Nursing Practice and Organisational Change Within the NHS: A Critical Realist Methodological Approach to the Analysis of Discursive Data

Iain Crinson
St Georges, University of London UK

Abstract

This methodological paper draws upon the results of a piece of qualitative research which explored nurses' perceptions of the ways in which the organisational changes that occurred within the NHS over the past decade have mediated their working practices. This paper seeks to go beyond traditional forms of qualitative analysis in posing the question: Can the views and beliefs of social agents captured in social research inform a realist understanding of the social world? In addressing this question, the paper draws upon the insights of critical realist philosophy which takes as its central theoretical assumption, the interdependence of social structures and social interaction. This methodological approach conceptualises 'discourse' (here defined as the articulation by social agents of their understanding of their world of social practices) as being as 'real' as the structural interrelations to which it is materially linked through practice. Following Sayer (1997), analysing discourse in this way emphasizes its 'performative' aspect rather than its representational aspect alone. Nevertheless, the accounts given by nurses as social agents are fallible and so interpretive analysis must involve a process of 'theoretical transformation' or re-conceptualisation of these presentations of social practice. This paper sets out an analytical framework for the realist analysis of discourse which seeks to go beyond inductively or deductively-derived explanations of the social processes that shape nurses' working practices.

Background

The origins of this methodology paper lie in research conducted by the author, which was concerned with the impact of the organisational changes occurring within the NHS in the 1990's upon nursing practice. Nurses were then experiencing the consequences of new organisational priorities which were subjecting their practice to levels of managerial regulation and scrutiny not previously experienced by the profession. The working practices and attitudes of nurses were widely perceived by the Department of Health at the time to be old-fashioned and resistant to change, and therefore seen as representing an obstacle to the organisational goal of rationalisation and efficiency (DoH, 2002; Allen, 2001; Walsh and Gough 2000).

The study itself sought to focus upon nurses' own perceptions of the ways in which these organisational changes mediated their working practices. The implicit aim of the research was to interrogate the nature of the interactive relationship that exists between structure and agency in the shaping of practice. This required firstly establishing what were the common (and deviant) themes that characterised the frames of meaning or 'discourses' that these nurses drew upon in their day-to-day practices.
day practices. Secondly, seeking to postulate through a process of retroduction (discussed below) the necessary social structural processes that contributed to the shaping of these nursing practice discourses. A fundamental consideration guiding this process was the desire to go beyond the methodological cul-de-sac that is the choice between adopting either a structural determinist explanation of organisational change occurring as a top-down process, or else an approach that privileges methodological individualism but which takes little account of the organisational context in which these practices occur.

A qualitative approach was seen as being appropriate to meeting the first research objective that of establishing the discursive themes arising from everyday nursing practice. These were collated by means of a series of focus group discussions with a range of nurses working in different areas of the NHS (A&E Departments, General Wards in Hospitals, and Primary Care). Whilst the analysis of this discursive material necessarily involved a process of induction and interpretation, the intention was that this should not tie the study to a subjectivist understanding of social reality. But how to proceed methodologically?

There was certainly a determination to avoid the type of assumption in which ‘complex compound concrete phenomenon at the aggregate level’ (in this study, the ongoing organisational transformation of the NHS) is conceived as a function of simple and regularity-guided circumstances at the level of the individual (Danermark et al. 2002: 59). As Andrew Sayer points out:

> Many researchers have been seduced by the simple idea that if only individuals and their attitudes, etc, were understood, the macro patterns of society would become intelligible. But it is not always so straightforward. We would not try to explain the power of people to think by reference to the cells that constitute them, as if cells possessed this power too (Sayer 1992: 118).

If on the other hand it is assumed that the social world is always changing, then one is lead to the conclusion that only relations endure in social life. Such a relational conception of the subject matter of social science (Bhaskar 1989: 26) requires the rejection of any form of reductionist theorising, which in moving downward in order to reach some ‘ultimate constituent of social life’ ends up eliminating the relational aspects of that social world (Archer 1998: 195).

