which depend significantly upon the transformation of traditional artifacts/constructs of nursing *care plans* into *clinical pathways*. It is claimed that the care plans/clinical pathways mediate different trajectories of nursing professional knowing, judging, doing and learning by either being *used by* nurses in the labour process in attempts to retain forms of craft knowledge or by *making use of* nurses in attempts to re-engineer the nursing care labour process.

Introduction

In industrialized countries around the world, financial pressures continue to impact health care labour processes and professional nursing care work and learning specifically. Confirming and deepening understandings of aspects of this, this paper reports on a study of changes facing Ontario (Canada) Registered Nurses (RN). In it we see there is growing empirical evidence that professional nursing learning, knowledge and judgement-making in occupational life are undergoing severe alterations as new technologies, more complex and sometimes more ambiguous divisions of labour, documentation protocols linked with work/patient flow management systems are increasingly taking hold.

Undertaken within the auspices of the Changing Workplaces in the New Economy (CWKE: 2016-2020) project housed at the University of Toronto, this study is informed by a survey of RNs, in depth semi-structured interviews, and selective occupational oral history interviews. As part of a broader CWKE project aiming to study nursing, engineers and overall changes in professional class structure, the discussion below can be regarded as specific piece of the overall puzzle of analysis of both nurses and the contemporary professional occupational class structure in Canada as such. Its distinctive contribution revolves around the level of analysis and the specific set of theoretical tools and perspectives it seeks to refine and test.

The overarching frame of the paper is Labour Process Theory (LPT)(cf. Thompson 1989). Incorporated into this framing are conceptualization of the forces of professional proletarianization as formulated by Derber (e.g. 1983) and a conceptualization of craft, skill and knowledge as formulated by Sennett (2008). As applied to the Ontario RN research data of the CWKE project, I argue that a specific type of *meta-orthodox*[1] professional proletarianization may be unfolding. As I explain, this so-named meta-orthodox perspective seeks to include and exceed established orthodox perspectives rooted in the work of Harry Braverman (1974) and

[1] *Meta-* as in transformed into a more highly specialized form.

others in the LPT tradition. What further constitutes the notion of meta-orthodoxy are the co-determinacy of what Derber describes as technical and ideological forces of proletarianization, and the agentive responses of rank-and-file s1 0 0 1 mthe co

labour process *re-engineering*. Evolving re-engineering interventions (referred to in a large variety of ways according to jurisdictional context, proprietary branding, and so on) are nevertheless primarily motivated by the pressures and preoccupations I mention above. Responding to these needs is a global health care software and change management industry which appears capable of operating despite these jurisdictional differences including whether health care is nationalized, partially nationalized or fully privatized

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As I hope to show, *like Derber*, I will claim that the professional class struggle over the object of work ('ideological proletarianization') remains important. Although still under-realized today in the case of Ontario nursing labour processes, Derber was likely also correct in highlighting the roles of both advanced information technology in the proletarianization process. Also as Derber pointed out, although I won't dwell on it here, below there is a sense that objective science can indeed be said to be a (double edged) resource available to both professional nursing (i.e., nursing science) and managers of health care re-engineering (e.g., process re-engineering science, change management science, data management science, and "Scientific Management").[2] And, as Derber would have predicted, professional regulation—what he and colleagues addressed in terms of monopolization, closure and the notion of 'logocracy' in later work (1990)—plays a major role in how proletarianization of Ontario nurses is likely unfolding today.

Unlike Derber however, in the case of the present study of nurses, "technical proletarianization" appears thoroughly co-determinate instead of either suitable only to the bygone era of industrial craft workers or as a ratification of the accomplishments of what he argued was the more definitive "

percent (80%) of respondents described their race or colour as white, and 95% of respondents indicated being born in Canada.

In terms of interviewing, the oral history interview participants all had over ten years' experience working as RNs somewhere in Ontario (Canada) (with several also having held related, leadership positions of some type at some point). Carried out by phone, recorded and transcribed, these interviews were focused on career histories as well as key changes and challenges affecting the profession of nursing. Oral history interviewees had between 15 and 45 years of work experience, 6 were women, 2 were men, and none self-identified as members of a visible minority. Finally, the research also included semi-structure interviewing based on recruitment of survey respondents indicating an interest in further involvement. Fifty-eight (58) RNs—primarily working as staff nurses—were interviewed by phone. Fifty-one (51) self-identified as female, and 55 self-identified as "white". The mean age of semi-structured interviewees was 42 years old.

