difference, but it kind of does.

6.9 Conclusion

Participation and control are central concepts in any organisation; it is difficult to describe an enterprise without investigating who controls what, when and how decisions are made, and plans developed. Using the contested concepts framework introduced in Chapter 5, there was conflict over whether owning entailed work socialisation and the purpose of participation and control.

Overall, my research builds on and expands upon the existing literature on The JLP and The Mondragon by showing how clinical care and the public healthcare sector impacted on the practice and outcomes of owner control. My study showed how achieving sufficient levels of consensus about organisational purpose and co-ordinating delivery remained problematic, while agreed non-managerial ways of working were always partial and unstable. Evidence of degeneration and collaboration with managerialism appeared, while democratic regenerative and prefigurative discussions were also observed.
Confirming the qualified endorsement of employee-ownership’s critical worth, gaining ownership had been for many a precondition for the possibility of staff control. Further, within Red City and Blue County a number of key conditions were required for more radical perspectives to emerge including extensive owner development and the acknowledgement of the normative ideal of employee-ownership as ‘a better way of doing business’ (Salaman and Storey 2016). In the next Chapter I consider other tenets of critical theory; the inevitability of resistance, the possibility of emancipation and the difficulty of delivering alternatives.
CHAPTER 7 – RESISTANCE & EMPLOYEE-OWNERSHIP

7.1 Introduction

Focusing primarily on the two employee-owner case studies, in this Chapter I analyse how staff responded to the transfer of ownership and how resistance to managerialism was manifested and alternatives nurtured. Perceptions of the exceptional nature (or not) of owning are also explored. This Chapter is ordered as follows; in Section 7.2 I recap on my review of the literature and describe how the empirical data is presented. In Sections 7.3 to 7.5 I analyse three types of staff response because as employee-owners they may be equal shareholders, but their daily experiences were diverse and unequal. These included rejection, selective engagement and full immersion, differing on the intended purpose, key processes and value of owning.

In Section 7.6 I reconsider two sub-elements within the contested concept of employee-ownership, namely its claim to be an exemplar for alternative organisations and how it was interwoven with resisting hierarchies. For example, a continuing theme was the lack of clarity about the relationship between managerialism and employee-ownership and ultimately what staff were resisting; their removal from public sector employment, responsibility for solving organisational problems or the limitations of workplace democracy and owner control? Subsequently I focus on how managerial notions of a ‘good owner’ or ‘being committed, working hard’ (Joseph), were not accepted by staff as authentic. Moreover, the ideal-owner was re-appropriated by staff and reinvented to be an argumentative, critical and self-confident professional. I argue these processes became an example of resistance to management and not an instrument of its control.

In Section 7.7 I conclude by reflecting on my contribution, highlighting an important feature of the healthcare context; while clinicians continuously sought to defend their autonomy, fiercely guarding against encroachment by others, ownership was aligned with professionalism in resisting
managerialism. As a diverse mode of expression, resistance included not only defiance against management but also a desire to create different practices and give radical vigour to the concept of ownership. Over time, staff emphasised its exceptional nature seeing it different from both public and private organisations. I also stress we cannot divide staff into the powerful and the powerless because clinicians can be simultaneously both; entangled within layered systems of organisational, occupational and professional roles.

7.2 Summarising the scholarly scene

7.2.1 A recap

Focusing on the literature of Walker (2016), Lloyd (2017), Hjofth (2016), Waring (2015) and Waring and Bishop (2011), I highlight the following conclusions:

1. Resistance is nuanced and more complex than traditionally considered. It includes a plurality of oppositional forms to managerial designs for control and is essentially political (even if it is not overt, formal and collectively organised). Consent, resistance and participation are therefore entangled because with complication and nuance, comes an acknowledgement that we are all complicit at some level with existing organisational practice.

2. Within the healthcare setting, professionals have proven to be very resistant to managerialism and flexible in responding to attempts to reduce their autonomy. The diaspora framework of Waring (2015:346) is helpful in showing how clinicians countered change with subtle forms of acculturation, adaption and appropriation. Healthcare workers used multiple methods including limited consent to some proposals and taking-over management initiatives.

3. Walker’s (2016) notion of Astro-Turf-Resistance (ATR) is valuable in demonstrating the more resistance is successful in developing alternatives the more likely it is to be co-opted by management. Hjofth (2016) also described how staff appropriated the seemingly managerial concept of entrepreneurship to challenge organisational hierarchies.
4. Recently critical literature has called upon researchers to study not only how and why staff conform, but also how opposition to managerialism can be encouraged. Exploring the difference between genuine staff participation and managerial-initiated involvement has become a priority. For Walker (2016) authentic processes use non-instrumental reasoning and are direct, continuous and focused on operational as well as organisational-wide issues.

5. Essential to nurturing alternatives is the capacity of staff to organise collective forms of resistance and connect ‘infra-political’ opposition with a wider context. Lloyd (2017) found staff struggled to appreciate these forms while also underestimating the difficulty of changing workplace practice and the determination and creativity required for alternative organising.

6. Reaffirming the essential qualities of labour to resist, Lloyd (2017) stressed the unique form of antagonism embedded in all workplaces and why it meant resistance to managerialism constantly occurred. Whether employee-ownership was a critical exemplar (and what was unique (if anything) about resistance in a highly professionalised context) remained relatively under researched.

7.2.2 Theoretical framework

In this sub-section I describe how the different types of staff resistance were framed and how data about its role as a possible exemplar categorised. Although several attempts at creating definitive taxonomies of resistance have been developed (Prasad and Prasad 1998; Hollander and Einwohner 2004; Williams 2009; Belanger and Thurderoz 2010, Mumby et al. 2017), a scholarly consensus is still elusive for Courpasson and Vallas (2016:5). These classifications tend to assume resistance can and should be grouped precisely and the role of research is to judge who is in and who is out\textsuperscript{elu}. Following Vinthagen and Johansson (2013:1), I do not resolve these ongoing scholarly quarrels about the rightful use of resistance. Rather I propose to adapt the approaches of Waring and Bishop (2015), Fleming and Spicer (2007) and Lloyd (2017) which see resistance as a multi-dimensional process not an event.
Firstly, Figure 7.1 shows the three temporal stages: understanding the nature of dislocation; how staff responded to the participative opportunities offered and how workplace practices are renegotiated.

**Figure 7.1 – Stages of resistance**

The extent to which participative opportunities reflect managerial needs to coercive/manipulate/dominant/unify Or radical notions of responsive, adaptable, plurality and creativity

Inclination of staff to respond to management and employee-ownership in terms of separating or integrating, ignoring or engaging, and ultimately either escaping back to the public sector or creating new organisations forms.

Source: Adapted from Waring and Bishop (2015), Fleming and Spicer (2007) and Lloyd (2017)

Secondly, the empirical data on these stages were ordered into three broad staff manifestations; rejection and disengagement through non-ownership (Section 7.3); scepticism and selective participation (Section 7.4); and full immersion in being an employee-owner (Section 7.5). Using examples of conflict, I explore how the latter group sought to create an employee-ownership profoundly different from management’s offer. I also use the different dimensions of resistance (covert/overt, recurring/episodic, macro/micro and individual/collective) to explore staff perceptions of the unique (or not) status of employee-ownership.
7.3 Rejection as resistance: The phenomena of non-ownership

My study may be focused on ownership, but investigating non-ownership is particularly illuminating. In both case studies, a significant minority of employees remained non-owners (between 30 to 35% of total staff numbers). In this sub-section I examine how non-owners claimed having shares were immaterial or undesirable and discuss how the differences between owners and non-owners changed.

7.3.1 Exiting and the irrelevance of ownership

Emphasising the importance of ownership and the idea of being an owner inevitably required an explanation of why some staff did not take their shares. Non-owner and co-ordinator Jennifer (interviewed just before retiring) summarised the sense of loss and indifference:

Q – What was your experience of transferring out of the public sector?

A - If we were honest none of us wanted to leave what we had before. It was security of the PCT and local authority for such a long time, so the thought of moving out to something we knew nothing about was quite daunting and scary. I think the interesting thing about the transition was that a lot of clinicians were anxious about leaving the NHS and chose to leave. I just ignored all this ownership stuff to be honest.

Tired of another organisational change, Jennifer refused to comply with the transfer of shares and thus began a process of infrapolitical resistance by her open refusal. While some staff returned to the public sector, those staff who stayed but did not purchase £1 shares argued that despite the transfer they were still in the public sector. HCA Zara, who worked locally for eight years, used ‘NHS’ eight times in claiming she still worked for (and was part of) the NHS:

Q – Who do you work for?
A - There was an NHS identity, that some people have and had it and very proud to work for the NHS then and we work for the NHS now, and most of our contracts are with the NHS, so still working for the NHS and the same people we are working for. Still got links to the NHS and within the NHS i.e. NHS email address.

Zara’s affection for the NHS could be interpreted not only as resistance to the transfer, but also a denial that shareholding had any meaning for how staff identified with work. Most non-owners were simply refuting that a significant change had taken place; employee-ownership did not represent a viable alternative to the public sector and not buying a share signified its unimportance as for medic Joanne lead clinician for elderly care:

Q – What difference if any has ownership made?

A - A few of my team are entrenched, they tend to be here for long period of time but they have also seen a lot of change. The % of employee owners is low, I think they have seen a lot of organisational change and this one is not seen as that significant and permanent.

Q – Could you explain more?

A - Remember, you are surrounded by contract KPIs and you have no control over that. Demand always above supply. Within that if you can develop new ways of working and meet contract and professional codes of conduct and guidance fine, but it is small and not a lot of room.

For her, the extent of autonomy for Blue County was irrelevant compared to control exercised by external bodies. Put simply, employee control over management within the organisation (if it existed at all) was superseded by external control over the organisation. Regardless of whether staff were proponents (or not), the demise of Red City in 2017 demonstrated the importance of long-term commissioner support as a condition of its sustainability.
7.3.2 Resisting the idea of ownership

Besides opting out of ownership, resistance was also manifested at a normative level, by challenging the desirability of ownership rather than its unimportance. The claim employee-ownership combined the benefits of the public and private-sectors were considered illusionary, while owner participation was perceived as superficial and distracting from the key problem of underfunding. Despite being critical of organisational hierarchies pre-transfer, non-owners nonetheless wanted to return to the public sector because they felt this would protect their professional values. Shareholding was undesirable because it was a ‘form of and prelude to privatisation’ for business analyst Kevin. In this view, resistance to management and employee-ownership were conflated. Non-owners preferred owners who were absent and managers who recognised clinical autonomy, as community nurse Stephanie illustrated:

Q – How do you describe [Blue County] to friends and family?

A - When I talk to other people about what I do, I tend not to tell them about [Blue County]. The public struggle with health being private all the time. They are surprised and ask questions about who owns. I focus on the patient and getting on with things, don’t want to be part of owning anything really, don’t see what the ownership is and when it was eventually explained not sure I want it.

Stephanie helps us to understand how staff used discursive tools to reject the hype of corporate communication, while also ‘acting-out’ and reproducing existing professional practices as observed by Waring (2015:353). Non-owners pretended not to buy-in but they also continued the necessary coordination with management and co-workers to deliver clinical work described by Lloyd (2017:271). Harbouring resentment; superficial imitation and minimal interaction to avoid disciplinary procedures was the norm. Their critique was subtle; while owning shares was interpreted as essentially privatisation, they simultaneously claimed they were still within the NHS
because they retained professional/public service values. Waring and Bishop’s (2011:663) insights were correct; involuntary transfers out of the NHS had caused significant discontinuities in their sense of ethos which they responded to by reaffirming existing beliefs and practices.

Resistance was a form of organisational insurgency; embedded within a hostile environment, maintaining their alien (but considered morally superior) values against the relentless forces of managerialism. Building upon Waring’s (2015:353) categorisation of the ‘Marooned’, rejection and longing to return was more likely when the initial transfer was experienced negatively and there was little discussion of non-managerial interpretations of ownership. Non-ownership was not just focused on the percentage of staff not holding shares, but how employee-ownership was framed in terms of desirability and workplace democracy. While resistance may have been manifested in less enraged forms (such as simply not taking £1 shares) these acts were not hidden. It was essential for non-owners that their resistance was acknowledged.