These concerns led to an exploration of critical realism as a methodological solution. Could a critical realist methodology point to the ways in which the subject of study (nurses) could say something about the concrete object of study (in this case, the degree to which an organisational structure is able to shape the practice of social agents) without falling into forms of reductionism? The key assumptions of a critical realism are discussed and developed below, and are illustrated by reference to the nursing practice research that has been described in outline above.

**An application of the key assumptions of critical realist methodology**

The assumption of this paper is that critical realism’s concern with ontology pertains to an intransitive conjecture about reality, and does not attempt to say anything specific about the social world. This is a conceptualisation of critical realism as being an ontological rather than a social epistemic thesis (Criuckshank 2003: 119). This follows a conception set out in Bhaskar’s own early work, which sees the role of philosophy as providing an ‘under-labourer’ (or clarifying) role for the sciences, producing second order knowledge (knowledge of the knowledge of society) and clarifying questions of methodology (Joseph 2002: 25). Realism thus acts as a guide for empirical research without negating the outcome of such inquiry by presuming a direct understanding of reality-in-itself.

One of the key assumptions of a critical realist methodology applied to an understanding of human societies, is that the activities of social agents relate not to one particular structure, but to a range of inter-related structures and practices (‘depth ontology’). This understanding of the actions of
individuals and social groups is informed by the notion of ‘stratification’ which denotes the existence of a multiplicity of ‘below the surface’ generative social mechanisms (rather than entities such as institutions). These mechanisms in their turn belong to different layers or strata of reality i.e. physical mechanisms in one stratum, chemical in another, biological in a third with psychological and social strata being at the top. Nevertheless, although each kind of generative mechanism may be explained in terms of the powers and mechanisms of the underlying strata, it cannot be reduced to or explained away in terms of it. This is because it belongs to a layer or strata of reality which; ‘represents something entirely new, unique and qualitatively different … with its own specific structures, forces, powers and mechanisms’ (Danermark et al 2002: 60). Hence, society is irreducible to nature, likewise individuals to their biology. These new non-reducible properties and mechanisms that are added at each specific strata of reality is conceptualised using the term ‘emergence’.

Tony Lawson argues that; ‘(T)he reality of emergence leads in turn to the possibility of a multiplicity of modes of determination. That is, any event, state of affairs, or action can be facilitated and/or constrained by different types of laws simultaneously’ (1997: 64). Thus in principle, ‘it is possible that the mechanism by which the higher order entity or aspect emerged can be reconstructed and explained in terms of principles operative at the lower level. But if powers located at the higher order level are genuinely emergent, their explanatory reduction is proscribed’ (Lawson 1997: 176). Here, the ‘higher order phenomenon’ within the system of stratification that Lawson is referring to is the ‘realm’ of social and psychological structures. Social structures and human agency are conceived of as different strata and emerge in a specific interaction of generative mechanisms internal to social objects that exist at the stratum immediately basic to it. In this sense, social objects have ‘emergent properties’ which cannot be reduced to those of their constituents (Sayer 1992: 119).

Nursing practice would be an example of a concrete social object, albeit a complex one, rather than a theoretical conception (examples of which would be the notions of ‘holistic nursing’ or ‘new nursing’). So when examining the effects of the new forms of regulatory controls imposed on the practice of nurses within the NHS, it cannot be assumed that any one of the mechanisms of the underlying stratum (organisational demands / imperatives, and professional socialisation processes are two possible mechanisms) will prove to be causally the most significant: ‘The question of which mechanisms are significant for the object under study can therefore only be decided from case to case, through empirical studies and in relation to the problem we address’ ( Danermark et al 2002: 62).