Analysis of Findings and Discussion

Contextualization by Survey Findings

Space does not allow me to justice to the value of the CWKE Ontario Nursing Survey. But, it does allow its use for the purposes of establishing questions and contextualizing the qualitative analysis that forms of the remaining bulk of the paper. The most relevant points revolve around concerns nurses have regarding workload, and intensifying skill requirements under conditions of organizational change; conditions I link in this paper to the types of health care labour process re-engineering and technological infusion initiatives discussed above.

Specifically, in the survey, RNs report increases in workload over the past five years that are the face of the matter concerning. It is not unexpected when we attend to either professional research literatures reviewed above that allude to such challenges. Nevertheless, here we see more specifically that over 86% of respondents report their workload to have either "increased greatly" (55.7%) or "increased somewhat" (30.8%).[3] Workload increases, in turn, intensify professional life for nurses, force decision-making about what they do and how they do it, and, I

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

will argue,

additional issues or concerns[5]) is highly instructive. While only these data are reported here, in fact the interpretation I offer is directly informed by and echo not only the quantitative data but preliminary assessments of the semi-structured interview data as well. This interpretation likewise draws explicitly on the conceptual themes I took time to develop earlier: namely, Derber's formulation of the relationship between technical versus ideological proletarianization as well as perspectives on the nature of craft work/knowledge as signalled by my discussion of Sennett.

I begin with evidence as to the matter of whether or not, and if so how, it is the case that a new object of professional work (and professional knowing, judging, doing and learning) is unfolding in the lives of Ontario RNs today. Unsolicited by the type of general, concluding "additional concerns" survey question, the responses are at least somewhat provocative in the very first instance given the sheer number of times that new electronic charting requirements and re-engineered work flow were either directly implied or openly discussed. That is, of the 584 separate responses to this final question on the survey, over half of respondents did this. The substance of these responses is even more important. Charged sometimes with anger, sometimes with sarcasm or sadness, sometimes in brief but instructive quips, and sometimes in more lengthy passages—when viewed through the type of conceptual lens I have tried to introduce above—suggest that these data speak volumes regarding both old and new objects of professional work/knowledge.

> Nursing used to a patient oriented profession. Now the computer technology has taken away from bedside time. (RNOE_b71)

> The art of nursing seems to be falling by the wayside in the light of so much technology. (RNOE_30)

> I am a nurse, not a data entry clerk, a supply clerk, a cleaning lady, or a transportation worker. In the past two weeks, we had a new computer charting system, designed

[5] Survey question: "Are there additional issues facing your profession, or additional concerns you have about your profession, that you would like to tell us about?"

> primarily for an OR installed. Major modifications are ongoing, as they just realized that we look after patients who are AWAKE during many of our procedures. (RNOE_210)

> We have more regulations to follow, with less staff. There are more documentation requirements with most of it being on computers. The Ministry of Health is setting us up to fail. We are unable to keep up with the demands. (RNOE_123)

Apparently obvious to Ontario nurses, mentioned regularly in these data is also the closely linked issue of direct and sustained relational knowing, judging, doing and learning that characterized the tactile, embodied, inherently responsive/open-ended, problem-finding, hands-on work with patients as well, e.g.,

> The implementation of computers at the bedside has sadly decreased the actual hands on nursing care that the patients use to get. Most of the shift is computers. (RNOE_10)

> Nursing is becoming more computerized. By focusing on the computer it is removing us from the patient. (RNOE_b4)

> Too much technology that we are spending less time with the patient. (RNOE_28)

Even in their brevity and lack of contextualization, I feel a sampling of data such as this tells us a good deal. Nurses register a somewhat overwhelming, ongoing experience rooted in electronic charting technologies and protocols. However, there is also a tangible consciousness of aspects of the purposes and objects of work/knowledge being aggressively re-engineered within the nursing care labour processes which, even in the dire conclusions some nurses offer, goes some distance in complicating the basic Derber thesis on ideological proletarianization as anything but a going concern.

