A Hospice in Change
Applied social realist theory
Martin Lipscomb
A Hospice in Change

*A Hospice in Change: Applied Social Realist Theory* reports upon a study into aspects of the ways in which structural and organisational developments, professional cultures and ‘bedside’ or patient focused clinical practice interact within a single UK institution. While the findings of this study are time and context specific, the events and social processes being described may nonetheless resonate closely with the experience of healthcare practitioners at other hospices both within and without the UK. The work examines themes and ideas that hospice and palliative care practitioners, as well as those involved or interested more broadly in ‘end of life issues’, may find relevant.

It is argued that differential morphogenesis can be identified between structures (social and cultural) and agents (individual and group) at an independent healthcare charity in southern England. *A Hospice in Change* connects theory and philosophy with concrete research practice to provide a worked example of Margaret Archer’s realist social theory.

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Critical realism: interventions

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Martin Lipscomb
For Kath, Harry and Ella – the nicest people.
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I must thank the hospice as an organisation and the individuals who work within it for agreeing to help me in this study. Without the openness of this organisation and the kindness and patience of those individuals this book would now conclude.

I would also like to express my gratitude to Professor Margaret Miers and Doctor Theresa Mitchell for their respective and much valued contributions. Thank you.
1 Introduction

Critical realist philosophy and social theory are here combined to structure an investigation into what might colloquially be termed ‘change at a hospice’.\(^1\) To this end the realist social theory of Margaret Archer (awkwardly termed ‘morphogenetic-morphostatic methodology’) directs a study into developments at a hospice in Southern England. The book therefore presents a worked example of realist social research\(^2\) and, since critical and social realists claim that philosophy and theory must both ultimately be judged according to use value, if this example productively offers insights that alternative approaches might not have generated, then the value of Archer’s realism is demonstrated. More generally it is proposed that critical realist philosophy and social theory have much to offer healthcare workers, researchers and theorists with an interest in healthcare, healthcare organisation and health related behaviours. This book hopefully illustrates the nature, benefits and scope of at least elements of this “offering”.

And so to begin – although it is not always considered good form to reveal results in advance of an explanation of how those results were generated, in synopsis the research findings presented here run as follows: comments and behaviours made or performed by participating study site personnel suggest that relations between the hospice and what were perceived to be hostile external institutions (e.g. the NHS and Department of Health) created unease among senior hospice staff. This presumption of external threats generated a logic of interests that pushed managerial staff at the hospice to re-designate the organisation a specialist palliative care unit. Re-description or re-designation catalysed the development of pre-existing long-term trends in organisational practice. It also exacerbated tensions among clinical staff (notably nurses and doctors) some of whom can be identified with pro- and anti-change groups. Tensions between these groups are expressed or evidenced as conflicting beliefs about the purpose and form of organisational activity. More concretely, disagreement focused on admission policy (who should be included and excluded from care) as well as the types and ‘intensity’ of clinical treatments offered (i.e. the sort of care provided). Tentative suggestions are made concerning the reasons or factors underpinning agential dissonance.

To present and develop the case outlined above this book has a very simple structure. Chapter 2 provides an overview of Margaret Archer’s theoretical
assumptions and methodology. This outline should ‘make sense’ of morphogenesis for newcomers to social realism. However, one person’s helpful overview is another’s incomprehensible gibberish and despite its utility there is no escaping the fact that Archer’s work is both conceptually challenging and jargon ‘rich’. Alternatively, since the deeper theoretical nuances of realist social theory are not here explored, seasoned realists may be disappointed with the level of detail and critique provided. For readers who think that either too much or too little theory is presented a short bibliography at the close of this work suggests just a few of the now numerous and excellent texts that exist on this subject.

Chapter 3 introduces contextualising information about the study and study site. It details how ethical and procedural issues were handled and it describes how and why particular research methods were chosen to complement morphogenetic-morphostatic methodology. Chapter 4, the longest section of this book, presents the results of this study. The work concludes with Chapter 5, a synopsis and critique of aspects of the research presented in Chapter 4.

Since it in part aims to problematise or raise questions about the soundness or validity of the research being presented, the last chapter might be seen as something of an anomaly. However, to excuse this oddity I would bring to readers’ attention a key realist tenant, namely the unavoidability of theoretical concerns for practicing researchers. Thus critical realists argue that witting or, more often, unwitting presumptions or background theories about causality or the nature and powers of society and people are inevitably embedded within and influence social explanation. This suggests that theory cannot be sidestepped and, for example, critical realists emphasise and seek to make overt what they see as the logical ties binding ontology (ideas about ‘what is’ or the nature of being) with epistemology (ideas about knowledge and/or what can be known) and methodology (ideas about how we might investigate the world). And, while the strength of these bonds or ties can be questioned – they can be over-egged – relentlessly focusing upon these sorts of difficult or problematic issues, particularly when understandings of the social world are contemplated, is a major strength of the realist approach.