The nature of the relationship that exists between the ‘subjective’ properties and powers of human social agents (such as the ability to develop meanings and understandings and act upon them) and the ‘objective’ properties and powers of the social structures within which social actors interact has always been a central issue within sociology. Critical realists assert that social structures and human agency are different strata and irreducible to one another, and as noted above, they are seen to possess different sets of properties and powers. Nevertheless, social agency and social structures are conceived of as interdependent, this is expressed in the concept of ‘analytical dualism’ (Archer 1995).

This leads on to the issue of how to theorize the reciprocal influence and interdependence of structure and agency. As Roy Bhasker has asserted, in an oft-quoted statement:

Society is both the condition and outcome of human agency, and human agency both reproduces and transforms society…(however) the social world is always pre-structured … meaning) that agents are always acting in a world of structural constraints and possibilities that they did not produce. Social structure, then, is both the ever-present condition and the continually reproduced outcome of intentional human agency (Bhaskar 1978 cited in Archer et al 1998: xvi).

Structures are here defined as a set of internally related objects, this refers to their ‘inner composition which makes each object what it is and not something else’ (Danermark et al 2002: 47). Such structures serve to define social agents’ possibilities for interaction but not necessarily the social
interaction itself. Examples of such structures in the context of the nursing study would be the organisational goals of the NHS which privilege the efficient use of healthcare resources over issues of equity, political ideologies such as ‘rational actor’ theory as manifested in ‘value-for-money’ performance initiatives, and the gendered division of healthcare labour as reflected in the subordinate relationship traditionally experienced by nurses vis-à-vis the medical profession. In this sense, social structure and social interaction can be seen as being analytically distinct for the purpose of social theorising. Without establishing the analytical distinction between structure and agency it would be impossible to directly recognize the interplay that occurs in these phases in real life. Archer (1995) has further argued that because the interplay between structure and agency necessarily takes place over time. Therefore, any consideration of emergence as a process must introduce a temporal dimension into the analysis. Whilst any conception of society that neglects temporality is seen to result in a reductionism in which social structure and social actors become epiphenomena of one another.

The analytical model illustrated on the left-hand side of Figure 1 (next page), diagrammatically represents the two basic theorems of Archer’s conceptualisation of analytical dualism. That is, that structure necessarily pre-dates the actions which transform it, and that structural elaboration necessarily post-dates those actions that have transformed it (Archer 1995: 156). Starting at the beginning of the process (T¹), a social structure sets out the constraints (and enablements) in which the actions of social agents play out. In the next phase (T² – T³) the interaction of social agents within these structural conditions occurs. The outcomes of this interaction results in the social structure in question being reproduced or transformed at T⁴; what Archer terms ‘elaboration’. This newly elaborated structure then forms the conditions for the next interaction (T¹) and so on.

This process is described by Archer as cyclical, implying that the interaction is both a dynamic and unproblematic one. However, this fails to acknowledge the contradictions implicit in the interaction of social agents with social structures that serve the sectional interests of powerful groups in a society. On this point, it is asserted here that the addition of a historical materialist dialectic would transcend the limitations of critical realism in that it is able to embrace the contradictory totality or unity of opposites that arises from the interaction of human social agents with exploitative social and economic structures. However, to develop this particular ontological question in detail requires much greater space than is available here. Having drawn attention to one area of contention in the use of a critical realist methodology (others are briefly listed in the concluding comments), the text will resume its outline of its potential contribution as an ‘under-labourer’ in helping us address the issue of what the subjective understanding of social agents can contribute to analysis of objective (health care) structures.

