



Between surveillance and subjectification: Professionals and the governance of quality and patient safety in English hospitals



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ABSTRACT

Two understandings of the dynamics of power developed by Foucault have been extensively used in analyses of contemporary healthcare: disciplinary power and governmentality. They are sometimes considered alternative or even contradictory conceptual frameworks. Here, we seek to deploy them as complementary ways of making sense of the complexities of healthcare organisation today. We focus on efforts to improve quality and safety in three UK hospitals. We find a prominent role for disciplinary power, including a panoptic gaze that is to some extent internalised by professionals. We suggest, however, that the role of disciplinary power relies for its impact on complementary strategies that are more akin to governmentality. These strategies foster organisational contexts that are receptive to disciplinary work. More fundamentally, we find that both disciplinary power and governmentality work on subjectivities in rather a different manner from that suggested by conventional accounts. We offer an alternative, less individualised and more socialised, understanding of the way in which power acts upon subjectivity and behaviour in professional contexts.

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Introduction

Contemporary healthcare systems in the industrialised world are characterised by a curious mix of governance regimes. On the one hand, recent technological and managerial developments have created renewed possibilities for so-called managerialism—in the form of surveillance of professional practice and micro-level control—that were previously unimaginable. New information-technology (IT) systems and other techniques of surveillance seek to open clinical practice to the gaze of managers in a way that has been characterised by some authors (e.g. Timmons, 2003; Waring, 2007) in terms of Michel Foucault's (1979) notion of disciplinary power, and its work to make visible and regulate individuals' conduct.

Concurrently, however, these very managerialist logics are frequently characterised as having been at least partially displaced by a host of alternative approaches to guiding the behaviour of practitioners, professions and organisations. Developments such as network governance (Rhodes, 2007), the reinvigoration of professionalism as a mode of social control (Martin, Armstrong, Aveling,

Herbert, & Dixon-Woods, 2012) and 'post-bureaucratic' forms of influence such as 'leadership' and 'engagement' (Martin & Learmonth, 2012) highlight a renewed recognition of the limitations of top-down hierarchy, and the rise of alternative forms. This analysis of the exercise of influence in healthcare organisations resembles a form of power that appeared slightly later in Foucault's (e.g. 1991) work: 'governmentality'. Building on sketches in Foucault's last interviews, lectures and books, scholars of neoliberal governmentality describe a world where power is exercised through distributed technologies and discourses that act on individuals' own freedom: their decisions, their creativity, their relationships with others. Governmentality has been used widely to analyse how power acts upon subjectivities in various contexts, including healthcare (e.g. Ferlie, McGivern, & Fitzgerald, 2012; Sheaff et al., 2004).

Discipline and governmentality are not totally distinct regimes of power: some authors argue that the latter is a continuation of the former (e.g. Elden, 2002). Nevertheless, other authors highlight tensions between the two, noting that they act on their subjects in potentially conflicting ways. Yet to date few studies have attempted to deploy these two conceptual frameworks of Foucault in tandem, or explore their contradictions and complementarities. Further, the frameworks have often been used as macro-level heuristics for understanding overarching power regimes; largely lacking from

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studies in healthcare has been a critical engagement with Foucault as a means of understanding the micro-level operation of technologies of power.

This paper seeks to address these two deficits by drawing on discipline and governmentality to understand the operation of the governance of healthcare quality and safety—a field which typifies the ‘mixed economy’ of technologies of power of contemporary organisation. We draw on interviews with senior and middle managers in UK hospitals about the strategies they use to address quality and safety and the impact of these on clinical-professional behaviour. We note overlaps, tensions and synergies between regimes of power, but suggest above all that they are interdependent—and that they rely on fostering forms of agency anticipated in Foucault’s writings, but under-acknowledged and under-analysed by most Foucaultian scholars since. We begin by examining in more detail Foucault’s theories of power, the overlaps and tensions between them, and how they have been deployed in analyses of the contemporary governance of healthcare professionals’ behaviour.

Foucault, regimes of power, and healthcare governance

Much of Michel Foucault’s work recounts a history of how human subjectivities are constituted through shifting regimes of power and changing agencies, discourses and relationships. From the 1970s, Foucault became increasingly concerned with what he termed ‘disciplinary power’: the process whereby individuals are divided and ordered by external forces (e.g. Foucault, 1979), and whereby such forces are internalised by those individuals. Slightly later, Foucault put forward the notion of ‘governmentality’. This sees subjects as constituted less by the internalisation of an external disciplining gaze, and more through coming to recognise and animate their own selves, and their identities, purposes and desires—but under the influence of powerful discourses that guide them in these decisions (e.g. Foucault, 1982). We consider each concept in turn.

