UNPICKING THE MANAGERIAL STITCHES: STRENGTHENING CRITICAL ACTION IN THE PUBLIC SECTOR WORKPLACE

MARION MACALPINE

SHEILA MARSH

Thames Valley University, London, United Kingdom

ABSTRACT

This article draws on research and education with public sector managers in the UK health and social care sector to expose the intensity and rapid spread of private profit within public services. It conceptualises this spread as key to "high managerialism," which, rather than improving public services, enables the incursion of capital into the public realm with corrosive impacts. These include the perverse results of performance targets, distorted priorities, and dehumanised practices, which impact crucially both on public sector workers and on the public. We chart the shift from control through direct performance management techniques to the use of more nuanced, discursive resources for control. These include market structures and assumptions and "morphing" of public services into new forms akin to corporate models. Key contours, from the international arena to the individual manager, are interpenetrated by market discourse; this can "stitch" managers into a "common sense" notion of how to act within the structures of high managerialism: a business mindset held in place through fear and silence. The article describes how through our role in management education we draw on managers' possibilities and motivations to challenge this "common sense," using three interlinked strategies to work with them and help "unpick the stitches." These strategies challenge the normalisation of market assumptions; name and connect what is usually implicit and disconnected; and take a campaigning approach to action. Our work focuses on supporting the agency of individual managers who lead

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key public services to take a critical perspective, build on public sector values, and act for progressive change in their workplaces as well as for public service improvement.

INTRODUCTION

This article addresses the incursion of capital into the public sector, in the context of the increasing and intense global polarisation between rich and poor and its tragic impacts. As the "public sector" morphs into a range of "independent" forms, the critical public sector manager faces the corrosive impact of global corporate power. (The term "independent" is used by the UK government to include both private and voluntary sector providers, eliding the differences.) We argue that management education must acquire a critical global dimension to make visible the role that corporate profit plays in providing services for vulnerable people. We aim to apply to the public sector "the long-delayed extension of critical management perspectives to the international arena" (Murphy, 2006: 142).

We begin by exploring "high managerialism." Rather than improving services through efficiency and discipline, high managerialism inhabits a terrain in which all the key contours, from the international arena to the individual manager, are *interpenetrated* by market discourse, to destructive effect. In the UK health and social care public sector, high managerialism is embodied in the recent split between commissioning and service provision, so that the idea of *purchasing* health and social care like a product becomes "common sense" even when this care is publicly funded. High managerialism is internalised and individuals are "stitched" (or appropriately for health workers, "sutured") into subject positions, though this process is always open to a response of resistance (Hall, Held, & McGrew, 1992: 276). We then turn to local experiences of this managerial terrain, drawing on our research and on the experiences of managers we have worked with, to illustrate both the internalisation of market assumptions and the fear and silence that hold the system in place. Finally we discuss three strategies we have used with managers to make a start on "unpicking the stitches," and to suggest why they should do so. Our aim is to enable managers and their staff to develop a critical analysis that helps them break the silence and begin to discuss strategies for resistance.

THE TERRAIN OF "HIGH MANAGERIALISM"

Here we want to explain and map the terrain of what we term "high managerialism," which builds on the concepts of "managerialism" and "New Public Management." Managerialism has been summed up as "an approach to management which increases both direct and indirect methods of control in order to enhance productivity, increase profit and/or reduce costs. Managerialism gives

managers the right to manage. It incorporates . . . both *control of the body* and *control of the mind*" (Macalpine & Marsh, 1999: 1).

Managerialism arose from a theoretical base in public choice theory (Hall, 2003; McLean, 1987; Niskanen, 1971): this argues that the terrain for the state needs to be reduced in order to combat the supposedly inevitable tendency for public sector "bureaucrats" continually to expand their budgets. Market forces are proposed as the key mechanism to reverse this bureaucratic expansion and so reduce taxation. Managerialism is the mode through which this oversimplified economic theory has been translated into management practice at the organisational level. The concept of "New Public Management" (Fairclough, 2006: 33; Hall, 2003; Newman, 2001; Turner & Hulme, 1997) is also used to refer to managerial practices in the public sector and distinguish them from traditional public administration (as criticised by the public choice theorists). Initially stemming from the context of aid and "development," New Public Management was, for example, energetically put into practice in Uganda in the 1990s. The aim was to "rationalise" what had become an overblown bureaucracy, but one that nonetheless assisted with survival in hostile economic terrain for many Ugandan civil servants.