Working within Archer’s analytical model, a cross section has been added to the right-hand side of Figure 1. This has been included in order to represent diagrammatically the interplay of structure and agency at a particular moment in time. Such a moment is captured in the research drawn upon to illustrate this paper, wherein the dynamic of nursing practice is assessed utilising nurses own discourses of practice at a time of organisational transition. This ‘moment’ could also be assessed by drawing upon observational studies or documentary analysis of these practices. The argument here, is that with this analytical model we have the possibility of conceptualising a concrete phenomena captured at the time of the research as an ‘explicable’, though not necessarily a predictable outcome (because of the principle of emergence described above) arising from the interactions between structure and agency taking place in an open system. This explication process then requires a process of abstraction and retroduction described in detail in the analytical framework section of this paper.
What then can be drawn from this outline of critical realist methodological principles applied to the research question under review? Critical realism would direct the research question towards a conceptualisation of nursing practice as a concrete social object emergent from the different underlying strata. That is, it cannot be conceived of as a social activity independent from the processes of transition occurring within the organisational structure of the health service. However, this does not imply that it is possible to predict through some reductionist process of analysis the outcome of nurses’ engagement with the organisational demands of an NHS undergoing a process of transformation. The principle of ‘emergence’ requires the analysis to focus on the process of interaction engaged in by nurses within the organisational structures from which the properties and powers of this occupational group arise. Nevertheless, the principles of ‘stratification’ do mean that it is possible to postulate from an analysis of a particular set of interactions within the real world (in this case, nurses discourses of how their practice has changed), an identifiable set of underlying generative structures that are necessary for this emergence to occur.

In setting out the basis of critical realist methodology, it can also be noted that there is some alignment with Bourdieu’s (1992) view that subjectivism and objectivism, as theoretical modes of knowledge, are both equally opposed to the practical mode of knowledge which is the basis of ordinary experience of the social world. For Bourdieu, objectivism would exclude, ‘both the individual and collective history of social agents … it ignores the dialectic of social structures and structured, structuring dispositions through which schemes of thought are formed and transformed’ (1992: 41). Subjectivist approaches, on the other hand, fail to acknowledge the impact of what Bourdieu terms ‘durable dispositions’ upon the actions of individuals (1992: 47). These ‘durable dispositions’ can be also conceived as underlying strata, and would in relation to nursing practice include those ideological and institutional underlying structures which continue to frame, but not to determine, the work of nurses as a collective occupational group.

**Realism and the methodological status of discourse**

The research design of the nursing practice study utilised focus group discussions with a wide range of experienced nurses (at least five years post registration) practicing in a variety of practice settings. This resulted in a set of transcripts which detailed the views, opinions and beliefs of these nurses discussing their understanding of the extent to which the organisational changes associated with the
reform of the NHS were changing the nature of their practice. But was the discursive outcome of these discussions ‘just talk’, or could it reflect something more substantive?

As an expression of shared meanings and beliefs, the assertion of this paper is that discourses are not mere superficial manifestations of more fundamental social structural relations. It should be stated immediately, that this is a conceptualisation of discourse that has absolutely nothing in common with the anti-materialism characteristic of post-Structuralism where a social object (such as nursing practice) has no being in and of itself, and only derives its meaning when it resides within a ‘discursive field’. In this paper, the shared discourses of social actors (the nurses) discussing their real world interactions are conceptualised as having a material existence. Discourses have a material existence to the extent that they act to reproduce (or challenge) pre-existing social practices within the organisational structure; they posses causality. A cause being whatever is responsible for producing change, whether empirical regularities exist within this relationship or not. A cause is not the same thing as a statistical association, for they relate to the mechanisms or causal powers present in a social object or relationship (Sayer 1992: 104). Andrew Sayer has also asserted that, ‘(I)f in some sense, knowledge is a form of power, it must also be capable of change. We need both to understand reasons or discourse in general, and to assess to what extent (if at all) they cause change’ (Sayer 1997: 474). This conceptualisation of ‘discourse in general’ would emphasize its ‘performative’ aspect as opposed to its representational or denotative aspect.

**Interpretative analysis and the issue of fallibilism**

Given that any description of social practices makes ‘irreducible reference to human beliefs and intention’ (Callinicos 1985), a process of interpretation must be essential in any analysis and explanation of human behaviour. However, the question arises as to whether this process of interpretation can take intentional activity at face value? Do the things that informants tell us about their social experiences constitute knowledge of these social processes?