7.3.3 Exploring differences between owners and non-owners

Initially rather than being excluded, there was no separation between the two categories of staff. Non-owner, nurse and trade union representative Tracy was rather dismissive of engagement:

Q – How do you feel about being excluded from member events and participation?

Q - To be honest I didn’t want to go to the AGM anyway but I knew people who did who were non-owners so I went anyway.

As well as highlighting the lack of fixed demarcations (‘I went anyway’) Tracy does not consider owner derived rights at AGMs, as a material exercise of control. However, owner and manager Omar (with 27 years of local employment) highlighted a trend of increasing and institutionalising the difference between owners and non-owners in developing strategies:

Q – What is the difference between ownership and non-ownership for staff?
A - I struggle with the difference. We get views from a range of shareholders and non-owners alike......[with] the [SRC] making the ultimate decision based on all staff and not just owners. Overall, we have struggled to define and then demonstrate the benefits for members.

Although in the inaugural year segregation was low, there was always a tension between involving those who remained non-owners and identifying what is unique about owning. Several shareholding staff resented owner benefits being given to non-owners after The Vote, not because they did not deserve the pay rise, but because they did not engage and therefore ‘got something for nothing’ (Tina). However, most did not ostracise non-owners, instead they continued distributing surpluses to non-shareholders while persuading them to take equity. During 2015-16 there was an acknowledgement that treating non-owners as if they were owners was self-defeating and reduced motivation to become a shareholder. Perceptions that high levels of non-ownership were problematic intensified with owners often perplexed and baffled. As described by Lloyd (2017), wanting freedom from work and not through it was sighted by nurse-owner and staff representative Susan:

Q – Why do staff remain non-owners?

A - I think because they don’t understand enough about [Red City]. I don’t understand why they do not want to, because who would not want to have the chance to vote. Who would want to wait and leave it for someone else to make the decision for you and your employment? Some people...just not interested in anything at work.

For Susan ownership was valued because it gave an opportunity to participate, rather than provided financial benefits. While the assumption that non-owners were passive in accepting victim status was incorrect (as many were overtly disparaging), neither were moves towards further segmentation simply defined by hostility from others. Prior to an interview with non-owner Tracy,
I expected to be told stories of discrimination. And although she highlighted concerns that staff control was not fully realised, I was surprised there was no perception of unfairness and intimidation against those openly critical. Rather than exclusion, she described how employee-ownership needed non-owners:

**Q – Does ownership matter?**

**A - Two year ago no..now there is a difference, Red City are starting to be clear about being members. Being clear means more. Either you do it [employee-ownership] properly or don’t do it at all. Go large or go home. At the beginning Red City did not really do anything with it. It was just there like a passive bit not the defining element.**

Although there were no reductions in non-owner employment rights or widespread descriptions of transgressive behaviour as morally undesirable by non-managerial employee owners, staff-owners acknowledged anxiousness about non-ownership. As advocates knew employee-ownership’s continued existence relied on increasing both the numbers of owners and rates of participation. This helps explain why both organisations insisted new staff were automatically enrolled as shareholders in 2015 (see sub-section 4.4.1). The aim to make ownership universal meant it increasingly became a ‘defining element’ (Malick), central to its legitimacy and not a choice to be made. No longer involved in formal shareholder decision-making or invited to member summer parties, over time existing non-owners would either leave or simply become outnumbered as more staff became owners. Both overt and covert resistant forms were therefore present, with the former increasingly less observable as staff moved to new employers or became isolated.

Overall, non-owners were very reluctant to leave the public sector and did not feel part of the new organisation, experiencing low levels of attachment. Ownership was either considered irrelevant (with feelings of loss and indifference) or its desirability challenged. Non-owners did not accept that employee-ownership was simply a technocratic solution and although they were defiant and
resistant to assimilation, this was not based on powerlessness as they retained alternative values and enjoyed transferability of employment. Despite experiencing no heightened sense of vulnerability or exploitation, they were stranded in the sense they had little scope for influence if employee-ownership continued. Resistance to employee-ownership was therefore intentional, with no distinction made between it and managerialism. While being widespread, resistance was not collectively organised. Non-owners may have displayed distancing, isolated resignation, foot-dragging, feigned ignorance, disregarding instructions and playful misbehaviour; but this did not mobilise the support of others essential for alternatives to emerge as advocated by Lloyd (2016:276). Mirroring Waring’s (2015:359) ‘Marooned’, for non-owners an alternative already existed, it was called the public sector.

Clearly staff did not accept what was offered by management and in the next two Sections I explore two other types of responses.

7.4 Selective engagement as resistance

7.4.1 Questioning employee-ownership

Rather than instantaneously embracing or rejecting shareholding, the inclination of the largest number of staff owners was selective engagement, scepticism about representative forms of participation and assertions that control over management could be achieved easily and quickly. Although this was resistance as ambivalence at times, commitment to making employee-ownership work existed but it was largely based on a watch-and-wait approach and a transactional disposition towards its empirical costs and benefits. Most owner interviewees did not accept the claims made in The Proposal(s) uncritically, particularly the abstract managerial notion of the ideal owner. Disbelief that organisational leaders (and owning shares) would deliver practical changes to their working lives effortlessly was widely prevalent. Therapist lead and owner William who often displayed shoulder shrugging body language, stated:
Q – Does being an owner make any difference?

A - Not hugely. But I don’t think about it that often to be honest. I would be converted. But only if there was evidence that it matters. At the moment I don’t consider it more than the £1 share. If I gave you back my share, it would only be the [monthly service] meeting I could not do, nothing else would change and the AGM I suppose but I didn’t go to the last AGM.

The legitimacy of employee-ownership was questioned due to perceptions of its limited impact. Using the language of ‘hard facts’ (Karen) many staff were suspicious of claims to empower frontline clinicians and doubted it would exist in the medium-term. Despite all the ownership ‘talk’, owner and critic of existing participative levels, co-ordinator Michael explained his disappointment:

Q - You said the delegate system does not work within [Red City], what does that mean?

A - Did I say I don’t think I said that, I said the problem with it is the system is not necessarily wrong. Look you are given a promise and it is better not to be given that promise and to be given a promise that is not kept, more bitter at the end of it. I was promised this would be different and they [managers] would work in a different way. I really think the employee-ownership is valuable and equal shares for everyone are valuable things to have.

Being ‘valuable’, I do not interpret Michael’s comments as a general pessimism about all non-managerial forms of organising or even the possibility of employee-ownership working but a specific criticism of the extent of change. For this group the public sector was not described as superior, rather what mattered was outcomes for patients, professional autonomy and changes to management behaviour. As Waring (2015:358) highlighted, these processes involved ‘give and take’ (Michael) where both management and staff would accept alterations to existing practices if
there was evidence of improvement. Although, some employee owners were disinterested in any normative case (for and against) employee-ownership, Michael did develop an ideal image:

Q – Okay, can you describe employee-ownership working well?

A - Should not feel like tokenism or a short cut for getting people on side and I joined because it was [interviewee emphasis] employee-owned. We have not done the hard work. It means that at the moment we are like an organisation like any other, that we have tacked-on employee-owned on the side. I have not seen anything of any benefit yet to come from representative meetings. This is something I believe in, but it is not there yet.

Q - What were your expectations?

A - High, very high. People desperately want to buy in, I want to buy-in into a vision and dream, but I am older and more experienced. I feel let down a bit. But temper anything I say with I want it to work.

Michael combined ‘very high’ expectations with being critical of practice, while also maintaining the possibility that employee-ownership might achieve its potential. Apathy was not predetermined but the result of expectations not being met. Resistance may be overt (with owners not engaging widely known) but it was also nuanced; appearing at times to endorse participative opportunities and at other times not. By wishing to protect some clinical practices, this group shared many attributes of the ‘Guardians’ of public service values described by Waring and Bishop (2011:666).

7.4.2 Expectations and responding

Resistance to directors’ interpretations was intentional, but whether this inclination was in opposition to management or employee-ownership (or both) was less clear. Selective engagement was only partially recognised by management who perceived it as a nuisance, a technical problem
of passiveness to be overcome. For example, director Matthew was sincerely stunned to discover that the performative act of taking £1 shares had not resulted in staff embracing managerial forms of owning problems (‘can’t believe it’). Moreover, HCA and owner Georgina observed counter-resistance from management as described by Hjofth (2016:314):

Q – Can you tell me why you don’t engage more?

A - One of our biggest problems. You are saying here [interviewee pointed upwards] but you are not saying down there [interviewee pointed downwards]. Directors are saying working from home when you need to, but managers here say no, you need to be in the office, even when there is nowhere to sit. Managers feel they don’t have control like had before so they often get in the way or damp down ideas.

As well as showing the vulnerability of less qualified professionals as predicted by Waring (2015:356), she illustrated how resistance by managers to employee-ownership could be interpreted as a consequence of its initial progress in altering staff-manager relationships. As their status and autonomy diminished, some managers felt they had to defend their remaining prerogatives and this counter-resistance led to cynicism and disappointment for those who felt the original promise of ownership undelivered.

Overall, the response from the largest group of staff-owners was scepticism about whether their organisation could ever be less hierarchical, selective turnout in representative elections, denial that staff agency could be enhanced solely through owning shares and repelling counter-resistance. Despite representing the majority, resistance was not organised collectively, but learning was shared through informal staff networks. Resistance also took the form of poking fun and finding humour in the hypocritical and superficial plaudits of corporate communication. Although initially dismissive of alternatives because theory could be ‘all talk’ (Jennifer), these owners did focus attention on the potential of participation to be more direct and focused on clinical work. They
also developed normative ideals about the workplace and in this sense they articulated a nascent critique of (and alternative to) managerialism.

### 7.5 Resistance to managerialism through radicalising ownership

In this Section I examine how for a significant minority becoming an owner was an important, intensive career defining experience which led to increased engagement in organisational life and ongoing conflict with managerial interpretations. In particular, the concept of ownership was re-appropriated and the legitimacy of management action dependent on employee consent. I also explore how becoming an owner (and the commitment to learn the applied skills and craft of controlling hierarchies effectively) should not be interpreted as becoming a managerial compliant worker. Resistance to management was expressed in a radical form of ownership which raised important questions of what staff were resisting (and what they were defending) and at what point did participation mean being submerged into managerialism rather than opposing it.

#### 7.5.1 A critical employee-owner?

To the question, has ownership changed you and what makes a good employee-owner, several interviewees proudly used the owner-suffix as a personal descriptor. Advocates were often evangelical in their belief that ownership had helped them become more assertive, confident and argumentative, as Red City social worker Tina explained:

<table>
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<th>Q – Did becoming an owner change you?</th>
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<td>A - The process of ownership has changed me, a conscious challenging of what you do and expect from yourself and made me more conscious of questioning those things around me.</td>
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<tr>
<td>More confident and skills than before and autonomy is stronger than before.</td>
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Tina felt equal with those who ordinarily held influence, identifying as an employee owner and with the organisation as employee-owned. As a result of involvement in sortation, a profound sense of personal growth and experience-based-learning had occurred for Blue County owner and clinical trainer Esther:

Q – What does being an employee owner mean to you?

A – Not too sure but can give examples of the strategic working [sortation] group. I’ve noticed people have become more vocal and their views, whereas it used to be what do they [management] think they are doing or when you are in a meeting you write down Ha Ha Ha, they [management] are having a laugh or what planet are you on. Now those people would say I don’t agree face to face. I think that has changed a lot.

Q – What about you?

A - The change and development for me has been huge because I have been able to do things. That development has been immense and fast-tracked and [I] would not have had those opportunities elsewhere.