The final chapter therefore critiques aspects of the methodology and philosophic assumptions that inform the study being described. As suggested this might seem foolish since, having argued that realist social theory usefully directs researchers to construct understandings that non-realist approaches may miss, potential weaknesses in the study are then exposed. Nonetheless, this sort of ‘to-and-fro’ between research practice and theory is a recognised part of realist explanation and, the point I would stress, thinking about a research project need not cease when that project formally concludes.

A personal commentary

The study described in this work grew out of or embodies three distinct personal interests and, since these interests influenced the way in which the study was conducted (the way in which realist social theory was interpreted and applied),
as well as my relationship with or to realism, these interests need to be recognised. The introduction seems an appropriate place to do this.

First, I was initially attracted to realist social theory and critical realism more generally because these approaches (and it is probably best to think of them in the plural) appeared to offer the possibility that deficiencies in my own understanding of the social realm might be remedied. Specifically, I began the study with a desire to better comprehend the nature of causality in social explanation and engaging with this thorny issue seemed necessary if I was to progress my ability to explain events at the organisation, the hospice, in which I worked.

The difficulty and indeed disputed merit of establishing causality in social explanation is a perennial conundrum. It may be that questions connected with this issue are ultimately irresolvable or, at least, they may be ‘irresolvable’ if by resolution we mean that widespread consensus about the form, nature and plausibility of descriptions of social causation can be achieved. Nevertheless, causation came to my attention as a problem when, in an earlier work, I became aware that I was using causally implicative descriptors such as ‘produced’, ‘led to’, ‘prompted’ or ‘encouraged’ (this list can easily be extended) without adequately explaining or justifying the links between events or concepts thus associated.

For example, I was not always clear about how or in what way one happening or set of happenings ‘led to’ or ‘produced’ another happening. I did not detail whether the explanatory descriptors being employed captured necessary or contingent relations. And I failed to make clear how much one happening caused another. Thus while precise quantification is almost always impossible (and it may be unnecessary or undesirable), when I stated that ‘x prompted y’, did I mean that ‘x prompted y’ ‘entirely’ or ‘a lot’ and if ‘a lot’ what did that mean? Further, what motor, power, force or mechanism drives or lies behind social causation? Achinstein (2010) recognises that these terms are especially difficult to describe and, yet, when we say that ‘x’ prompted ‘y’, what is it about ‘x’ that does this thing? What enables ‘x’ to prompt ‘y’?

Failure to clarify what is meant by causation in social explanation is not unusual. However, lack of clarity is of signal importance to the status and validity of explanation. Descriptive imprecision influences and often limits the sorts and strength of belief that can be derived from social explanation and this aspect of the way we present ideas adversely affects the informative or action guiding potential of explanation.

Serendipitously when considering these matters I chanced upon Roy Bhaskar’s early works *A Realist Theory of Science* (1997 – first published in 1975) and *The Possibility of Naturalism: A Philosophical Critique of the Contemporary Human Sciences* (1998 – first published in 1979). These two books have been hugely influential within the modern realist movement. Miller (2002) states that “the nature and plausibility of realism is one of the most hotly debated issues in contemporary philosophy” and, as a part of this debate, Collier (1994) enthusiastically describes Bhaskar’s critical realism as “the most exciting development in Anglophone philosophy in this half-century” (p. ix). Collier (ibid.) probably overstates Bhaskar’s importance. However, as Groff (2004) notes,
Bhaskar’s critical realism offers “a point of entry into epistemology and metaphysics for practicing social scientists” (p. 23) and it was this ‘entry’ that I found intriguing.

Further reading led me to, among others, Margaret Archer and her texts Realist Social Theory: The Morphogenetic Approach (1995) and Culture and Agency: The Place of Culture in Social Theory (1996 – first published 1988). The account of social investigation presented in these works undergird or scaffold the study described in this book and they do so because, picking up on the point made by Groff (2004), Archer (1995) is, in these texts, keenly interested in connecting philosophy or theory with research practice. Indeed, as she says: “The practical analyst of society needs to know not only what social reality is, but also how to begin to explain it, before addressing the particular problem under investigation” (p. 5 – italicisation in original).

Realist writers did not ultimately answer or resolve my questions (that would be to expect too much). However, critical realism and realist social theory did at least take those questions seriously and, moreover, in becoming familiar with the realist corpus I broadened my interest from causality – now redefined as ‘tendencies’ – to the ontological stature of social phenomena and the nature of social explanation in general. Further, realism, especially the realism of Margaret Archer, enabled me to articulate what had hitherto been a merely intuitive reticence towards some forms of alternative non-realist perspective.