Disciplinary power

Foucault (e.g. 1979, 1988) traced the rise of ‘disciplinary power’, found initially in the enclosed institutions (schools, prisons, hospitals) of the seventeenth-to-eighteenth centuries. This was power quite different from the power of a sovereign ruler over juridical subjects to prohibit, incarcerate or condemn. Rather, it was a positive power that treated people as “working, trading, living beings” (Foucault, 1988, p. 156), acting upon them to maximise their potential and productivity. It achieved this through numerous techniques aimed at making individuals’ characteristics visible and thus amenable to intervention: a “microscope of conduct” (Foucault, 1979, p. 173). New scientific knowledge and techniques of management made it possible to act upon “ordinary individuality,” so that each individual might be “described, judged, measured, compared with others, [...] trained, corrected, classified, normalized” (Foucault, 1979, p. 191).

Most famously, Foucault invoked Jeremy Bentham’s plans for the ‘Panopticon’. This was a versatile disciplinary institution that, through its architectural design, permitted detailed observation of the individuals within, without the observer being seen, so that the observed come to regulate their own behaviour. The ingenuity of the design facilitated the analytical possibilities described above, but moreover resulted in the *internalisation* of disciplinary power:

“He who is subject to a field of visibility, and who knows it, assumes responsibility for the constraints of power; he makes them play spontaneously upon himself; he inscribes in himself the power

relation in which he simultaneously plays both roles. [...] It is a perpetual victory that avoids any physical confrontation and which is always decided in advance.”

Foucault, 1979, pp. 202–203

It was not, though, the Panopticon itself so much as the wider rise of ‘panopticism’ that interested Foucault. He was concerned with how, from the eighteenth century, disciplinary practices spread beyond institutions to give rise to a ‘disciplinary society’ that constitutes “an indefinitely generalizable mechanism of ‘panopticism’, [...]making it possible to bring the effects of power to the most minute and distant elements” (Foucault, 1979, p. 216). The result is a society composed of “docile bodies” (Foucault, 1979, pp. 135–169): subjects who are properly ordered and normalised, such that they themselves reproduce the logic of their discipline.

Governmentality

In the late 1970s and early 1980s, Foucault began to trace the contours of a regime of power whose roots lay in the nineteenth century. Propounded largely in lectures, Foucault’s notion of governmentality was rather less fully specified than his account of disciplinary power. However, it has since been developed by several scholars to provide an analysis of a regime that has, according to some accounts, displaced the ‘disciplinary society’ in today’s advanced-liberal democracies.

Disciplinary power, and in particular the notion of panopticism, begins to hint at the role of the subject of power in its successful operation. The idea of governmentality goes several steps further. It highlights the importance of a wide range of authorities, and of subjects’ own agency, in the workings of power. Nineteenth-century liberal critiques highlighted the limitations of state power (Foucault, 1989); the more effective alternative that emerged in its place was governing through the economy and through society (Foucault, 1981, 1991). The art of governmentality, then, is governing through the *freedom* of subjects. It involves a power that “incites, it induces, it seduces, it makes easier or more difficult,” but it relies above all on influencing “acting subjects” who possess volition, desire and agency (Foucault, 1982, p. 220). Where disciplinary power achieves *control over subjects* (through an external gaze or an internalised awareness of that gaze), governmentality acts upon *individuals’ very subjectivities*, so that it is their own will that guides their actions.

Governmentality provides a lens through which to understand power in complex contemporary societies, highlighting in particular how the state can withdraw from hierarchical imposition by imbuing economic values into all fields of life to make them self-governing (Rose, 1993). On this view, individuals are ‘subjectified’ into workers, consumers and citizens who can be entrusted to make the ‘right’ decisions for themselves. Government ‘at a distance’, it is argued, through “the entrepreneurial and competitive behaviour of economic-rational individuals” (Foucault, quoted in Lemke, 2001, p. 200), offers a more efficient and productive power than sovereign control or the exercise of discipline.

Discipline, governmentality and ‘mixed-mode’ governance

Governmentality has been much used in analyses of contemporary healthcare organisation, especially in understanding how the increasingly ‘arm’s-length’ relationship between neoliberal states and their healthcare systems of recent decades interacts with already-complicated relationships between professionals, managers and policymakers. This gives rise to novel, but functional,

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