Tracing the matter of consciousness of the re-engineering of their work, and again troubling certain presumptions of the ideological proletarianization thesis of Derber, I turn toward the equally brief and equally telling explanations that Ontario RNs in this research that seem to

indicate what is at the heart of the changes. On this matter, there seemed to be considerable consistency across a vast number of responses including the following.

To this point I have offered glimpses at the summary perceptions of the difficulties—both technical and ideological—revolving around competing and contested objects of work/knowledge of professional nursing. These glimpses, I argue, help summarize the contradiction facing nursing and the professional proletarianization project of labour process re-engineering. Certainly on the face of it, electronic charting—and by extension work (bed/patient) flow software and/or the manual coordination by "flow coordinators" in hospitals—are threatening and sometimes succeeding in its commandeering of time and attention of nurses, steering them away from what nurses themselves understand to be at the heart of their professional knowledge forms and practice. The ever-present computer stations mentioned in the excerpts thus far (and the protocols and policies that attempt to supervise and coerce their use) cannot, however, be said to drive these changes on their own. Were they to do so, claims of purely

the perspective of re-engineering system, it is uniquely suited, firstly, due to the context of its birth (as a “care plan”) in American nursing education heading World War II and the prospect of nursing labour shortages (McCloskey 1975; Dellefield 2006). Following the war it would become adopted (not without debate at the time or since) within professional practice, become a fully-fledged, codified element of nursing care work, and continued to evolve toward what is called the clinical pathway we know today. However, born in this way, it was meant to allow the deploy

And for the purposes of nursing labour process re-engineering, the clinical pathway may be uniquely indispensable.

In this sense, it is relevant that we again return to and notice some of the evidence in this study of two, inter-mingled trajectories of knowing, judging, doing and learning in practice within the labour process: i) how the clinical pathway attempts to organize nurses' professional knowing, judging, doing and learning; and, ii) how nurses' professional knowing, judging, doing and learning attempts to organize the clinical pathway. As mutually constituting and mutually undermining forces, they are *both* essential to the thoroughly contradictory identity of something I claim we might call meta-orthodox proletarianization.

I have concerns about th(pr)3(oCID 2≥BDC BhETBT TJc3(y.(e)-(DC BhET[(ni)-2(n/ oug)11(h00l07 af)-

craft nursing which could maintain and evolve the centrality of *hands-on* nursing knowing, judging, doing and learning. Starkly contrasted with this is an entirely different trajectory of nursing knowing, judging, doing and learning. As has been mentioned, it is one in which protocols, procedures, policies as well as electronic charting systems seek to use the clinical pathway as a device of a re-engineered labour process; or, as one nurse commented referencing its distinct "hands-off" character:

> I see professionals visit needy patients, released too early from hospital, given *nursing care plans, but no nursing*. We cover our asses with 'bits of paper' and policy, but don't actually care enough to do the job of helping someone […] We have moved nursing into the academic, computerized sphere, thrown the baby out with the bath water and nursing care is failing us. I ask, where is the nursing care? (RNOE_b8; emphasis added)

Conclusions

From the perspective of the notion of a meta-orthodox proletarianization process and a nuanced conception of nursing craft knowledge, in this paper I have attempted to show how and why the contemporary story of health care, and nurses coping with it, is not a simple one. Nurses know this in their own intimate terms. Nursing professional associations and unions know this in distinct ways as well. Nursing research speaks certain features of this. However, the CWKE Ontario Nursing research work reported here presents several additional and distinctive points of initial analysis to be considered.

The above selections of literature as well as the data analysis itself both begin to suggest nurses are subject to the sustained and evolving forces of labour process re-engineering and professional proletarianization specifically. What is summarized, both analytically and almost directly in the words of Ontario nurses themselves, is a scenario in which the relationship of "hands-on" and "hands-off" work/learning—more and less openly, infused with more and less anger, frustration, demoralization (as well as complicity and enthusiasm in some instances no doubt)—revolves around objects of nursing practice/knowledge that are not just competing but

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