For Esther, the ideal owner was self-confident, involved in work beyond personal tasks and strongly focused on clinical values. Commitment to the organisation as employee-owned, while also criticising management, was central to being an owner for therapist Malick:

Q – You said you voted, how did you feel after the process?

A – You mean does the process change you? Are you different? Oh yeah, very different, absolutely. It made me realise something about myself which has been fairly uncomfortable, I did not realise I was bored to death before just following others. I did not even know I was bored to death until I engaged and showed how it could be done better. On a weekly basis now something new gets thrown at me and that is brilliant, just love it.
Malick equated overcoming boredom with reintroducing fun into work (‘just love it’), volunteering to facilitate owner engagement events. For him participation was not simply a managerial veil for dumping problems to staff but something we collectively experience:

Q – Are you concerned that staff-owners are now rubber-stamping management decisions?

A – Not really. We have created a culture in which people are braver and more empowered they feel are able to be braver and free thinking. If people have an idea or criticism they will say it and no one can stop them.

Owner participation had introduced some staff to a previously hidden work of management and organisational coordination. When I asked Therapist and staff representative Rebecca about whether she gained anything from the monthly service meetings, she saw a distinction between the two terms:

A - You learn about organisation and how groups function and change. Learning by doing not reading. I learnt how other levels in the organisation function. I realise that there is a whole world within [Blue County] and beyond I know nothing about which I have to learn fast. Before I didn’t have to think about my job and the links with other roles. If we were [public sector] someone else would have done that work. In [Blue County] it enabled me to actually undertake things I would have not done before. But I feel confident that I can, I am looking forward to the whole lot.

Mirroring Hjofth’s (2016) distinction between entrepreneurship and enterprising-employee, participation for this group was a mechanism for personal growth, de-mystifying what management is and what it does (and not a route to becoming obsequious labour). Rebecca also reaffirmed Lloyd’s (2011) contention that a sense of pleasure in achieving change and developing personally is vital for successful resistance.
7.5.2 Becoming an owner

To understand the intensity of being an owner for some requires us to appreciate the process of becoming and how this is different from simply having shares or being compliant. I heard a range of normative, empirical and mythical stories about what an employee-owned organisation does/should look like and how individuals do/should participate. Despite its limitations, ownership worked sufficiently for staff-representative and clinical trainer Marta:

Q – Does being an owner have any meaning to you?

A - I don’t think it is simply a means to end. I understood it by being part of it and living in it. Gradually understanding the values and the difference. I would not be bothered about those sort of things in the past, wherever you work, you just get a ‘front-face on’ [interviewee emphasis] to work and keep slogging on day by day but as I grew with employee-ownership I realised, we make things better, giving it a real go, challenging things.

For her the exertion required to become an owner, was a way of describing the effort required to engage successfully in organisational life. Ownership was perceived as something you achieved by participating, not something that was ascribed by shareholding. There are also elements of Lloyd (2017) in the way Marta valued achievement through work. Having led her to challenge her previous tendency to have a ‘front-face’, employee-ownership was an alternative to individualised and disengaging resistant acts. Social worker owner Tina described her agency in process and outcome terms:

Q – Do you feel Red City is yours?

A - We got that sense of attachment to knowing that this bit is not right but also knowing we can get there and change it without central dictate. Its an attachment of not just isn’t it great but also in a way of being continually involved in something. If you are just part of a company or just employed where you just do your job, you don’t have that connection.
She continued in a reflective manner:

The problem is that when you are in it you cannot experience the difference because when you are all in it you cannot understand it.

Corroborating Lloyd’s (2017:276) insights into the prevalence of resistance, I suggest Tina is describing being an owner as including an fundamental urge to challenge and strive for influence, status and control (‘we can get there’) because you were not (‘just employed’); while also being something shaped by local implementation (being ‘in it’). This constitutes a reorientation away from how management discourse surrounding ownership was constructed (and how discursive tools are used by staff in response), towards a process of staff practising participation and resistance while collectively explaining alternative forms. Nurse Susan elegantly summarised the difference between having and becoming.

Q – What does being an owner mean to you?

A – It means, if you are engaged in something, you are actively being something, doing something.

Although managers were eager to gain acceptance from this group (and staff were encouraged to take on elected roles) conflict continued and resistance was intention, overt and acknowledged. As observed by Hjofth (2016:314), participation was both a source of resistance (because staff remained disappointed and retained perceptions of its lack of authenticity) and a method for resistance (a means to voice dissatisfaction, articulate alternatives and influence more effectively).

7.5.3 Employee-ownership and professionalism; dual sources of resistance

Although my focus is inevitably on ownership, shareholding staff were often not only owners they were also clinicians, and an important aspect of opposing managerialism was the way participants accommodated professionalism. While all forms of resistance claimed congruence with clinical
values (‘putting the patient first’ Karen), by emphasising management accountability to local clinicians, employee-ownership and professionalism would not only co-exist but be mutually reinforcing. Staff representative Esther continued:

Q – What difference if any has employee-ownership made?

A - There is awareness of what’s going on and this is a good thing. I think that is a change in mentality and I feel the change in myself. I have not changed my values as a professional, but certainly, I see things managers do in a different light and challenge more.

Simultaneously Esther is sympathetic of the difficulties of managing while also being more challenging of conventional managerial practice. With a ‘different light’ the discourse of owner control easily synthesised with professional notions of empowering front-line clinicians, the rejection of hierarchical control and a celebration of staff as more than one-dimensional. Laura, therapist and trade union representative stated:

Q – What did employee-ownership mean for staff development?

A - One of the things [Red City] was good at was seeing someone, their skills, and okay you may be a physiotherapist and you are very good at this and why don’t you develop and lead on this. I was an intensive care physio in [local acute] hospital, but they would never see you as anything but a chest-physio and you’re more than that.

Both employee-ownership and professionalism shared the notion that meaningful work came from finding meaning beyond individual tasks and contractual obligations (Lloyd 2017:275). This was not seen as the internalisation of managerial values, rather an example of the opposite; professionals seizing the normative ideal of meaningful work and its practical delivery. Despite being deeply imbricated and complicit within existing occupational relations, professionalism conjoined with
employee-ownership in opposition to managerialism by imagining an alternative version for clinical control.

For this group, ownership did not lead to the dominance of market values over clinical valuation of worth (Waring and Bishop 2011:673). Owners maintained their commitment to cross-subsidising loss-making services, while care free at the point of use was manifested in a very low percentage of income derived from direct private individual payments. Some employees used ownership as a mechanism to insist that decision-making and management discretion were subject to legitimation by owner-workers. Clearly it was not only those who rejected shares who resisted management, as Blue County staff representative Rebecca stated:

Q – Would you recommend employee-ownership to others?

A - Yes, definitely yes. It is good generally and it’s our USP. All organisations will be better with more engagement. You don’t have to slow everything down and you don’t have a trade-off between participation and efficiency. There is always time to engage and always an excuse, a reason [by management] not to. Some organisations outside not like that.

Importantly, employee-ownership and professionalism did not always combine effortlessly. Although professionalism clashed with managerialism, the latter also meant senior clinicians had protected status and access to managers and decision-making. Whereas employee-ownership promised the voice of each owner was of equal worth and was not based on an exclusive knowledge base or a set of technological competencies sufficient to debar non-professionals.

These findings allow for greater complexity and the dismissal of a simple binary between management domination and staff subordination. As healthcare scholars have consistently shown, professionals have found approaches to protect their clinical freedom and ameliorate policy change imposed by hierarchies regardless of the risk of co-option. Rebecca showed above how ownership became a channel for clinicians who were already less than convinced of management’s value.
Overall, a significant minority of staff-owners fully identified with the desirability of ownership, proudly defining themselves as owners. Their evangelical fervour was evident, and ownership considered as one of the most significant developments in their working lives. They had become (or were becoming) owners and described themselves as being the organisation and not just working in it. This commitment was not just in a manner favoured by management or understood by organisational psychologists, but to the idea of employee-ownership appropriating and infusing this seemingly managerial initiative with a radical oppositional disposition. Resistance became a type of reverse co-option where management discourse was used by clinicians to further their agenda and interests; and managers were more accountable and exposed to non-managerial perspectives. Due to both the healthcare context and the ambiguous status of employee-ownership, resistance was no longer about easily identifiable boundaries of owner-management-labour or the ubiquitously nature of manufacturing consent.

7.6 Discussion

In this section I explore my empirical findings across the two relevant sub-elements introduced in Chapter 5, specifically notions of exceptionalism and repelling and replacing managerialism. I show staff were fully aware the more they engaged with management successfully to alter practice, the more likely their resistance was to offer alternatives while also increasing the probability of being co-opted. I subsequently reflect upon Walker’s (2016:273) test for authentic resistance namely; the absence of means/ends thinking and the miss-representation of others’ interest. Finally, I illustrate how the continuous struggle to engage others is required.

7.6.1 Exceptionalism?

Inviting staff to describe what type of organisation Red City and Blue County were provoked a variety of responses. Were they public, private, a third-way hybrid, social enterprise or something
else? Initially all owners showed confusion and uncertainty, however over time informants claimed employee-ownership was exceptional in its potential for non-managerialism.

Previously, I introduced how shareholding provoked three forms of responses. Nevertheless, despite initial difference the most common approach adopted by owners was to seek meaning beyond a compromise between the state/private binary. Later interviewees became progressively clear in their sense of exceptionalism while resisting ferociously claims that their organisation was metamorphosing into a conventional privately-owned company. For Tina (a social worker owner) identified three essential characteristics of employee-ownership: high levels of staff participation, reinvesting surpluses locally, and maintaining non-managerial values:

Q - How do you describe Red City to others?

A – Social enterprise is too wide, anyone can say they are a social enterprise... it suffers from that. I mention employee-ownership. So what I would normally say is [Red City] providing public health and social care and is employee-owned, and this means that employees get a share and they get a say in the organisation and decision-making and sense of direction. A starting point I suppose not in the Council but still providing public services and we are a good type of company we are not private.... You know not-for-profit, and I really think this is not a fad, its the way forward. Participation is just a fad in NHS, but here it is a constant.

For Tina, employee-ownership was not simply a compromise between private/state, because all three characteristics were all absent in conventional organisations. In contrast to Waring and Bishop (2011:666), staff were not transferred to, and services were not acquired by, a pre-existing private owned entity. Neither were they on a continuum from charitable/third-sector administration style to a managerial model but moving from the state to an alternative destination as yet unknown. Employee-ownership was never just what was proposed by managers for her. They were not merely accepting or rejecting an existing organisation but creating one, articulating
their resistance to management by recapturing the idea of employee-ownership. She continued by explaining the process of accumulation:

Q – Do you feel a sense of commitment and attachment to Red City?

A – I think there is a collective feeling that this is something that has been created by the people here. It is something that we have put ourselves into. We have tried to shape and evolve it in a way, understand it better.

‘Having put herself into’ Red City, a sense of kinship, effort and meaningfulness through action was strong and reflected the shared nature of alternative inducing resistance outlined by Lloyd (2017:271). Despite criticism of everyday practice and the ongoing danger of co-option, participants described an organisation where the purpose was not purely philanthropic or economic self-interest but to be an exemplar. For James resistance was an untidy process of challenge and formation not the drudgery of responding in negation to management:

A – Does employee-ownership mean you have to be actively engaged?

Q – Yes, my perspective is I helped shape and also experiencing employee-ownership. Sometimes it scares people-off they think, what is that I have to do differently? We think the conversation is around what it means to be an active shareholder together with what does that mean beyond being an active professional.

James’ employee-ownership could be ‘scary’ and was not just in-between. I suggest this is its radical tradition reappearing, shaping resistance and providing a ready-made and powerful discourse.

Articulation of the gap between managerial promises and daily experience was therefore placed within normative considerations of the ideal workplace. Therapist owner William (who was selective in engaging) explained his ‘imagination’:
Q - What expectations did you or do you have of employee-ownership?