In the UK, managerial practices in the public sector aped the private sector and promoted the market rather than state provision; Clarke and Newman's analysis makes clear the global context for this ideological shift:

> [N]eo-liberal ideology constituted the British state as unwieldy, over-burdened and inefficient and thus an impediment to Britain's economic survival in the face of global competition. (Clarke & Newman, 1997: 46)

However, their critique does not explicitly problematise the expansion of capital in its search for profit. Our concept of high managerialism makes these connections. High managerialism is characterised by the *interpenetration* by capital of key contours stretching from international global trends to the state, the organisation, and the individual manager. We conceptualise these as concentric layers with the individual at the centre.

The mutually shaping nature of these layers is powerful in creating complex processes that have resulted in a hegemonic impact on local managers and their identities. Murphy (2006) has similarly connected the global managerial order with organisational managerialism: "the nascent global managerial order is built upon the intertwined material and discursive hegemony of a globalised power elite" (Murphy, 2006: 142). His overriding concern, however, is with this emerging elite across public and private sectors and civil society, rather than with our focus on the construction of local managerial identities. High managerialism has an intense discursive grip across these contours, and this produces a sense of inevitability concerning the current organisation of public services. However, as a hegemonic process, it also creates resistance, which we discuss below.

So high managerialism is highly evolved, both in its reach and its intensity. Our concept draws on Giddens' concept of "high" modernity, where he describes "the regularised control of social relations across indefinite time-space distances" (Giddens, 1991: 16). It extends New Public Management to include an explicit recognition of capital's need to expand and to shape the public sector to fit its requirements for profit, both for shareholders and for top management. It does this through direct tools such as performance management, and increasingly through indirect processes that mimic the private sector. These include the commissioner/provider split, and a raft of other modes that facilitate privatisation. These indirect processes enable the decentralisation and shrinking of the state, allowing more space for capital to penetrate, while still allowing the state to attempt to regulate at a distance. These local practices cannot be understood adequately without placing them within the terrain of the global economy and linking them to the neoliberal discourse that Fairclough (2006) terms "globalism."

The corrosive effects of high managerialism continue and intensify (McMaster, 2002b). These effects encompass the notoriously perverse results of performance targets, distorted priorities, and dehumanised practices, which impact crucially on the public, resulting in care rationing, "cost sharing," and increasing demands on care in the "community," which largely means increasing the unpaid labour of women. Not only are health inequalities widening but also public money is fueling extreme growth in profits and top salaries for senior corporate personnel (Sklair, 2002). Adam Curtis, in an acclaimed series of BBC television programmes in the UK, tracked this calculative managerialism within its historical and ideological context. Reflecting on the present as if from a future point, he comments that people in our time believed in selfishness, and had

> a simplified idea of human beings—that at heart they were just self seeking individuals whose needs could be best met through the marketplace not politics. . . . What had actually happened was the return of inequalities and social injustices not seen for 100 years. (Curtis, 2007)

In addition, high managerialism supports the continued criticism and undermining of public sector (management) capabilities, offering only one solution, that of privatisation. For individual managers and staff members who are committed to public service values, high managerialism daily challenges their values, identity, and working practice. The dilemmas go to the heart of their agency at work, their working lives, and their right to pursue the public good. We will now explore how high managerialism operates simultaneously throughout the layers from the global to the individual layer.