Critical realist methodology places a particular emphasis on the potential for falsification. This reflects the distinction that is drawn between the ‘intransitive’ (the idea that the world exists independently of social actors’ understanding and ideas about it) and the ‘transitive’ (reducing the question of ‘what is’ to ‘what is known’) dimensions of science. To recognise that discrepancies exist between social actors’ perceptions of their world and its underlying structural mechanisms is to acknowledge the realist ontological view that appearance and essence are not identical. Nevertheless, as Bhaskar himself has argued; ‘(A)ctors’ accounts are both corrigible and limited by the existence of unacknowledged conditions, unintended consequences, tacit skills and unconscious motivations; but in opposition to the positivist view, actors’ accounts form the indispensable starting point of social enquiry’ (Bhaskar 1998: xvi).

Through the process of identifying these contradictions and fallibilities a realist methodology would seek to postulate the operation of deeper social structures in the social practices of social actors. This would reflect the position that social explanation must be both causal as well as interpretative, and is what Margaret Archer is referring to when she argues that ‘…we do not uncover real social structures by interviewing people in depth about them’ (Archer 1998: 199).

**A proposed critical realist analytical framework**

In figure 2 (next page), an analytical framework is set out which attempts to embrace the methodological philosophical principles of critical realism, and represents a very different approach to the process of qualitative data analysis. The framework includes several stages of the research process that would be unfamiliar to a traditional deductive or inductive approach. This is because the aim is to develop a causal explanation in terms of the interplay between the distinct levels of ‘structure’, ‘individuals’, and ‘interaction’ that lead to the emergence of the concrete object of study (figure 3 applies this framework to the case being drawn upon within this paper, that of nursing practice). A detailed explanation of the different stages now follows which draws on the contribution of a range of
critical realist writers, with the two most influential being that of Tony Lawson (1997) and of Danermark et al (2002).

Critical realist methodology as an explanatory approach to researching social phenomena begins with the concrete object (Stage 1). In this case, nursing practice within the NHS. This descriptive stage would begin by seeking to combine and contrast the understandings of the social agents themselves, which would be presented in the form of inductively-derived themes emergent from qualitative transcript data. This description would then be combined with the pre-existing theoretical-deductive conceptualisations of the particular social phenomena that is the object of study drawn from the literature.

Stage 2 of the analytical framework seeks to achieve what Danermark et al (2002) describe as ‘analytical resolution’, by which they mean making a decision about the key components or themes associated with the concrete object that will be pursued within the analysis. This is because it is not possible to study all aspects of a social phenomenon.

Stage 2 has been divided into parts (a) and (b) within the framework, in order to distinguish the major themes derived from a process of interpretation of the qualitative data, and those deductively-derived explanations that seemed best able to locate the themes that were emergent from the qualitative material. However, the problem with relying upon an inductive mode of inference alone is that at the level of the concrete research object, the effects of underlying social structures and mechanisms depend on a range of particular circumstances that means that social reality is often unstable and uncertain. This makes it very difficult to draw empirically generalised conclusions from individual observations. Yet although, ‘... this is the limitation of inductive inference compared with deduction, at the same time it is its strength. A science that is only engaged in strictly logical derivations, or that only says something about known observations, would be a very narrow science indeed’ (Danermark et al 2002: 87).