A - The possibility was more generated by *my imagination* [my italics] of what being member would be, rather than being actually told and this is around the kind of influence you have on what the organisation does. I think starting off, expectations are high as you make more commitment to each other, you have to deliver on those. Because all the rhetoric around being shareholders and this enables you to have a voice and to challenge.

High levels of criticism flowed easily not because participation was considered poor compared with previous experiences, but when judged against an unfulfilled and incomplete ideal with informants feeling they were ‘held against a theory that others are not’ (Richard). Staff apathy can to some extent be ignored in conventional organisations, but it cannot within employee owned entities because it undermines its legitimacy and exceptionalism.

To illustrate I return to the closure of Red City by local commissioners in 2017. It was claimed by commissioners that central government policy had changed and now encouraged integration *within* health services rather than *with* local authority social care. By reducing the number of service providers it was asserted that further reductions in management and corporate costs could be made. However, these claims were fiercely contested. While gains made in terms of the levels and quality of staff participation were ignored by commissioners in their decision, Red City staff also noted reintroducing a split between health and social care services decreased service integration from the perspective of the patient/service user. Moreover, definitions of performance failure were disputed. For example, Red City was not exceptional in experiencing financial pressure as the whole local health and social care system was struggling to meet budgetary targets. Red City staff commented on the irony and hypocrisy that their new *host* organisation (the local hospital FT) was itself subject to enforcement action by its regulator Monitor for breaching financial and service standards. Clearly, Red City was not being taken over by an organisational universally
acknowledged as succeeding. Furthermore, it was accepted by all interviewees (in and outside Red City) that they had achieved greater levels of efficiency and savings each year since 2012. In my follow-up interviews in 2018, James described the frustration felt by many:

Q – Can you tell me about your experience of the decision to close Red City?

A - It was a stitch up for the hospital trust, based on economies of scale etc. but they will just have another level of bureaucracy and be inherently top-down. [The] decision was advised by consultants, trainees with MBAs and text books but with no real world experience. It was a NHS and central government cover-up. I think we were too threatening to the NHS structure we had met efficiency targets and met quality but couldn’t be allowed to succeed. As far as I can see those levels of energy, participation and empowerment are now dead; it’s back to old management ways again. I tried to save the good things, I honestly did.

As James described, for both proponents, Red City had authentic staff participation, or it was nothing while staff often expressed feelings of guilt-ridden disappointment when practice deviated. By making a virtue of active participation and inadvertently creating expectations about an ideal workplace which management were unable or unwilling to meet, The Proposals led to unforeseen staff responses. It was employee-ownership as a desirable idea and the belief in the possibility of alternatives which meant that dissatisfaction did not always morph into outright rejection or guarded scepticism.

7.6.2 Authentic participation, resistance and work intensification

All participants acknowledged when divorced from high levels of participation, employee-ownership had the potential to be a tool for co-opting staff. Trade Union representative and unsupportive of ownership, Tracy highlighted increased pressure and scrutiny:

Q – Does becoming owner mean people are more committed?
A – Mmm, I was talking to a member of staff who works in HQ the other day, who said they had never worked in an environment like it, where there is never any chit-chat and the joviality is not there, and is already looking for a new post.

Despite The Proposals claiming work should be ‘fun’, for Tracy it was far from humorous. The Proposals promised staff control and an end to ‘traditional management ways of doing things’ (Julie); yet it now seemed to deliver endless toil. Participants did however reflect on why some staff provided additional discretionary effort. The relationship with participation was crucial for both clinical trainer Esther and nurse Tina:

Q - Does becoming owner mean people work harder?

(Esther) - I am working beyond my work hours and what it to succeed and I am proud. Its on my own motivation and intention to work harder... I could come in and just go to work and go home, but I can be part of something and I am important, they want my views. I have values and motivated to do the extra.

(Tina) - Genuinely cannot remember a time when I worked so hard as I do today. Would that be the same in other situations I am not too sure, but being an employee owner drives me into doing things. I still feel I am personally responsible for what happens in the organisation it is not just my personal values, its more. It is about what and how I influence what does and does not happen.

In critiquing employee-ownership it can be argued staff think they are resisting by participating but are trapped within a management system of meaning about organisational performance and individualised possessiveness that ownership entails. By using the language of ownership, those who wish to challenge managerialism are merely operating on the very terrain of management itself. However, as Hjofth (2017) argued, being wary about the dangers of co-option is not the
same as predicting its inevitability. Employee-ownership did not automatically mean staff embraced managerial expectations or accepted their views on ownership as the only ‘practical and sensible way’ (Joseph). Further, increased communication between the Board, staff representative and clinicians was not about employees becoming more like managers as counter-resistance by some managers signified. Attempts by directors to further segment non-owners and co-opt some staff were only partially realised and continuously resisted. My findings reveal a nuanced interpretation; staff were aware of the limitations and duplicity of managerial ‘earned autonomy, taking responsibility’ and ‘having control’ (Brian), and were clear that becoming an owner was not about being ‘brought-on-board’ (Matthew). Social worker owner Elizabeth showed this guarded equivocation:

Q – Were there any examples where you have been involved but felt your involvement had not been effective or ignored?

A – Yeah quite a few but also some good ones as well to be fair......it’s probably worth a go at the end of the day to get involved, although I do wonder and worry about taking on too much and not having enough time to be critical in a good way and just going along with things. It takes time you see, you got to work at it.

Hjofth (2016:299, 302) is corroborated; misreading the authenticity of engagement is dangerous. My study showed some staff understood the risks of co-option were elevated when the propensity to offer alternatives within resistant acts was high. Some owners went beyond what was offered; resisting by redefining what self-development meant. Nurse Susan emphasised experience-based-learning ‘in the whole’:

Q - Is [Red City] yours?

A - In the past we were less attached. We would not have understood the question we would not understand what employee-ownership was for example. We may have read about it but
you need to actually live it. I would never have envisaged what it was three years ago. Opportunities to participate by doing, with some training to do the action. Some people have experienced it in the whole.

It was significant that those most likely to argue the case for deeper participation supported greater non-managerial development as social worker Tina showed:

Q - How we would tell if discretionary effort was consensual?

A - Does employee-ownership engagement mean we get more out of people? Yes, the difference is the motivation around that is it not negative engagement [because of] fear etc.. You do end up getting more but they are giving more of themselves. So there is more consent to that hard work, pride in outcome and achievement. They [staff] work together more and much more up front to support people.

I am drawn to the equivocal reflective narrative of Tina, with ‘more’ consent to hard work, as well as the intensity of being ‘up-front’ and ‘giving more of themselves’. She acknowledged that psychological ownership and normative control could easily transmute into expectations that staff work harder, while also questioning whether ‘giving more’ can ever be fair and legitimate. Despite these qualifications, Tina does suggest employee-ownership can potentially meet Walker’s (2016:273) criteria for testing anti-managerial forms of resistance; authenticity is more likely if employees own their organisation because it is less likely that fear is used as a form of control, interests are transparent while debate was more wide-spread and antagonistic. Having ownership and doing participation (‘actually live it’ as Susan stated) became the criteria for deciding whether this discretionary effort was consensual.

Both critics and supporters of employee-ownership were correct to point to (and be suspicious of) weak forms of participation as methods of internalising management control. However, this risk
should not be exaggerated because not only did staff engage in public debates to challenge management, but weaker forms did not work at the level of indoctrination and were easily ‘called-out’ (Laura) for what they were.

7.6.3 Resisting managerialism and the continuous struggle for alternatives

Resistance to the managerial ideal worker involved re-imagining the owner as a much more argumentative, critical and self-confident healthcare professional; a medium for resistance to managerialism and not an instrument of it. Not only did ownership lead some staff to be more committed, but employee-ownership itself was hard work. It was often associated with specific verbs and nouns, ‘struggle’ (Lisa), ‘long road’ (Lola), ‘work-in-progress’ (Rebecca) ‘evolving’ (Zara) reflecting the difficulty required to implement collective action, develop personal and professional skills and continuously strive to engage others.

Five owners replied when asked to describe implementation:

Coordinator (Jennifer) – It’s hard work, frugging hard work.

Strategy officer (James) - Employee-ownership...mmm... I don’t like short term words for hard work and it is not easy.

Nurse (Karen) - Everyone can have an opinion on everything but people do not have the background information. It is more complicated that we first think.

Finance Officer (Omar) - In my experience it is quite difficult and takes a lot of skill.

Therapist (Malick) - We try very hard, but there are always people who miss the [participative] opportunities but they are created. Actually a little bit painful.
For these informants, employees-owners were not simply working harder but also differently. They felt concerned about juggling different incongruent organisational aims and the constant need to engage others.

In Extract 7.1 overleaf, group participants shared these equivocal experiences when asked their overriding feeling towards ownership and whether it mattered. Red City and Blue County participants are represented by pink and yellow cards respectively with nine ‘Yes’ and four ‘No’. I have also highlighted two detailed comments in Extract 7.1b. In the subsequent discussion I noted negative expressions of difficulty (‘a bit shitty’ and ‘used’) were interspersed with positive notions (‘liberating’ and ‘opportunities’). Overall, I suggest three themes emerge; firstly changeability (‘on good day on a bad day’), secondly, an appreciation of conflicting values while also the need to settle on an agreed direction (‘shared purpose’); and finally the continuous unresolved nature of employee-ownership (‘ceaseless’).
Extract 7.1 – Discussion Group on Does Ownership Matters?

Sheet D
Does ownership matter?

- Yes
- No
- Yes
- Yes
- Yes
- No
- Yes
- No
- In the end: Yes

Note: The purchase of a share is the catalyst for change of attitude.
I suggest for many staff, the process of debating and empathising with colleagues to balance conflicting values and decide on complex choices and strategies was difficult. Furthermore, I maintain the existing workplace resistance literature does not consider fully these struggles, or if they do it is considered a reflection of the managerial aim to internalise hard work. Studies which highlight the problems of implementing democratic workplaces and the personal self-reflection and struggles required (such as King and Land 2018) provide a useful source for rebalancing these perspectives for critical resistance studies.
My analysis also holds we should not romanticise resistance. In terms of non-engagement by professionals, the desire by some staff not to participant is not inherently more valuable or perhaps more noble, than those who seek to influence and create. Although I do not exclude the value of micro resistant acts, working in isolation focusing on individual or immediate team tasks was not a route to alternatives for participants. Just as engagement cannot be taken simply as co-option; resistance as rejection or disengagement is not always more desirable. Corroborating Lloyd (2017), I suggest resistance as a form of effective social action required struggle and creativity. As team leader Amy underlined:

Q – Can you describe the difference between working in [Red City] and your previous job?

A - Much more difficult and takes much more time and takes emotional energy as well to engage. Very draining and it’s hard [2 secs]. time to think about and then to do it. We all hear the issues or situation under debate differently.

Amy described moving from priorities set by a corporate hierarchy, to recognising plurality and discovering shared aims through dialogue. With this nuanced perspective we can now re-consider the mainstream ideal owner in both a more critical way, because we debunk a managerial takeover of the concept, and more positively, because we can identify within it the seeds of non-managerial alternatives.

7.7 Conclusion

In this Chapter I have explored the multiplicity of staff responses and now I reflect on the key literature described in Section 7.2 and the question of what forms of resistance employee-ownership engendered.
1. In support of Waring (2015), Walker (2016) and Hjoft (2016), resistance was markedly heterogeneous and reflected three broad categories; rejection; selective engagement and full immersion. The former group were increasingly segmented and retained an inclination to return to the public sector, claiming the ultimate effect of employee-ownership was irrelevant at best and undesirable at worst. In contrast most employees simply had a transactional inclination, a sense of measured scepticism exercising tactical engagement, while waiting for ‘on-the-ground’ (Georgina) evidence. A significant minority saw ownership as having a positive impact on their sense of self, personal development and organisational performance. For them owning was not a temporary event or the latest fad but involved striving endlessly for radicalising and extending it into practice.