The Global Contour

In the international context, high managerialism has produced the discursive resources for global corporations to push for international public policies that will

benefit them, that is, to increase the terrain for market forces. Corporations have influenced international economic institutions such as the International Monetary Fund (IMF), the World Bank, and the World Trade Organization (WTO) to enforce a reduction in the role of the state through an insistence on notorious "structural adjustment policies" as loan conditions. These include "liberalisation" in trade and employment practices; deregulation; a reduction in welfare spending and removal of local food subsidies; the introduction of "cost sharing" (i.e., charging fees) for health services and education; and the privatisation of state industries, such as rail, telephone, and coffee and tea production (see Lister, 2005: 54). This corporate influence has led to the "re-formulation of state/capital relations" (Whitfield, 2001: 8), resulting in a hugely increased role for the private sector in providing public services (see the typology of privatisation in Whitfield, 2001: 76-77; Whitfield, 2006). McMaster (2002b) notes the assumed neutrality of mainstream economic policy advice yet "the general tendency in capitalist economies for benefits to be privatized while costs are socialized" (McMaster, 2002a: 324). As Keaney (2002: 351) concludes, "the globalization of health care privatization is a key constituent of a continuing process of global economic restructuring that is both profoundly anti-democratic and imperialist." As Shiva (2005) points out, privatisation is the latest in a long series of "enclosures of the commons."

Corporations have taken up a discourse that supports their penetration of the public sector, through notions such as "the consumer," "choice," "efficiency," and "partnership," and created a hegemonic acceptance through their constant iteration of these ideas, also used by international policymakers (Murphy, 2006). They drive this "liberalisation" discourse through corporate lobbying and through "revolving doors," whereby their senior executives circulate from their corporate jobs to influential state posts and back (Center for Responsive Politics, 2008). This degree of influence is exacerbated by the growth of unaccountable private equity, driven by an acute need for short-term profitability. This form of extreme capitalism actively lobbies international policymakers; for example the European Private Equity and Venture Capital Association was invited to speak at a conference organised by Europe's Socialist Group of the European Parliament in March 2007 (EVCA, 2007).

The National Contour

At the national level, high managerialism has over time produced a range of policies designed to increase the access of private firms to the public sector. The extent to which these policies have been taken up and promoted has varied across economies according to the complexities of specific political contexts. In health and social care, as an example of public services, corporations have pushed globally to expand their activities, with considerable success (Lister, 2005).

Lister's global review shows how market reforms have been applied across a wide range of countries in the "north" and the "south." In his view, "the British healthcare system has perhaps been the most repeatedly and thoroughly subjected to both market-driven and market-style reforms over the last 25 years" (Lister, 2005: 149). We focus here on the UK, although much of what we say applies to many other countries across Europe, Asia, and Africa, as Lister's work shows.

In considering market developments in the UK since 2000, it is important to recognise that for the past sixty years, health and social care services have been provided and funded by the state, and the National Health Service (NHS) in particular has been a national institution that governments of all shades have supported. However, a chronological review of the growing corporate presence in health and social care shows how corporate access to public health and social care has moved from contracting for more peripheral or support services to contracting for core professional services. Such a review charts the gradual disinvestment in the public sector and the growth in outsourcing to private organisations.

In the 1980s, the change in public/private relations was first formulated as compulsory competitive tendering in health and local government; in the 1990s, it was formulated as the private finance initiative (PFI), through which private consortia are contracted to design, build, and in some cases manage new "public" facilities. Contracts typically last for 30 years, reducing flexibility in modes of delivery; so, for example, large hospitals are built at the same time as policy is shifting to local community-based health delivery. However, this shift was deliberate in opening up new areas to corporate incursion: the department in charge of local government specifically stated that it wished to "encourage the competitiveness of the supply base" (Whitfield, 2001: 8).

Parallel to these changes in strategy, key structural shifts were made in the 1990s. These enabled a private sector mode of working, such as developing a market for particular services, establishing new bodies with boards of directors, introducing apparently autonomous financing of health organisations, and bringing in legally binding contracts for provision of services. The means of achieving this increasingly relied on the ubiquitous contract, alongside (self-)monitoring and regulatory bodies. In the first decade of the twenty-first century, further inroads have been made into social care by large corporate bodies providing long-term care. In addition, private sector companies have invested in new independent "treatment centres" with government contracts guaranteed for five years (Pollock, 2004: 69). What we now see is the blurring of boundaries between public and private: for example, easy-access, "walk-in" centres for primary health care set within retail stores can be provided either by the NHS or by private firms. The government is strongly enforcing further initiatives promoting the so-called "choice" agenda. This means patients can now hold their own publicly provided funds and spend them according to their own "choice." In deciding which hospital to attend, patients must now be offered a private hospital option alongside the NHS.