Equally, the problem with solely relying upon a theoretical-deductive analysis (of the inductively-derived themes) is that it tends to produce generalised conceptualisations of what are complex social phenomena. It therefore lacks specificity, which means that the analytical centrality of social context can be lost. Deductively-derived explanations of a social phenomenon often fail satisfactorily to account for the tensions and contradictions that frequently characterise the discourses of social agents found in the concrete situation in which they interact with structures. So that what emerges from the deductive-theoretical literature in the case of this particular study is a generic nurse, one whose practice is often universalised. This is precisely because the deductive approach utilised alone is unable to identify those necessary conditions under which real social practices emerge.
Figure 2: A critical realist analytical framework: Synthesising a concrete conceptualisation of the research object through a process of abstraction and application

1. Concrete Research Object
   - Discourses of social actors -

2. Transcriptions
   The focus group discussions

3. Indexing
   Non-exclusive coding of discursive material

5. Applied explanation or recontextualisation
   ...of the concrete conceptualisation of the research object

   a. Interpretation
      Process of inductive abstraction. Deriving emergent themes.

   b. Theorisation
      Deductively-derived explanations of the identified themes emerging from the transcripts. These are then assessed according to their explanatory power.

4. Retroduction of Generative Mechanisms
   A concrete conceptualisation which postulates an explanation of the emergent contrastive demi-regularities. Through the identification of the necessary rather than contingent causal relationships or mechanisms, which are the condition for the generation of the concrete phenomena.

Thus inductive inference or reasoning can effectively draw attention to the shared understandings or perceptions of social agents through a process of interpretation, whilst deductive reasoning can draw attention to the ways in which generalised social structural features may be reproduced in the discourse of such social agents. However, if the research methodology is to acknowledge the stratified nature of reality, then this requires the analytical process to move beyond the inductive and deductive to the causal-explanatory mode of theorisation. This is necessary in order to be able to postulate the social structural processes underlying the emergence of these social agents’ discourses of practice. ‘Retroduction’ is the term given to this mode of inference which seeks to identify the structure or mechanism underlying the concrete object; ‘which if it were to exist and act in the postulated way would account for the phenomenon in question’ (Bhaskar 1989).

Retroduction is stage 4 of the analytical framework, but before we can reach this point further work is required. This process corresponds to stage 3 of the analytical framework. Here, inductively-derived themes and deductively-derived theories that relate to the concrete object are brought together, and using an essentially interpretative process are ‘redescribed’ or re-contextualised (this mode of
inference which appears in the work of Marx as well as more formal philosophy is sometimes described as ‘abduction’). This enables contrasts and continuities to be drawn out. As Lawson (1997) has pointed out, because it is not possible to develop forms of experimentation in an open social world, a realist analytical understanding of these social processes requires the recording of the existence of differences or contrasts between social phenomena in particular periods and social contexts. Hence, underlying generative social mechanisms may come to attention through their effects at the empirical level of the contrasts that exist between two similar situations, or between two similar social groups in the same situation. Something stands out, which enables ‘rough and ready generalities’ to be made about a particular social situation. Lawson terms these generalities ‘demi-regularities’, whilst Bhaskar describes them as “a class of potentially epistemically significant non-random patterns or results” (Archer et al 1998: 14).

Such ‘contrastive demi-regularities’ provide evidence for the occasional, but not universal, actualization of a generative mechanism. They enable us retroductively to infer, at a different level from the phenomena to be explained, the effects of postulated generative mechanisms (stage 4). Lawson cites Bhaskar (1989) in arguing that it is moments of social transformation (for example, that which has occurred within the organisation and structure of the NHS over the past decade) that prove to be revealing of these underlying mechanisms.

The final stage (5) has been termed ‘concretisation’, and is the most fundamental stage of the whole analytical process. Concretisation is concerned with applying or re-contextualising the retroduced generative structures in order to explain causally the concrete phenomenon itself. This is where the ‘abstracting-down’ phase of the analytical process is balanced by a reconstructing or ‘recontextualisation’ of these conceptualised generative structures so that the essential as against the inessential aspects (or the necessary as against the contingent relations) of that ‘chaotic whole’ can be distinguished (Sayer 1992: 87). Essentially this is the second phase of the ‘double movement’ that is an essential requirement of any dialectical approach to analysis.