2. Ultimately professionalism shared many aspects of anti-managerialism with the radical inheritance of employee-ownership, while management versions of the latter existed, they were not dominant. By falsely pitching the ownership as another tool of management we obscure the ways staff used it to resist in a similar manner to Hjoft’s (2016) understanding of entrepreneurship. While affirming Waring’s (2015:360) finding that re-negotiations of healthcare workplaces reflect conflict between managerialism and professionalism, I add the need to consider how employee-ownership disrupted this binary frame. The latter gave hierarchies a new set of normative expectations that they must balance and live within.

3. In line with Hjoft (2016:304) I argue resistance was not always good/progressive or the exercise of power as coercive and repressive on subordinates. We cannot label all managers as the oppressors and workers the subjugated. Managers would claim staff ‘should now be empowered and be responsible because they now have shares’ (Jennifer) as if control had been handed over to staff previously without influence.
Instead of being simply co-opted into management, participants exercised their agency (however limited) to exploit these ambiguities and debate conflict publically. As predicted by Lloyd (2017:275), managerialism was not totally accepted or unequivocally rejected. Resisting inevitably meant staff were complicit in existing occupation job demarcations and intra-professional inequalities as predicted by Waring (2015:357). Employee-ownership therefore represented an opportunity for re-negotiation where the domains of clinical autonomy and management prerogatives were subject to challenge and arbitration. This renegotiation was not a consensual or a permanent compromise but a liminal transit state.

4. As Lloyd (2017:276) remarked upon; alternative inducing resistance involves effort, creativity and a commitment beyond contractual obligations. To be successful it needed to reconnect concerns about operational problems with both corporate–wide coordination and normative ideas about desirable workplaces. Sharing the experiences of discontent, imagining choices collectively and testing examples in practice were all vital. Resistance was therefore more than disobedience, misbehaviour and defiance normally observed within organisations undergoing change. It was nuanced and complex but also spontaneous.

The conceptual virtuosity of ownership could at times be seen as duplicitous as it appeared in managerial form but also confronting it. This entanglement explains why Waring’s (2015:357) analysis is useful but limited; resistance within employee-owned entities is different and is best explained when supplemented by political theory and an appreciation of different social science interpretations.

5. I corroborate and expand upon Lloyd (2017) by concluding the division between owner-manager-labour within resistance studies is both informative (because changes in organisational structure and economic categories have an important influence on staff experience and resistant acts) and limiting (because it does not provide a comprehensive approach to explaining the plurality of resistance). Rather than see staff complicity through
the lens of subjugation and the inevitability of co-option through hegemony, my findings are both more complex and optimistic about alternatives. Noting the caution of Walker (2016) and Hjofth (2016) regarding the subtle testing of authenticity, not only were managerial claims about employee-ownership undelivered, counter-resistance brought about further staff confrontation. Contestation and hybridity, rather than static binaries, better reflected the messiness of opposition and the multifaceted, intermitted and provisional nature of employee-ownership.

6. My study contributes by exploring anthropological and democratic-political interpretations, suggesting they provided an effective way to explain how ‘infrapolitical’ might transform into more sustainable alternatives. I suggest the crucial need to identify practices that enabled staff to experience owning the organisation as a polity rather than a vehicle for holding (and benefiting from) shares. This is owning as a pre-distribution of resources to enable sufficient equality to participant rather than individual possessiveness.

For example, focusing on staff control over management and corporate decisions as an end in itself avoids a crucial distinction. These processes can reinforce managers as Them, who are accountable and different to Us as staff. This framing is different to participatory workplaces where the organising purpose, plans and delivery are achieved through non-managerial forms of coordination (and are without significant and fixed hierarchical distinction between Us and Them). At this early stage of Red City and Blue County owner control was not universally accepted as legitimate nor developed sufficiently to enjoy the de facto power to curtail and restrict members and mobilise collective action.

7. Uniquely I have underlined how employee-ownership can simultaneously work with (and against) existing organising assumptions within UK public healthcare. Employee-ownership was enhanced through its congruence with clinical anti-managerialism, but this Faustian-pact also implied an acceptance of many aspects of existing occupational inequalities and
power/power relations. Further research is needed to help distinguish between management constantly undermining staff confidence about organising without them, with employees rejecting all opportunities to engage and control their workplace and simply craving authority. My study has underlined King and Land’s (2018) remark that democratic workplaces require challenging ourselves, who we are and our development rather than being fixated on controlling management, the system or Others.

I therefore substantiate Parker et al’s (2014:10) insight about alternative organising reflecting distinctions between negative and positive freedom. Resistance as negation; opposition to management and the avoidance of both hierarchical control and a responsibility to offer an alternative, seems to embody negative freedom (and perhaps the atomisation of most conventional managerialism). However, ownership seen as increasing the sense of status, agency, capacity and power expresses positive notions of human development. To feel you lack power is to believe that none of your actions has any consequence and does not matter.
CHAPTER 8 – CONCLUSION

8.1 Introduction

While pondering my conclusion and after a final re-reading of my empirical data I was struck by a key question; what does this study add to our understanding? My original aim was not simply to write a descriptive story of Red City and Blue County but a critical appraisal of their alternative credentials. Moreover, why were promises made by management not kept while more radical versions not implemented? To this end in Section 8.2 I return to address the three research questions directly: How was ownership and employee-ownership understood and contested? Did the transfer of legal ownership to staff give them greater control? And what forms of resistance did employee-ownership engender? In Section 8.3 I demonstrate the contribution of critical realism by considering why outcomes were different between the employee-owned and NHS cases studies.

In my study I have shown the expectations and disappointments, agreements and conflicts, enjoyment and the world-weariness of working in a healthcare employee-owned entity. I suggest there does not appear to be one inevitable destination or proscribed set of stages. Staff clearly did not conceptualise, participate and resist in the same ways. However, I contend that Red City and Blue County were sufficiently similar to be distinction from NHS Trusts. Overall my contribution was not to prove the infallibility of critical realism, rather to describe its explanatory value in relation to the question; does ownership matter. I argue our appreciation of employee-ownership is aided by understanding the material change to work relationships brought about legal transfer as well as discursive conflict over different ownerships. My study also showed how research findings on ownership, participation and control must be seen within their local organisational context and the nature of healthcare work.
8.2 The three research questions

8.2.1 How was ownership and employee-ownership understood and contested?

Firstly, I argue the inclination of staff to challenge and modify managerial interpretations and their attempts at implementation meant definitions of employee-ownership multiplied and became uncontrolled. Ownership in its many contested forms changed the way participants understood and gave order to their new organisation. Legal, liberal and managerial definitions were evident but not accepted as desirable or common-sense. Other alternative perspectives emerged including psychological, clinical responsibility, anthropological and politico-democratic versions. The way ownership was distributed equally created new forms of liminal spaces, enabling the articulation of different relationships between organisational actors and the generation of distinct and unexpected outcomes.

Employee-ownership cannot be reduced to legal property, an example of possessive individualism or the taking of responsibility on behalf of managers. Corroborating both Ridley-Duff and Tudor-Hart, ownership was essentially political and not an administrative detail. Tudor-Hart was insightful in describing ownership as clinical responsibility but only partial because other interpretations appeared. I found support for Ridley-Duff’s contention that for some participants owning was a way of testing practice against normative notions of justice, equality and solidarity. Non-instrumental values were embedded in radical democratic forms of staff control particularly the importance of employees giving consent to change. Although many staff were sceptical about employee-ownership, and multiple versions present, they also expressed a desire for more ownership.

The case studies presented potentially contradictory findings; firstly staff who did not take shares reflected Tudor-Hart’s focus on how the NHS gained democratic legitimacy through Parliament and how employees did not assent to transferring out of the public sector. In contrast, there was evidence of Ridley-Duff’s emphasis on local engagement processes as mechanisms to give consent
to (and control over) provision and planning. The underlying optimism and acceptance of plurality by Ridley-Duff differed from Tudor-Hart’s pessimism about professional’s motivation when they hold shares. My study confirmed this divide existed not only between these commentators, but within critical scholarship more widely. I suggest the alternative value of employee-ownership within public services is therefore under appreciated.

Finally, I did not solve ownerships complexity and ambiguity by providing a single definition. Instead I analysed how diverse interpretations were articulated and practised, describing the commonalities and differences through four sub-elements namely; 1) the extent of participation and control; 2) the focus on social aims/benefits or transforming work; 3) the role of exceptionalism and organisational exemplars; and 4) how resistance to managerialism evolved and alternatives developed.

8.2.2 Did the transfer of legal ownership give staff greater control?

I have shown how the transfer of shares initiated a new debate, creating space for democratic infused arguments for expanding control over management to surface. While being tangible and valued by staff, management accountability was limited and dependent on conditions including time for staff to develop their knowledge and skills. Crucially, ownership did not meet staff expectations for control over their clinical work, while direct participation and self-managed teams used intermittently.

In support of Cathcart, Paranque and Willmott and Salaman and Storey, for ownership to matter and staff to increase control of management, participation and non-managerial practices needed to include both operational and organisational-wide issues. I showed how participants were critical of a reliance on representative forms while also observing evidence of degeneration. For example, sortation was innovative but only applied sporadically. Examples of prefiguration, denaturalisation and direct control were therefore present but fragile and in embryonic form.
Staff were not naïve and did not accept managerial attempts to curtail their formal shareholding rights or restrict democratic forms of employee control. Rather the opposite; they were aware of the difficulties involved in changing organisational practice particularly its centralising tendencies. Importantly, managers’ endeavours were not universally successful or persistent. My study found opposition to degenerative tendencies can be successful if employee-ownership was conceptualised as an exemplar and as a continuous collective dialogue about the authenticity of participation. Building upon Salman and Storey (2016); employee-ownership contained non-managerial values and a discourse which many clinicians perceived as a better way of discussing the tensions between instrumental and processual values. My study confirmed Paranque and Willmott (2016) notion of engagement as a process for staff to accept paradox and uncertainty.

Owners were not passive and un-reflective about the impact of ownership and their new role and status. Staff (and not just the researcher) explored the link between ownership and control, often perceiving a causal link between the two while also appreciating the impact of discursive conflict. Ultimately ownership was political because we cannot separate ownership from control, despite them both having contested and multiple forms. Overall, I agree with the concluding sentiment of Salaman and Storey (2016:202); the critical value of employee-ownership is not an automatic and direct consequence of the organisational form but long-term commitment to the idea of being different.

8.2.3 What form of resistance did employee-ownership engender?

My analysis of the empirical data identified a number of insights. Firstly, I highlighted the importance of not over-sentimentalising working life within employee-owned entities, seeing them as conflict-free with a unitary of purpose and unanimity over process. Furthermore, these struggles, disagreements and eventual resettlements are not signs of organisational failure or the lack of critical value. Rather they help us avoid a superficially positive view while understanding their distinctive contribution.
In support of Waring (2015) and Hjoft (2016), resistance was everywhere but the forms it took were not homogenous. There was little consensus on what was being resisted, why and how. Rejection of any form of employee-ownership was prominent, with a questioning of its relevance, desirability and feasibility. The largest staff group had a transactional inclination, a sense of measured scepticism exercising tactical engagement. A significant minority saw ownership as having a positive impact, taking the claim in The Proposals that they had the agency to shape the future, not simply as licence to implement the management agenda, but to explore collective forms of decision-making and increased accountability for hierarchies. For the latter group, employee-ownership contained anti-managerialism in a similar manner to Hjofth’s (2016:310) novel understanding of entrepreneurship. This radicalised form of employee-ownership supported Lloyd (2017) in his call to reconnect normative notions of non-managerial organising with concerns about both day-to-day work and corporate-wide issues.

My study also explored the unique aspects of healthcare; namely how professionalism and employee-ownership were often conjoined to resist management. Going beyond Waring’s (2015:360) study of private healthcare providers, I explored how resistance within Red City and Blue County was different to opposition in the NHS because it involved notions of the organisation as an ideal form and as a polity.