Key to this expanding colonisation of the public by the private is the process of *mimetic isomorphism*, in which public organisations mimic corporate structures. This has been encouraged by the Organisation for Economic Co-operation and Development (OECD): "a new paradigm for public management has emerged, aimed at fostering a performance-oriented culture in a less centralised public sector" (OECD, 1995: 8). Whitfield (2001: 62) comments as follows:

> The internationalisation of public management provides a common operating system for transnationals. . . . Service and finance capital want to improve and consolidate government management systems in order to safeguard their infrastructure investments.

Thus the global influences the national, which in turn directs what is required at an organisational level. The shifts we have charted attest to the power of an isomorphic approach that uses structures and discourses to shape the remaining public sector bodies so that they look like their private sector equivalents. One of the most potent is the marketised split of commissioner from provider of services.

The Organisational Contour

High managerialism has continued to create structural change in public organisations at a destabilising rate, with the continued development of arms-length agencies and other (quasi-)corporate bodies such as NHS Foundation Trusts, and the recent encouragement of "social enterprises" as health- and social care-providing bodies, which constitute a new aspect of isomorphism (Davies, 2007). Our tracking of the growth of managerialism shows a range of processes on a continuum between wholly public and wholly private. These change over time and coexist with some continuing direct public provision of services. Public providers are subject to a high degree of direct control through performance management, whereas arms-length providers are subject to more indirect disciplinary technologies that control organisations as well as individuals. Methodologies for managerial "modernisation" have shifted from a focus on internal plans and targets, league tables, and star ratings to self-rating alongside external scrutiny, fewer (but just as stringently applied) national targets, and crucially, a huge increase in contracting, with a resulting artificial chasm/split between those commissioning services and those providing them.

The division between those who plan and fund services and those who deliver hands-on care has become hegemonic: it is rarely questioned. In a recent UK gathering of health professionals, people from England and Wales found it very hard to comprehend that in Scotland no such divide exists, and that health boards plan, fund, and deliver services. Such entrenched thinking clearly impacts strongly on individual managers and exemplifies the discursive impact of high managerialism. The split between commissioner and provider has now been more fully developed through the "choice" agenda, to allow for, indeed

push for, an increased private sector role. Taking this even further, the NHS has set up nationally a core list of companies that are to be considered for carrying out commissioning functions, that is, the core strategic function of identifying health needs, planning, prioritising, and allocating resources, in order to then contract with service providers for delivery. In Hillingdon, London, a senior health executive commented: "I want to get rid of everything, outsource it" (Vaughan, 2007:7).

The points discussed here represent extreme and persisting examples of morphing of public to private, penetrating both people and structures. This applies to the community and voluntary sector as well. Treleaven and Sykes (2005: 353) show how in a not-for-profit organisation, "the linguistic and discursive practices of financial management are marginalizing and displacing practitioners' organizational knowledge" and indeed producing clients as "outcomes" (Treleaven & Sykes, 2005: 360).

The Individual Contour

In the past (Marsh & Macalpine, 2002), we focused on the impact of performance management and the perverse effects of inspection under a managerial regime, as this was the strongest theme then emerging from our work with managers. This emphasised the importance of fear and of rehearsal of inspection performance to ensure that managers achieved the required targets. We explored with managers Foucauldian notions of power and disciplinary processes, and encouraged them to locate themselves within the concentric circles. They became aware of the interconnecting nature of these contours of high managerialism, which were now visible to them. In doing this, we interrupted the hidden hegemony of the global economic discourse within management education. We discuss this further below. Currently, as we have seen, the shift from direct performance management of the individual to more discursive disciplinary controls is acute.

In all these processes, managerialism is internalised and individuals are, as Stuart Hall says, "stitched" (or appropriately for health workers, "sutured") into subject positions (Hall et al., 1992: 276). Hall develops his analysis in relation to managerialism, pointing out the critical role of behaviour and practices in subjectification.