In figure 3 below, the devised critical realist analytical framework is applied in a schematic diagram. It draws upon the outcomes of the nursing practice study referred to throughout this paper, in order to illustrate the key critical realist methodological principles discussed above. In essence it represents a combination of Archer’s morphogenetic cycle (structure, interaction and structural elaboration) illustrated in figure 1, with the analytical framework set out in figure 2. It should be noted that the diagram therefore includes not only an analytical pathway, but an additional pathway (represented in the bold dashed line) demonstrating that once the analytical process is formally completed at the stage of ‘concretisation’, the morphogenetic cycle continues as the interaction of social agents results in further ‘structural elaborations’ and so on.
Figure 3: A critical realist analytical framework with examples drawn from a study of nursing practice, and including the three phases of the morphogenetic cycle.

**Nurses discourses of practice in a NHS in transition**

Some examples of inductively-derived themes

- Workload of nurses has increased, but more opportunities for extended nursing role
- ‘The system’ has taken away responsibility from patients
- Internal market in health care has given doctors more direct control over community-based nurses
- Difficult to make national targets relevant to everyday work of nurses
- Hospitals have become businesses whose objective is the standardisation of patients problems and needs.

**Contrastive demi-regularities in nursing work**

The following *Interactions* were found to exist

(a) Between formal nursing theory as expounded by the academic hierarchy of nursing and the discourse of nursing found in the everyday practice of nurses within the NHS: ‘The so-called ‘theory-practice gap’.

(b) Between the differing perspectives of groups of nurses (generalist, specialist, community-based) regarding the key constituents of their practice.

(c) Between the traditional relationship of subordination within the medical division of labour that pertained between nurses and the medical profession and that which now exists within a reorganised system of health care

**Postulated underlying generative mechanism**

*Structures* shaping nursing practice

- The material requirements of the late modern NHS - setting structural limits to the role of the nurse within the health care division of labour
- Formal and informal culture or ideology of nursing
- The late modern politics of health care consumerism
Conclusions

Following this outline of the methodological principles of critical realism and the attempt to apply them within an analytical schema, it is important to draw attention to some of the criticisms that have been directed at some of the assumptions of critical realist philosophy.

There is a view that realism with its concern to identify the underlying causal structures of human interaction ends up reducing all social phenomena to some essential core or process. So for example, Fay (1990) argues that the realist assertion that there are causal structures at work beneath surface phenomena, ‘suggests an essentialism to the effect that this underlying causal structure is unitary and invariant’ (1990: 39). This is a critique that argues that a primary concern with ontology inevitably leads to the development of an overarching theory about the social world which simply ‘reads-off’ all the facts about human nature or social structures. In defence, Cruickshank (2003) has argued that critical realism’s concern with ontology pertains to an intransitive or metaphysical conjecture about reality which exists outside discourse or our representations of it. Realism can be used as a guide (‘an underlabourer’) for empirical research without negating the outcome of such inquiry by presuming a direct understanding of reality-in-itself.

Holmwood’s (2001) critique argues that the distinction that critical realists draw between the ‘real’ and the ‘actual’ does not allow for the possibility of falsification of theory. This, he argues, is because retroductive abstraction does not allow for the possibility that ‘lower-level’ empirical analysis might indicate that there could be a mis-recognition of underlying mechanisms. He argues that only by giving more weight to the importance of empirical research would it be possible to recognise that ‘… the non-occurrence of “necessary effects” might indicate that the claimed mechanism was false’ (Holmwood 2001: 951). Sayer, in response criticised Holmwood’s assumption that a clear distinction exists between the empirical and the conceptual in reference to critical realism’s apparent privileging of conceptual necessity. He argued that, ‘… this overlooks not only the conceptual mediation of empirical knowledge but the fact that the conceptual can embody results of empirical research’ (Sayer 2001: 970).