I found evidence to uphold Walker’s (2016) and Lloyd’s (2017) assertion that resistance had the potential for containing non-managerial alternatives under the specific conditions of moral authenticity. I further suggest that staff appreciated the paradox of resistance by engagement i.e. at the very point in which far-reaching control over management was proposed, piloted and implemented; co-option with management was most likely.

I also revealed how employee-ownership could be duplicitous; appearing in managerial form but also confronting existing practice. Alternatives were successful in gaining support precisely because they made the case by using elements of anti-managerialism (embodied in professionalism
and the radical history of employee-ownership) and existing mainstream management discourse as articulated in The Proposal.

Substantiating Hjofth (2016), I showed how the managerial ideal worker was re-appropriated and radicalised. This transformation of employee-ownership was particularly apparent when owner capacity for participation was conceptualised as political self-development rather than management training. The data also indicated the role of struggle, non-instrumental activity and fun in both individual expressions of resistance and the collective process of creating alternatives. Rather than see staff ownership as complicity with organisational hierarchies my findings are supportive of guarded optimism. Employee-ownership was neither a romantic ideal or managerial dystopia.

8.3 The contribution of critical realism

By intertwining empirical data with the critical realist framework, I now explore causation and why outcomes at Red City and Blue County were different to the NHS case studies.

8.3.1 Introducing the debate

Understanding the relationship between ownership and control has been the subject of important scholarly work and inevitably involves discussions of causation and the role of structural and discursive accounts. The way participants described and debated different ownership(s) can be construed as evidence of discursive explanations. From a post-structuralist perspective, the liminal spaces created by the transfer of shares provided opportunities for staff to explore key organisational concepts. These interpretative struggles shaped new organisational processes and how individuals understood their roles. From this viewpoint, it is not ownership that matters but participants talking about what ownership is (and could be) that does. Ownership is only significant because it became a subject of debate, not because holding shares has essential properties or power. Owning is a legal fiction, with share certificates merely physical artefacts.
I found this account of employee-ownership insightful. Discursive processes led staff to make quasi-democratic claims for the meaning of ownership and counterclaims by management about the anarchic consequences of expanding owner control. Managerial discourse excluded and pushed to the margins more radical views. However, I suggest a more nuanced understanding of the Mechanism-Conditions-Outcomes (MCO) Framework (introduced in Section 3.1) can help incorporate discursive accounts within more materialist explanations of change.

### 8.3.2 Mechanism-Conditions-Outcomes

In this sub-section I explain the critical realist perspective on detecting outcomes, generalisation and causation before identifying different outcomes in Red City and Blue County. I conclude by describing the conditions and context specific factors that influenced whether radical forms of employee-ownership emerged.

Firstly, within critical realism causes (or generative mechanisms) are not about regularity; one event or thing constantly conjoined with another (Mumford and Anjum (2013:1)\(^x\)). Causes are not measured quantitatively through statistical models but reflected in different modes of reality and often metaphorical (Easton 2010:122). The use of vignettes, allegories, stories and images by actors can be illustrative of deeper and unobserved realities, enabling the researcher to interpret signals from the observed that illuminate a causal process. As Miller and Tsang (2010:148) stated, even if not directly observable the more observable effects that are attributable to the mechanism the more persuasive the case for its presence. For critical realists, causation is not a deterministic guarantee of effect, rather for ownership to matter involves a propensity and tendency to make a difference to what happens. Understanding is enhanced by focusing on how and why an event happened in a certain way and under certain conditions (O’Mahoney 2011:727). The acceptance that causation is not linear echoes the view that case study findings may not provide universally applicable conclusions but provide useful analytical generalisations. In Figure 8.1, I reproduce the flow of retroduction.
Using the data gathered in Chapters 5 to 7, I describe below different outcomes between the employee-owned case studies and the NHS organisations.

1. Episodic staff control over organisational direction through electoral votes on key strategies and surpluses.

2. A priori sense of equality helping to engender a challenge to existing organisational hierarchies.

3. New forms of management accountability and mutual recognition through the Articles, service meetings and sortation.

4. An expansion of direct owner participation and forms of non-management co-ordination.

5. High expectations of staff control leading to disgruntlement regarding the lack of workplace control and a suspicion of relying on staff representations and periodic voting.

6. Degeneration to managerialism present but also confronted by staff and regeneration attempted.
Of course, it is not sufficient to state many staff thought ownership mattered and therefore it did. However, I suggest many staff-owners were not simply involved in a process of superficial explanation, a public display of self-congratulation of their unique ownership model, but involved in collective dialogue about what ownership entailed and what (if anything) had changed. Examples abound, with participants often explaining they had discussed ‘these things with team-mates’ (Lisa). The extent of participants’ knowledge about and inclination to engage with the question of whether ownership mattered was surprising: They openly discussed causation in terms of structural or cultural. Elizabeth’s statement highlighted the complexity of cause and effect and showed she was not a passive observer:

Q – Were there differences in Red City as a result of staff having shares?
A – Quite a lot. I have questioned it before, is it a structural thing or is it a culture type of thing? But it feels real, really real... but what have others said and what do you think?

The repeated use of ‘real’ is revealing: And other than arguing staff are mistaken, deluded and complicit in their own process of reification, discursive only explanations struggle to explain why outcomes were different and why some participants felt and experienced ownership as ‘real’. The six outcomes were also not simply reflective of the local setting or healthcare context.

Below I describe the local and national conditions (C1 to C5) as invariances; those factors that shaped the outcomes achieved. Importantly, these contextual factors offered cues for non-observable realities.

C1 – A supportive national policy framework enabling different ownership models to evolve (as I described in Chapter 4, employee-ownership was not a spontaneous act by local staff).

C2 – A supportive local commissioning environment including funders, elected members and patients/service users.
C3 – A long term commitment to alternative organisational forms often through a tolerance of contestation and conflict was significant. Debates were not just about the content of a specific decision or strategy they involved reflection about organisational ends and a disposition for increasing direct participative forms.

C4 – The development of owners and dedicated time for participation also shaped outcomes because it countered the existing unequal distribution of organisational knowledge, experience and skills. For example, owners’ lack of knowledge and experience in consensus-building methods, as well as the absence of technology to support participation, was important.

C5 – The levels of congruence perceived by staff between employee-ownership and professionalism in opposition to managerialism.

I suggest that two separate generative processes can be detected; the transfer of shares (M1) initiated change, created liminal space and a sense of exceptionalism; and secondly, the ongoing conceptualisation and implementation of participation (M2). The former (M1) does not determine the latter (M2), although the former is necessary. These are incorporated into the overall framework in Figure 8.2.
I suggest employee-ownership had specific propensities (P1) for greater levels of staff participation/control and (P2) non-management co-ordination. Ownership also had liabilities which resulted in countervailing tendencies; professionalism can influence staff to resist employee-ownership (L1) while managerialism (L2) can also resist its radical development (P1-P2). The creation of Red City and Blue County did not govern exactly how ownership was practised because conditions C1-C5 mattered. And although, employee-ownership was a generative process it did require the agency of staff to create outcomes and therefore the possibility of deviation according to liabilities (L1-L2) (Miller and Tsang 2010:140). I now consider why owner control was limited and under what conditions ownership is fully actualised by combining conditions and outcomes concurrently.
Table 8.1 overleaf outlines what outcomes can be expected when certain conditions are present. Without a supportive national policy environment or local commitment (C1-C2) no outcomes are observed. These conditions are necessary and represent the legal approaches to ownership where formal staff control and perceptions of greater equality amongst staff can be observed (O1-O2) (shaded green). However, their existence did not determine O3-O6 which represented criteria for staff control (shaded red). I suggest that ownership as a causal mechanism is very sensitive to implementation (C3-C6) and although employee-ownership initiates a potentially radical discussion (as well as triggering participation where it did not exist) C1–C5 do not always ensure its fulfilment but make it possible.
### Table 8.1 – Conditions and Outcomes

<table>
<thead>
<tr>
<th>Condition (C)</th>
<th>Outcomes (O)</th>
<th>O1 - Episodic control</th>
<th>O2 - Sense of equality</th>
<th>O3 - New accountability forms</th>
<th>O4 – Radical expansion</th>
<th>O5 – Staff workplace control</th>
<th>O6 – Degeneration and resistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1 – National policy support</td>
<td></td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>C2 – Supportive local environ.</td>
<td></td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>C3 – Commitment to alternatives</td>
<td></td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>C4 – Owner development</td>
<td></td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>C5 – Congruence with professionalism</td>
<td></td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
</tbody>
</table>
I argue that because employee-ownership was contested (and had liabilities L1-L2), the same causal power could produce different outcomes. Specifically, managerialism dominated interpretations in situations without C3-C5, lead to a downgrading of its democratic potential. The relationship with professionalism was also central; at times a countervailing power working against the actualisation of employee-ownership; professionalism could also be conjoined through its shared anti-managerialism. For the full activation of the powers of employee-ownership (O1-O6), all the conditions (C1-C6) must to be present. These contingent relationships are not activated by share transfer alone. For example, the degenerative thesis suggests all forms of employee control are destined for failure, however, despite management attempts to dilute (and some staff rejecting their shares) this is not inevitable. Ownership has the potential to be actualised under certain circumstances while discursive sense-making by owners and non-owners alike shaped its outcomes.

To illustrate how the MCO model helps to synthesis my empirical conclusions, I now turn to the closure of Red City in April 2017. Initially described in sub-sections 4.3 and 7.6.1, its demise highlights how environmental factors mattered despite the influence of employee-ownership impacting on internal organisational practice. In particular, the lack of commitment of Red City funders to employee-ownership as a unique model was vital. The contrast between Red City and Blue County was not different leadership or participatory practice but the lack of local stakeholder support in the former. In critical realist terms, the closure demonstrated how ownership as a mechanism for change was impeded by certain factors which are prerequisites to its full actualisation. I have categorised them as C2 in the MCO framework (Table 8.1). Furthermore, the closure is important as a demonstration of the contextual factors required for its sustainability and therefore the time required for more radical interpretations to flourish. It is not evidence of the irrelevance of ownership but the ongoing encouragement from stakeholders as a central condition.
The demise of Red City also helps us to understand how to bridge analysis at the macro-environmental, meso-organisational and micro-individual levels. For example, my study extends the scholarly debate beyond the boundaries of formal governance, contemporary policy and legal definitions of ownership and places it at the juncture of political theory and wider social and economic change. We must acknowledge that Red City emerged from (and was affected by) its environment, while also accepting staff did not lack agency and were not passive recipients of external pressures.

8.3.3 Concluding on critical realism

The language used to describe conceptual ambiguity and conflict was not simply a neutral medium for its representation. On the contrary, it was central because the extent of change did depend on these discursive accounts (O’Mahoney and Vincent 2010:2). Perceiving ownership as a platform, a foundation to enable dialogue and deliberation between actors, was used by participants themselves as finance officer and owner Omar stated:

Q – Does ownership matter?

A – We see ownership conversations as a platform to change, so without that happening we would be doing whatever we would have doing before. So no radical transformation without it...and its taken us four years and still on that path. It would have not happened without it. There is something in the idea...the thing of ownership that is interesting.

Omar reflections help explain how ownership can combine material/possessive and discursive/relational approaches. For Omar discourse was dependent on but not reducible to material, artefactual, social and conceptual modes of reality. For critical realism, causation is about what something is and can be, ‘the thing of ownership’ rather than just an exploration of meanings given to it by local actors (Mumford and Anjum 2013:86). The case of causation may be problematic and complex, but this is not to say it is random. Understanding the difference
employee-ownership made as a generative mechanism does not imply something direct, un-contextualised or linear. What is ‘interesting’ (Omar) is how causational verbs (‘enable’ Esther, ‘change’ Zara, ‘driven’ Matthew) were aplenty across owners and non-owners alike. Perhaps there is nothing more to causation than there is enough evidence to suggest that a sufficient number of these features exist.