> [It] aims to reproduce all of us in the new position of practising "entrepreneurial subjects," by fostering certain "capacities" while down-grading others, shifting individual behaviour (whatever our consciences tell us) indirectly by altering the environment in which people work, and operationalising *new values* by "modernising" *old practices*. . . . Slowly but surely, everybody—even if kicking and screaming to the end—becomes his/her own kind of "manager." The market and market criteria become entrenched as the *modus operandi* of "governance" and institutional life. (Hall, 2003: 327)

Hall draws upon Foucault, whose critique focuses on the detailed processes by which individuals in the heart of an organisation take on their identities, in this case as managers. Judith Butler (1997: 2) examines the paradoxical process by which power oppresses from the outside, as well as actually forming subjectivity:

> We are used to thinking of power as what presses on the subject from the outside, as what subordinates, sets underneath, and relegates to a lower order. . . . But if following Foucault, we understand power as *forming* the subject as well as providing the very condition of its existence and the trajectory of its desire, then power is not simply what we oppose but also in a strong sense, what we depend on for our existence and what we harbor and preserve in the being that we are.

We may here be approaching some of the deeper forces that stitch managers into managerialism. The unrelenting nature of this process, especially for senior and middle public sector managers, requires the subject to take on the managerial identity. Subjects therefore become immersed in the "dominant logic" (Battram, 1998: 92) and it is hard to see beyond it.

However, in our ongoing research into partnership, we set out to explore how far people were recruited to managerial/neoliberal policy discourses or how far they contested them. How far is this process nuanced? The next section will illustrate from practice how high managerialism affects individuals and what space they have to act within disciplinary discourses.

LOCAL EXPERIENCES IN THE TERRAIN OF HIGH MANAGERIALISM

We draw here both on experiences that managers report to us as facilitators within a leadership education programme, the MA in Leading, Managing and Partnership Working at Thames Valley University, and on our extensive research into cross-agency working "on the ground" within UK health and social care (Macalpine & Marsh, 2008; Macalpine & Marsh, forthcoming). While the perverse effects of performance management and other tools of managerialism have not ceased (Macalpine & Marsh, 2002), we are struck now by the increasingly intense effects of disciplinary technologies working through discursive means to produce both hegemonic internalisation and fear. Table 1 contains comments from health and social care managers on how they experience their work in this managerialist setting.

We see here the deep penetration of the high managerialist discourse. Manager A, who is progressive and reflexive, nevertheless refers to older people as "pieces of work" and "new business." Manager B, similarly, in discussing people with mental illness assumes a competitive position and the need to "stand your ground." The separation of the two bodies on whom the mentally ill client depends—commissioner and provider—is stark. Manager C, while

Table 1. Comments from Managers in Health and Social Care:
Market Discourses

- Manager A, social care commissioner: "We have to keep a tight focus on new business; we can get up to 60 pieces of work a day. The perception is it is working—the numbers are looking good. But an old person doubly incontinent whose home had been flooded was assessed as having no health needs and we [i.e., Social Services] had to take them on."

- Manager B, mental health provider talking about relationship with commissioning body at a time of major funding cuts: "We've done all the work, we've found a million, we're still positive, but their stance hasn't changed. Our finance director says he's going to stand up to them, but when it gets to the big room he doesn't stand his ground."

- Manager C, social care commissioner: "[the department] are raising criteria for access for services to include only people with substantial needs; it's not thought through yet. There is a level of risk and a lot of challenge from the voluntary sector. Managers have to sign they agree their budgets now."

despairing at the impact of ill-thought-through cuts in provision, nevertheless expressed this in market terms: "risk," "challenge," and signing for the budget. In relation to the market model and the commissioner-provider split, we found evidence of a damaging barrier between those commissioning services and both users and frontline staff. Another manager, a district nurse commissioning end-of-life care from a privately owned home for older people, did not feel she had a right to talk to users. She had internalised the contractual boundary to the extent that she did not pursue her professional imperative, that of connecting to the patient.