A central issue that arises from the methodological approach championed within this paper is the question of whether engaging in a process of retroductive analysis actually adds anything of substance to the initial inductively-derived themes regarding the relationship between nursing discourses of practice and organisational change explored in the research study? In response, we would argue that if the process of retroduction were subtracted from the analysis, what would be left would be a series of inductive generalisations together with some deductive inferences drawn from theorisations of nursing practice. It would then be difficult to draw any general conclusions about the influence of structures on the working practices of social agents given the divergences and contradictions found within the range of opinions that were expressed by the nurses in the focus group discussions. The inductive mode of inference can draw our attention to these anomalies but it could not systematically explain why and how these differences arose within what would appear to be a collective occupational group (nurses) with a set of common interests and training.

Critical realist methodology as ‘depth realism’, insists on the independent reality of the objects of study and on the necessity for further analytical work in order to overcome potentially misleading appearances. In this sense it is “fallibilist”, in contrast to idealist and relativist theories of knowledge which insulate themselves from the possibility of being proved wrong by doing away with the idea of a knowable independent reality’ (Benton and Craib 2001: 121). Yet by applying the principles of emergence and stratification to the perceptions of nurses, it is possible to be in a position to be able to postulate the generative structural mechanisms that are at play within the ‘modernised’ NHS and which shape the practice of nurses. It is also possible to suggest the ways in which nurses and by extension other groups of health care professionals are, through the process of structural elaboration, able to resist and modify the organisational structures in which they practice over time.
References

Archer, M. (1995), *Realist Social Theory: the morphogenetic approach* Cambridge: Cambridge University Press

Archer, M. (1998), ‘Introduction: Realism in the social sciences’. In Archer et al (1998) (Chp 7: 189-206)

Archer, M., Bhaskar, R. Collier, A. Lawson, A. and Norrie, A. (eds) (1998), *Critical Realism: Essential Readings*. London: Routledge

Allen, D. (2001), *The changing shape of nursing practice*. London: Routledge

Benton, T. and Craib, I. (2001), *Philosophy of Social Science*. Basingstoke: Palgrave

Bhaskar, R. (1978), *Realist Theory of Science* (2nd Ed). Brighton: Harvester Press

Bhaskar, R. (1989), *The Possibility of Naturalism*. Hemel Hempstead: Harvester

Bhaskar, R. (1998), ‘General introductory’. In Archer, M. et al [eds] (1998) op cit : (i-xxiv)

Callinicos, A. (1985), *Marxism and Philosophy*. Oxford: Oxford University Press

Cruickshank, J. (2003), *Realism and Sociology*. London: Routledge

Danermar, B. Ekström, M. Jakobsen, L. and Karlsson, J. (2002), *Explaining Society: critical realism in the social sciences*. London: Routledge

Department of Health (2002), *The NHS Modernisation Board: Annual Report 2000 -2001*. London: DoH

Fay, B. (1990), ‘Critical realism?’ *Journal for the Theory of Social Behaviour*. Vol. 20: 33-41

Holmwood, J. (2001), ‘Gender and Critical Realism: A critique of Sayer’. *Sociology*. Vol 35: 947-966.

Joseph, J. (2002), ‘Five ways in which critical realism can help Marxism’. In Brown,A. Fleetwood,S and Roberts,J.M (2002), *Critical Realism and Marxism*. London: Routledge.

Lawson,T. (1997), *Economics and Reality*. London: Routledge

Sayer, A. (1992), *Method in Social science: A Realist Approach* 2nd Edition. London: Routledge

Sayer, A. (1997), ‘Essentialism, social constructionism, and beyond’. *Sociology*. 45 (3): 453-487

Sayer, A. (2001), ‘Reply to Holmwood’. *Sociology*. 35(4): 967-984

Walsh, N and Gough, P. (2000), ‘From profession to commodity: the case of community nursing’. In Hennessy, D. and Spurgeon, P. [eds] (2000), *Health Policy and Nursing: influence, development and impact*. Basingstoke: Macmillan