Clearly understanding discursive struggles are important. It is unconceivable to tell the story of Red City and Blue County without acknowledging how conflicting ideas about the meaning and practice of ownership flourished. However, I maintain outcomes such as the sense of status brought about by being an owner were not the product of the talk about ownership but derived from economic change, certain rights resulting themselves from legal ownership and demands collectively made by new owners. The term owner existed by virtue of the various tangible and non-tangible relationships with (and between) property, assets and social relationships. We do not have owners because of the debates about ownership; discursive activities did not come first and the classification of owners second (Fleetwood 2005:213). Discursive conflict counted but it did not emerge in isolation without reference to material, structural and economic forms of reality. Although representations of ownership/owners are conceptually mediated declaring it mattered is not to reify ownership. To apply a phrase of Thompson (2016:111); ownership is the difference that creates conflict, opens up new debates and struggles.

Although staff interests, workplace roles and practices were not simply generalisable from the economic categories of worker or owners, we should not ignore how ownership altered employees’ sense of worth, their clinical identities and the way antagonism between owner-manager-labour manifested. Overall, I argue employee-owners did have interests which were different from management while also having dispositions to reject pre-planned identities proscribed by hierarchies. Staff made choices not to be compliant with managerial propositions based on their interests as both labour and owners. Transferring ownership to staff resolved some aspects of
workplace conflict by unifying owner, coordinator and labouring roles across a wide number of staff. It also exacerbated others by legitimatising anti-managerialism and increasing opportunities to voice concerns. I maintain these clashes were extended debate amongst actors regarding the authenticity of participative practice. Furthermore, the regenerative tendencies (referred as the iron law of democracy) described in Chapter 6, echo our compulsion to challenge unaccountable hierarchies, tackle inequality, imagine new possibilities, test ideals against everyday experience and learn and develop as outlined in Chapter 7. There is no need to sacrifice an appreciation of discursive contestation to understand the influence of economic forces and the never-ending urge to resist managerialism.

8.4 Concluding remarks

In closing I suggest it is not justified to be overly cynical about the limitations of employee-ownership, nor romantic about its potential and successes. We must avoid binary conclusions which see it as either a genuine shift in power to employees or a dystopia opportunity for co-option. Any hasty rejection of its alternative value fails to appreciate the tangible achievement and challenge it represented, just as a superficial endorsement fails to assess its imperfections and risks. For staff, employee-ownership was not a simple answer to their organisational problems, but something to be explored and continually debated. Therefore, the demise of Red City in 2017 can be seen as an important retreat in alternative experimentation.

My thesis is also a response to the calls for more critically informed empirical studies directed towards the effectiveness of tactics, the limits and potentials of interventions and theorised best practice and learnings. I showed how opposition to managerialism can be encouraged through a variety of authentic and collective forms of participation and radical versions of employee-ownership. I highlighted how a plurality of ownerships fits more easily with notions of professionalism, knowledge work and the ‘new economy’. I have also described how critical realism is useful because its ontology stresses the influence of ownership transfer to initiate change
and its emancipatory disposition shows how alternatives may emerge from resistance. Ultimately, I have explored the essence of its explanatory value; the interplay between social structures, contextual conditions and the discursive tools social agents apply (Reed 2011:69).

Importantly, I do not wish the reader to misinterpret my conclusion. I argue that existing literature underestimates the critical value of employee-ownership, often ignoring the radical potential of non-managerial forms of owning. I found ownership mattered and despite its shortcomings, employee-ownership in the healthcare sector has tangible merit as an alternative form. I maintain that ownership was a pre-condition for collective engagement because it was central to the self-confidence, status and sense of power felt by many staff. These empirical findings also suggest owning was more than holding property. Rather than a binary, mine or yours issue it matters when we collectively have it and use it together. Overall my research means we understand its role in challenging managerialism in a much more critical manner; while also avoiding utopian polemics or dismissively negative approaches.

I am also acutely aware employee-ownership does not always sit comfortably with the political Left and critical scholars. It remains extremely difficult for many to accept as legitimate a non-state entity working within a plural market of providers as the most progressive model of organising healthcare. Regardless of your position on ownership’s alternative value, my study is a critique of those who claim simplistic and undemanding remedies to the complex political problems of ownership distribution and public services. Superficial responses or exhaustive theoretical blueprints are not appropriate to the question of whether ownership matters.

Finally, I would like to reflect on priorities for further study. Although I have described my findings in detail the more sobering conclusion is their limitations and fallibility. This is not simply a hesitant researcher unable to clarify their conclusions, rather an acknowledgement that the stability of staff experience and outcomes requires ongoing examination. Therefore, there remain several areas where additional research would make a significant contribution. Empirical
investigations and theoretical reflections on healthcare public sector mutuals are limited and do not consistently speak to the critical audience. In addition, analysis of how the organisational logics of professionalism, employee-ownership and managerialism interact is needed with two specific areas apparent. Firstly, we need to understand better how responses to employee-ownership could be influenced by professionalism and the impact on the changing nature of managerial work. There is also an absence of research on conceptualisations of control within alternative organisations. It is unclear what the features of a critical (rather than managerial) control system would be and if collective controls and sanctions (the ‘cracy’ in democracy) are desirable at all. For example, what is their relationship with staff-owners and ultimately who the people are within an organisation? (the ‘demo’). My study suggests we need to consider other ways of theorising and performing coordination which do not use mainstream assumptions about (and expectations of) senior clinicians and managers being in-control.

There is a requirement to synthesize; micro level analysis of individual work processes, meso-level examination of organisational practices, macro-level studies of societal and policy themes and normative analysis of economic democracy, owning and participating. These suggestions are reminders that ownership, participation and control are ultimately questions of political theory and organisational practice.
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Although positivist economic evaluation is not the focus of my thesis, studies suggest employee-owned entities do as well (if not better) than conventional enterprises (Arando et al 2017).

For political theorists Leopold and Stears (2008) normative analysis is needed to complement empirical studies and help decide between rival social theories despite epistemological relativism. They remind us that we should not exaggerate the differences between empirical and normative research as many priorities are shared.

Mainstream management scholars and conservative journalism often insist hierarchy and the dominance of instrumental thinking are essential. Writing in the Daily Mail, Alex Brummer (2014:14) (referring to problems at The Co-op Bank) comically stated in his column 'The Co-op scandal proves once again that the Left can't be trusted to run a whelk stall'.

I have taken a big-tent view of critical scholarship of work and organisations to include LPT and those who come from a Foucauldian tradition. See Alder, Forbes and Willmott (2007) and Thompson and Smith (2009).

The former JLP chairman was elected Conservative Major of West Midlands Combined Authority 2016.


For example, Ownership Funds (giving workers shares in their companies) was announced by the shadow Chancellor John McDonnell in 2018 but criticism emerged when it was unclear whether shares would be held by the state, individuals or an independent worker-elected Trust.


Intellectual property theory and practice are important and potentially cast doubt on the extent of change to ownership within this ‘new’ economy. However following Davies (2009:54) I assume knowledge still resides in people’s heads and therefore cannot be owned as property. Even intellectual property rights do
not (and cannot) enter all aspects of a clinician’s tacit knowledge and therefore external owners cannot own the most important assets even if they have legal ownership.

\* The online Collins and OED dictionaries were consulted during January 2019.

\*i This description has parallels with 1) Dachler and Wilpert’s (1978:2) analysis of the four perspectives on participation (namely; democratic, socialistic, human growth/development; and productive efficiency); and 2) Veldman and Willmott’s (2013:605) three corporate imaginaries of legal, economic and political.

\*ii The Bundle Theory of Property argues private individual control over what is owned has never been unfettered. The features for property (exclusion/inclusion, use, power, immunity and remedy) describe a spectrum and within particular cultural settings certain characteristics are used in the bundle (Hansmann and Kraakman 2000). Kelly and Hanna (2019:3) referred to law students being taught ownership as a ‘bundle of twigs’ not a unitary concept.

\*iii Hood (2019) is not a liberal or conservative advocate of private property, individual possessiveness or the behaviours that lead to valuing, consuming and hoarding ‘things’. On the contrary his work is useful for critical scholars because he outlined the paradox of our psychology desire to possess objects with the undesirability of constant consumerist acquisition. In particular he explored the political power of feeling that you have lost ownership over your property, body, identity, work and lives. Hood is also correct to describe ownership as a concept, process and experience and not simply observable physical property. However I suggest we need to explore further collective aspects of owning and differences between personal possession of ‘things’ and productive resources. As I argue in the Sections 2.2.2.5-to-2.2.2.6 (and empirically in Chapters 5, 6 and 7) some ‘things’ and ‘experiences’ are better owned than others and only become meaningful when shared. Rather than think about different manifestations of ownership (and how they are different to property possession), Hood criticised individual ownership by making a normative argument against ‘possessiveness’ and the hedonist of impacts of hyper consumption.

\*iv I accept that liberalism is capacious and White’s (2017:2) liberal-republican theories of ownership morph into politico-democratic versions.
According to mainstream theory, within conventional investor-owned businesses shareholders (as principals) employ tools to control managers (their agents). However, with the advent of ever larger pension funds, insurance companies (and other intermediaries) owners play little or no part in the process of owning for Veldman and Willmott (2013). There is no moral responsibility for productive activity and no personal or professional development in individuals. Tonello (2013) referred to the ‘separation of ownership from ownership’.

I do not analyse the term stewardship or custodianship. Although they are popular terms to describe how something can be held in trust for another generation (with an emphasis on long-term development and service beyond self-interest) its application within the NHS is problematic. The term is essentially a legally derived notion focused on looking after an object, place or process for the true owner. It denotes subordination to the instructions of those who hold possession and neglects notions of power and control. More recently healthcare commentators largely debate the term with reference to governance, ethics and the conduct of professionals (Brinkerhoff et al 2018). Stewardship theories reinforce the self-perceptions of public sector professionals as self-sacrificing individuals focusing on patient interests and duty to others. Interestingly Tudor-Hart (2010:142) did not discuss notions of stewardship or custodianship in relation to how staff may feel psychological ownership over the NHS system on behalf of the public or when debating clinical responsibility. Neither was stewardship mentioned by NHS participants in the fieldwork (Section 5.6).

I do not have space to discuss Fittipaldi’s (2019) work in detail however his approach to describing ownership in non-Western cultures provides an interesting antidote to conventional Western jurisprudence and political philosophy. For example, he sees terrorirality in non-human animals and outlined a Freudian interpretation on owning focused of ‘owning’ your bodily parts (Fittipaldi 2019:14-17). Interestingly, psychological accounts of ownership also lead to discussions of the term proprioception. Sometimes called the sixth kinaesthetic sense, a sense of locomotion, movement and the relative position of one's own parts of the body and strength of effort being employed in movement (Walsh, Moseley, Taylor and Gandevia 2011:3009). Proprioception has played an important element in restoring embodiment; helping amputees to view their prosthetic as a true extension of their body rather than just a fancy tool. A sense of body
ownership tells us that our body belongs to us, and other bodies do not. This sense can be transferred to our sense of owning the organisation because our body belongs to us is fundamental to self-awareness and confidence. In addition, proprioception also includes a sense of the required effort, where the act and the willing of the act seem to be simultaneous and inseparable. From this standpoint, ownership is not a possession, but a process involving agency.

Ireland (1999:32) and Adams and Deakin (2017:229) have shown that the corporation is a legal person (or subject) in law and therefore cannot be owned by anyone. It is in effect a commons in which stakeholders argue about property-like claims. Building upon this perspective, critical scholars Veldman and Willmott (2013:610-615) argued ownership by shareholders is therefore a legal fiction and we should not conflate ownership of shares with ownership of corporate assets. For Veldman and Willmott under liberal/economic versions of the corporation, ownership of shares has become a performative myth. In other words, ownership is not even a legal phenomenon let alone anything else. On balance, I suggest Veldman and Willmott (2013:613-615) go too far in claiming that this ‘fiction’ demonstrates the rectification of ownership. As I have shown ownership has always been contested. Ireland (1999:16) maintained managers cannot ignore or marginalise shareholders: Owners have tangible (however limited) influence over management and organisations. Further, Veldman and Willmott’s ‘fiction’ rests on ownership being essentially about property, and therefore their discussions are set within a legal discourse based on property-like claims. I agree that we should not inadvertently contribute to the perpetuation of the myth. However I differ in that ownership is wider than defined by legal perspectives and employee participation and forms of social control can in practice supersede abstract debates about corporation law, legal entities and ‘fictions’. Owning corporate assets is not the same as owning what is important in organisations and much in healthcare are not physical assets but tacit and embedded networks of social and productive relationships. Alternative ownership forms therefore require an understanding of corporation law but must work beyond it.