These comments illustrate stress and insecurity: Zygmunt Bauman suggests that "manufactured uncertainty is the paramount instrument of domination" (Lawson, 2006: 90). Richard Sennett, too, believes that only the elite flourish in times of instability (Leighton, 2006). Further, our "swampy ground" research (Macalpine & Marsh, 2008) included a study of the different perspectives of those involved in the outsourcing of services for people with learning difficulties. All parties, including managers, commissioners, users and carers, were opposed to outsourcing; in particular, users feared a lack of continuity. What was striking was the silence from everyone about their opposition. The decision had been taken by elected councillors and no one, including the highly critical senior manager, wanted to "let the cat out of the bag" by voicing any opposition. All the managers felt silenced through a fear of the consequences of even talking to each other about their views, let alone voicing their concerns more publicly. A similar silence ensued in a senior social services management team concerning the negative impact of performance-related pay on staff. This silence was pervasive despite the presence of several senior managers, who had participated in a research inquiry

Table 2. Comments from Managers in Health and Social Care:
Fear and Stress

- Manager D, healthcare provider: "They [commissioners] are using a weed-killer approach to change, not pruning. The stress we absorb because we are in the end professionals and want to make it work."

- Business [*sic*] manager E, mental health provider: "I have so much to do, some days I sit in front of the computer screen paralysed. I could scream."

- Manager F, mental health provider: "It is a volatile and aggressive environment. Being a Foundation Trust has made it worse."

into the pay system and were convinced it was perverse and inequitable (Macalpine & Marsh, forthcoming).

We see, then, the discursive grip of high managerialism, as well as the fact that silence is produced by fear: together these enable the contours of high managerialism to remain intact and unquestioned, held in equilibrium. Thus the corrosive results identified earlier and illustrated here—the perversities of performance targets, the distortion of priorities, dehumanised practices—are not challenged. The broader results of widening health inequalities and the pursuit of profits and high salaries persist.

How can we then disrupt this equilibrium? How can public sector managers become aware of the discourses that shape them; once aware, how can they move from silence and fear to find a distinctive voice with which to resist high managerialism and express the public service values that led them into their work? We found there was a great complexity of responses among managers and their partners, and indeed within a single individual. Where a policy reflected their own values, unsurprisingly they pursued this energetically, using the policy to legitimize their actions. Where partners disagreed with policy directives, there was a range of responses: from acceptance to determination to find a small space for action in line with personal values. Some policy discourses were so powerful that they silenced people at all levels and coerced their behaviour if not their beliefs. Others were not able to overturn professional interests. Where there were contradictory policy discourses and policy tensions, managers either had to be content to "make do" or they had to tackle the tensions directly through discussion (Macalpine & Marsh, 2008).

As Fairclough (2006: 36) comments, "the dominance of a discourse . . . is always contingent and precarious and constantly has to be maintained or re-established." There is an opportunity, then, for managers in the workplace to unpick the managerial stitches and find small spaces in which to act. We now turn to explore the reasons why public sector managers should act to resist high managerialism and how this can be encouraged.

UNPICKING THE STITCHES?

Here we first explore the reasons why managers might challenge the strength of the managerial discourse, and then we go on to propose our strategies as educators for encouraging this.

In spite of the prevalence and strength of the individualised and market-based discourse and the decline of trade unionism, managers have major concerns about the intensification of work entailed by high managerialism for themselves but more in relation to what they are required to expect from their staff. They are demotivated by the demand constantly to do more with less and reach perverse and meaningless targets. The split between purchaser and provider cuts off feedback loops and makes their work harder. They are also clear that morphing from public to private means worse conditions for them and their staff. In the face of increasing demands from the population, with its changing demography and increasing inequalities, they recognise the need for more public services, not less.

Rather than seeing the bland assumption of a public service ethos, we see managers who are clear about the core values developed from their professional or political backgrounds. Social workers recognise social distress and have been formed in a culture of antidiscriminatory practice. Health professionals want to cure or care rather than meet budgetary targets. These managers lead staff who provide care and support to vulnerable groups (such as asylum seekers) and value the provision of hands-on care in a way that is the direct opposite of the market: care workers, mostly women, are among the worst paid in society. This demanding and expert work is discounted.

We work with diverse groups of public and not-for-profit managers whose reasons for choosing and staying in their jobs are connected with their identities beyond their profession. Where they are black or lesbian/gay, for example, they bring with them experience of oppression and often of having to challenge prevailing orthodoxies. They already understand the discursive issues involved.

For many, then, the heavy discursive pressures stitching them into their managerial roles cannot shut out what they see every day. They are torn between the pressures and what they aspire to do. This creates enormous individualised stress.

We now present three strategies developed through our educational work with public sector managers to "unpick the stitches": we aim for them to develop an awareness of the discursive forces and for them to feel a collective sense of more confident agency within their workplace.

The fear-induced silence that we noted exists in the context of a managerial "din" (Harlow, Hearn, & Parkin, 1995) about "what matters is what works," "choice," the ubiquitous "partnership" and "preferred providers." Both dins and silences stitch managers into a hegemonic common sense of market structures and assumptions. The deeper forces of power forming professional identities (Butler, 1997) also compound the difficulty of unpicking the stitches. Our three strategies are presented below.

Challenging the Normalisation of High Managerialism

The constant references to market models at all levels produce normalisation: it is "common sense" that public services are bought like products and that the purchaser and provider are therefore separate. So this split becomes the unquestioned way of organising and talking about public services for managers. This is reinforced by the targets system and a consequent narrow frame of reference within a professional group and/or workplace.

We have enabled a reflexive awareness of individual managers' identity through locating them at the centre of the concentric layers from global to individual. This has helped them visualise how the intersecting layers of managerialism interact to produce their own acceptance of the market model. We critically examine the notion of the market and public choice theory within high managerialism. Callon (1998: 19) maintains that markets, rather than being rational and decontextualised, are always "entangled" in a "web of relations." We ask managers to explore the multiple impacts of high managerialism in each layer, how it is enacted, and its impacts on them. This is new information for them; they come from professional cultures that assume the neutrality of (managerial) practice.

After such a discussion, a manager commented on new awareness of "circles, flow of management, where it all comes from, history, language." Another asserted, "[It's] how to retain values and security in degenerate environments. . . . I am not a number!" A social services manager focused his dissertation research on the performance-related pay system in his organisation; this enabled his colleagues to bring to the surface their negative experiences and review the way they approached the process; it reinforced his action in supporting appeals against pay decisions that have been made.

Introducing a Strategy of Naming and Connecting Up

Within high managerialism, connected issues are falsely separated and the material impact of policy and actions is discursively concealed. Performance management typically considers inputs, process, outputs, and review without considering outcomes such as profit to shareholders or expanded opportunities for private business. Outcomes for the public sector are framed in terms of results for the public, but not in terms of money flows to shareholders or top managers. "Naming" profit, privatisation, and their impact explicitly as a negative social result for the public sector is a powerful intervention that we have incorporated into our teaching and materials. We have also explored how to bring to the surface the white dominance of the managerial agenda through explicitly naming whiteness (Macalpine & Marsh, 2005).

We have also demonstrated the impact over time of high managerialism (as we have recounted in this article) by constructing a chronology with managers. From their different professional and work experiences, the managers each had a

part of the picture but had not put it all together. In producing their own chronology, they were astonished to see how pervasive privatisation had become over the last three decades. Following this discussion, two managers together left a budget meeting, refusing to participate in implementing cuts.

We linked this chronology with broader impacts such as the widening gap between rich and poor and the resulting health inequalities. We have also explored how qualified health workers are recruited into the UK at huge cost to developing countries, which are themselves subject to high managerial pressures from structural adjustment policies requiring them to reduce their public sector.

Taking a Campaigning Approach

We have been curious about how embedded views in other fields have undergone radical shifts and how changes are achieved. Examples are the ban on public smoking; awareness of fair trade, debt, corporate power, and climate change; and how grassroots global movements have developed on these issues. What can we learn about unpicking managerial stitches from these campaigns? We are struck by their use of discursive power and new alliances. The campaigns have enabled space for new, stark voices from the south and have produced simple disruptive statements, such as "Drop the Debt," "Make Poverty History," and "End Poverty—Make Promises Happen," aimed at corporations and governments. They have built extensive global alliances in the "war of position" (Gramsci, 1971, cited in Levy & Newell, 2002), linking diverse interests into single-issue social movements through the Internet.