Fleetwood (2005:197) also suggested critical realism was a response to the linguistic turn, remarking on the end of an era focused on language/discourse, identity construction, performativity and local heterogeneity (Coole and Frost 2010, Bennett and Joyce 2013).
I restrict myself to using the term paradox because over use can be both irritating and demonstrate a lack of clarity. See Audebrand (2017).

Thompson (2009:9) referred to the ‘fetishisation’ of being critical.

Therefore avoiding the accusation of living in the ‘Grand Hotel Abyss’ famously coined by Lukacs of colleagues within the Frankfurt School and their tendency to indulge in theorising about what was wrong but not engage in direct political change and ordinary people’s struggles.

Although pure forms of autonomy are empirically illusionary, it is accepted that the work of clinicians is much more likely to be researched, costed, audited, measured and supervised by management; and their practice is more prone to being reviewed and dictated by national professional groups.

This thesis does not seek to provide an evaluation of the policy of PSMs, CICs or the use of social enterprises more generally within healthcare. The conceptualisation of employee-owned entities as hybrid organisations is also not the focus except in regard to their position as an exemplar of alternative organising (see Shields (2018) for a discussion of hybridity and CICs). However, I do acknowledge it is important to summarise these debates and place my subsequent empirical analysis within the context of the literature surrounding market socialism and social enterprises. For clarity in this complex field, I used Tudor-Hart and Ridley-Duff as examples of opposing positions and as mechanisms for discussing the key contested themes.

McLaren et al (2013) described the process of teaching clinicians to ‘own’ patient care.

Having said this, for Tudor-Hart there is an empirical case as well. Defending state ownership is not naïve and gullible, based on unrealistic expectations of what motivates staff but founded upon on the practical benefits that collectivism through national system-wide efficiency.

Regressive modernisation was term most famously used by cultural theorist Stuart Hall (1988:164).

Post-structuralist, Learmonth (2005:181) criticised the positivist and conservative nature of health service research, assuming traditional social democratic views about the positive role of professionalism and the state; and mainstream managerial assumptions about the need for hierarchy and leaders. Pryor et
al (2005:17) also highlighted the bio-medical assumptions of clinicians with its positivist ontological and epistemological empiricism.

It had been argued that during the late 1960s, the public had become increasingly dissatisfied with public service delivery and the inflexibility that came from a focus upon impartiality and uniformity. For example, there were claims that the NHS was designed around the needs of staff not patients. During the 1970s the idea of ‘in and against the state’ and more democratic forms of collective ownership were developed by Wainwright (2018).

For example, his work is supportive of Haugh and Paredo (2011) in their description of the four meta-narratives for CICs namely, political, ideological, adaption and economic. This work stressed CICs could take a conventional form but also more radical versions. This work mirrored Choi and Majumdar (2014) who argued social enterprises are essentially contested concepts with competing definitions with no unifying conceptual framework. How social scientists consider contested concepts and the implications for alternative organisations is discussed in sub-section 5.2.3.

In doing so he produces a counter to the Hayekian argument regarding the epistemological superiority of markets and private ownership over other forms of organising. See Cumbers (2012) Chapter 3 for a discussion about alternative organisations as discovery processes for creating tacit knowledge in opposition to both private interests and state planning.

This approach challenges Tudor-Hart (2010:119) reliance on the GP model as the example of the problems associated with professionals legally owning provision. They are neither collective nor democratic, are not employee-owned and make no claims to achieve social aims or socialise work. Furthermore, Circle Healthcare (the often sited example of employee-owned healthcare provision) was not deemed to be sufficiently staff owned and controlled for membership of the Employee Ownership Association.

I do not use the framework of Institutional Theory (IT) to analyse employee-ownership. In one reading, the theory suggests all organisations have to be efficient and meet performance targets and therefore they all go through a process of isomorphism towards managerialism which has parallels with the degenerative
thesis and its dismissal of unorthodoxy (Salaman and Storey 2016:16,58). For example, King and Griffin (2017:911) stressed how IT ignored any deontological justifications for owning and participating. Nevertheless I do discuss how different organisational values and logics clash; a common subject for analysis in IT. The focus in IT on both process and structures is also beneficial. Understanding conflicts is a shared topic for both critical studies and IT because they illuminate the contested, recurring and political nature of disputes about most forms of organising. See Thornton, Ocasio and Lounsbury (2012) Chapter 8 for an adapted use of IT to organisational studies.

xxxiv Vieta (2020:1-33) identified around 400 companies taken-over and converted to cooperatives by almost 16,000 workers. Unlike Kasmir (1996) he argued these employee-owned entities were part of a long tradition of working-class activism and the broader history of workers’ responses to capitalism.

xxxv I corresponded with the Editor of The Journal of Industrial Democracy in April 2019 and subsequently contacted five recommended scholars who work within the field.

xxxvi The JLP’s Principles: ‘Happiness of all its members, through their worthwhile and satisfying employment in a successful business. Because the Partnership is owned in trust by its members, they share the responsibilities of ownership as well as its rewards – profit, knowledge and power’. (Paranque and Willmott 2014:607).

xxxvii See also Barandiaran and Lezaun (2017:283) for a discussion.

xxxviii For example, the level of financial commitment and risk in Eroski is higher as members can face ‘extornos’ or loss sharing, together with wage reductions and increasing working hours.

xxxix For Basterretxea and Storey (2018:300-310) outcomes for employee-ownership were variable and complex; namely higher productivity, discretionary effort and lower employee turnover were coupled with higher absenteeism and mixed effects on employee attitudes. They also explored the ‘three-pronged’ hypothesis of successful employee-ownership; formal share ownership, increased staff participation in decision-making and supportive human resource policies. In conclusion they added a ‘fourth prong’; the capacity of management to support employee-owned participation and significantly change its underlining assumptions about work. Both of which involved reductions in their autonomy/discretion.
Heras-Saizarbitoria (2014:653,660), noted how older Mondragon socio-cooperativistas would be more challenging of management than newer recruits with the former emphasising the solidarity and sacrifices involved in being an owner. Interestingly, he argued the original Mondragon principles do not claim to involve socio cooperativistas in operational work but democratic government of the wider organisation.

Mumby et al (2017:1165) concluded that current research had led to a fractured collection of findings and the absence of an agreed conceptual toolkit, confirming Courpasson and Vallas (2016:2).

Thompson (2016:111) argued conclusions that workplace resistance had ended were empirically unsubstantiated while oppositional acts against management were not inevitably ineffective and futile.

A perspective supported by Mauksch’s (2012) biographical accounts of German social entrepreneurs who showed an absence of managerialism while staff annexed management initiatives and rejected the identities that implied they were private entities just because they were not state owned.

More compliance (rather than complete compliance) is required by managerialism. The completely compliant employee is not desirable because it would mean the end of creativity required for performance/surplus.

Spicer (2018) uses the example of pseudo flat (‘no-boss’) structures of a game development company to show a ‘tyranny of structureless’ and a vicious, personal and informal neo-feudal power of senior members acting without any governance, scrutiny and safeguards.

See Ackroyd and Fleetwood (Editors) (2005) for its application within organisational studies and Scrambler (2001) within healthcare.

It is clear that disputes within critical studies continue to break-out concerning the ontology of organisations and questions of what is real about them (Thompson 2011, Knights 2016). I do attempt another broadside in the methodological battle, rather I see critical realism equalising our research foci to explain the interactions between different realities.

I wish to highlight the recent and relevant contribution of Shields (2018) to the study of healthcare CIC and their alternative credentials. Using a critical realist ontological perspective and qualitative case study methods, Shields (2018) explored in her PhD thesis the particular form of CICs in the delivery of healthcare.
services. She focused on three themes; 1) innovation and change, 2) governance and 3) accountability, stressing the institutional and political frames in which organising takes place. She provided important insights into their hybrid nature, the limiting context of external funding, the tensions and contradictions between values and the real (but partial) alternative credentials of CICs. Employee participation and influence was present but the extent to which these organisations were able to engage their staff and exercise their organisational autonomy remained limited. For her macro level factors such as contracts and national policy are as important as the legal forms and governance structures. My thesis builds upon this work to consider three unexplored areas: namely the intellectual history of ownership, staff control and resisting managerialism.

xla The arms-length body entrusted with managing the NHS and delivering on central government priorities, NHS England produced various documents to instruct and encourage organisations to meet the duties in the Act. See ‘https://www.legislation.gov.uk/ukpga/2012/7/contents/enacted’ for a list of relevant legislation and links to supporting policy documents and guidance (Accessed 20 Feb 2020).

1 See both Nicholls (2010) and Shields (2018) for a fuller discussion of the role of CICs as a specific form of public service delivery. Importantly, my focus is on the ownership aspect of these organisations and not the meaning and characteristics of them as social enterprises or hybrids.

li Further analysis of the policy implementation of PSM is contained in Hall, Miller and Millar (2012).

lii Reflecting Morgan’s seminal (1986) Images of Organization.

liii Accessed 8 June 2019. https://www.theguardian.com/business/2014/apr/03/waitrose-homegrown-carrot-advert-highlights-staff-structure. The strapline was ‘When you own something, you care a little more. Everyone who works at Waitrose owns Waitrose, so they care a little more’

liv I cannot see justification for Edwards and Lewis’ (2008:1) assertion that the NHS has been characterised by ‘empiricism, pragmatic non-ideological day-to-day incremental problem solving’.

lvi This was not a reduction in leave but a change how it organised. Staff agency spend could be reduced by staggering the use of annual leave throughout the year by changing entitlement to individual birthdays.
This was based on Red City and Blue County director pay for 2012-13-14 compared to national averages of NHS Trust based on three comparators: Trust income, number of staff employed and type of services provided. National figures and the methodology used are contained in the Royal College of ‘Nursing: All in it together: The executive pay bill in England’s NHS 2014’.

Hollander and Einwohner (2004:527) focused on recognition and intent as defining characteristics because they are most common, while Williams’ (2009) approach uses three overlapping dimensions; extent of openness (such as overt or covert); scale (micro or macro level) and intent (recognised by the resister, target of resistance and bystanders). Prasad and Prasad (1998) categorisation ends with a seven fold typology broadly reflecting William’s three dimensional models. Mumby (2017) concluded with four ‘I’s: individual ‘infrapolities’, collective infrapolitics, individual insubordination and public insurrection. Hodson (1995) develops a model based on four agendas: deflecting abuse, regulating the amount and intensity of work, defending autonomy and expanding worker control. In conclusion he argued they emerged to differing degrees under the given form of management control of labour. Belangar and Thruderox (2010) stressed the importance of a continuum of worker oppositional acts with dissent and misbehaviour different from resistance. Drawing on LPT they focused on how resistance can be understood as a precursor to the mobilisation of collective action. Whereas Paulson (2015) emphasised non-work at work (or idle labour) and sees resistance as different to three types of incorporation; namely profitable (i.e. producing surpluses for the firm), mental (i.e. letting off steam) and simulative incorporation (i.e. simulate more efficient work later).


Notably Foucauldian analysis does not see the outcomes of introducing health technologies as either unidirectional or deterministic (Petrakaki et al 2012:430). I do not intend to venture into the debate surrounding theories of causation. It is sufficient to say a pragmatic approach is taken where constant conjunction is not required to understand causes (Mumford and Anjum 2011).

Condition (C5) is different from the liability of professionalism (L1), as the former is about how the two notions interact locally to form (or not) a hybrid in response to managerialism.