What could managers learn from these campaigns? Can managers harness the clear voices of users and local movements to challenge global managerialism? As a step toward this, we have brought into the education setting people from marginalised groups who use health and social care services, such as a young man with learning disabilities, a stroke survivor, and a group using mental health services. We have also invited as speakers a low-paid care worker, a senior figure from London's Black Police Association, and a lesbian worker from a local forum representing lesbian, gay, bisexual and transgender communities. Another black speaker offered an analysis of the reverberations today from the trans-Atlantic slave trade that affect work relationships across ethnicities.

All of these have had a significant impact. We aim to explore in future how such alliances can produce further impacts on the workplace and on creating further discursive space there.

These three strategies—challenging the normalisation of high managerialism, naming and connecting, and taking a campaigning approach—are clearly interlinked. In practice we are aware that any explicit references to profit or capitalism are labeled "political" and viewed as transgressive, which reinforces the silencing process. Like the subject of "race," the subject of capitalism "is considered a rude and transgressive one . . . a matter whose observation is sometimes inevitable

but about which, once seen, little should be heard none the less" (Williams, 1997: 6). So using these strategies runs the risk of alienating some managers, while enhancing the awareness and agency of others.

CONCLUSIONS

We have charted the construction of high managerialism within the liberalised global economy. We have laid out the shifting contours of high managerialism as layers, from the global, through the state and the organisation, to the individual. We have explored how the interconnectedness of these layers produces a hege-monic set of forces that makes the expansion of capital into the public sector a matter of "common sense." This is the common sense into which individual managers are stitched and within which their identities are constructed: "An historical bloc . . . exercises hegemony through the coercive and bureaucratic authority of the state, dominance in the economic realm and the consensual legitimacy of civil society" (Levy & Newell, 2002: 86–87).

We have noted the assumption that public services can only be envisaged through the lens of a commissioner/provider, that is, market, discipline. Pre-viously, managerial focus was on performance management—a direct tool. This has been much criticised, and currently the commissioner/provider split can be seen as a more nuanced approach, drawing on disciplinary technologies that persuade people there is no alternative. Thus the construction of older people or people with disabilities as "heavy care packages" is not challenged. This is a hegemonic process, but there is no clear evidence that splitting commissioning from service provision brings better social results.

To unpick these stitches is to restore autonomy and agency to managers so that they can challenge the concept of the self-seeking individual, which is at the core of the market view of the world. We have explored what may motivate them to do this. We describe in our field of management education three linked strategies to encourage them to act:

- *challenging the normalisation* of the local/global market through locating the individual managers (and their identities) at the centre of contours of high managerialism;
- introducing a strategy of *naming* that links public sector management to global capital; and
- *taking a campaigning approach* through learning from others who have been successful in using their discursive power and new alliances.

These efforts break a silence about the conversion of public funds into private profit and the global drivers that create this imperative. They constitute a trans-gressive act that is labeled "political" within the alleged neutrality of the management academy. Similarly, within organisations, this neutrality has been reinforced by Weberian concepts of the workplace as a neutral field, a hierarchy

without bodies (Acker, 1990). "Neutral" post holders are assumed to have no political views of their own. It is acceptable for managers to talk about national politics and policies and their local equivalents. There is a "din" about these continuously changing policies and targets, but a conspicuous silence about capital and its global reach, which corrodes public managers' capacity to act. We confront this by revealing the link between a critique of globalism and critical management practice, which are not usually connected in management education.

In the context of public sector health and social care, our task is to legitimise the breaking of this silence. Our work involves action for progressive change and public service improvement, as well as a critical and global perspective. The danger is that critique becomes cynical commentary, while uninformed action can uncritically "swallow whole" the managerial discourse (Macalpine & Marsh, 1999). Critical education provides a space for collective analysis and solidarity beyond the immediate local context, providing the opportunity to embrace the national and global contours. The managers we work with appreciate the "wider global context, looking at values"; they are struck by the "circles, flow of management, where it all comes from." Thus, hard-pressed public sector managers can support each other in challenging high managerialism and its pressure on their working lives and those of their staff, as well as in pursuing their values for public benefit.

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