That said, unsurprisingly, my relationship with realism is not static and, while I was attracted in the first instance towards the works of Bhaskar and Archer because they offer a clear advance on alternative systems of explanation as well as some admittedly tentative methodological guidance; retrospectively, I now question several of the claims and suggestions of both theorists. Positively, the issues and problems highlighted by critical realists are important and, to their credit, the realist ‘way’ is worthy of considerable attention. Yet I would now position myself as someone interested in and favourably disposed towards realist explanation rather than a critical or social realist cheerleader. I suspect that significant elements of realism, for example, the version of free will apparently endorsed by Bhaskar and Archer is not necessary for realist theory and, like Dean (2006), I believe that to adequately inform research practice, realist insights require considerable support from non-realist theories.

Despite this reappraisal and notwithstanding qualification, the realisms of Bhaskar and Archer remain, in my opinion, an attractive option for healthcare workers, researchers and theorists operating in the health and social care fields. And, moreover, even people opposed to realism have much to gain from thinking through critical realist challenges to non-realist forms of explanation. Supporting and justifying these claims is a major objective of this book.

The second personal factor or influence upon the study stems from my position within (and now ‘without’) the hospice study site. Thus I am by trade a nurse. I qualified in 1993 and joined a professorially led combined haematology, oncology and bone marrow transplant unit in a newly built hospital on the South coast of England. This high tech and (then) generously resourced facility, part
sponsored by a cancer charity, was considered to be one of the UK’s most innovative and research active centres. Nevertheless, at any one time up to a fifth of in-patients might be dying and, although the care given to these patients was of a very good standard, this eventful and at times frenetic clinical environment could be considered an inappropriate place in which to die. For, not only was the facility unceasingly busy (activity continued around the clock) but, in addition, medical enthusiasm for curatively orientated interventions was sustained, on occasion, up until the point of death. When this occurred, feelings of disquiet were often voiced by colleagues and an interest in palliative care was kindled during this period.

Several years and posts later I went to work at a charitably funded hospice in Southern England (the study site). This organisation provides outstanding care to those in its charge and comparisons between it and NHS hospitals with which I am familiar cast those hospitals in an unfavourable light. In particular, hospice staff spend more time with patients and families, specialist expertise is greater, equipment and facilities are superior and more attention is paid to comfort and emotional support than appears feasible within the state sector.

Nonetheless, ‘hands-on’ experience as a staff nurse led me to query aspects of clinical and organisational practice and clarifying and addressing these questions provides the focus for this study. Specifically, in conversation, staff expressed divergent interpretations of what their work is or should be and, importantly, these contrasting interpretations, translated into clinical actions, directly influence the nature and quality of care provided. Colleagues with whom I spoke were often aware of actual and potential instances of friction associated with these differing understandings and conversations regarding such matters and their impact upon care occupied a part of many daily activities. Yet explanations regarding the causes of ideational dissonance were mixed (when forthcoming).

In exploring these issues a review of hospice and palliative care scholarship neither provided the answers I sought nor described the situation in which I worked. Indeed, despite the existence of a flourishing, sophisticated and increasingly analytical literature (see, e.g. Lawton, 2000; Cobb, 2001; Seymour, 2001; Sandman, 2005; Randall and Downie, 2006; and Woods, 2007 – to name but a few) controversy continues as regards the nature and future of hospice and palliative care provision.

Understanding how staff at the study site interpret or understand their work and the organisation in which they function – i.e. as a hospice and/or specialist palliative care unit – forms the basis of this study and motivation for performing the research described in this book comes from the simple desire to ‘study up’ (Nader, 1972) the organisation in which I worked.

And here I insert two asides. My position as a staff nurse at the study site combined with a pre-hospice background in interventionist clinical practice will inevitably have played a part (for good and ill) in all aspects of the research. Questions or issues generated by my position in and influence on the study are therefore addressed at various points in the text. Also, I generally refer to the study site as a hospice throughout this work and yet, as previously mentioned,
the organisation re-designated itself a specialist palliative care unit. This might seem confusing. However, study site staff and those they cared for continued to use the descriptor hospice and this colloquial habit was maintained even by the senior staff who sanctioned re-designation. Hopefully, this terminological issue will not prove disruptive.

The third personal “driver” for this work derives from a concern with the determinedly (one might say obstinately) untheoretical nature of much health and social care scholarship. This observation complements realist concerns with lucidity and it is an interest informed by my professional identity.

As noted realists presume that argumentative coherence relies, in part, upon making explicit the mutually implicative logical ties that connect ontological, epistemological and methodological reasoning (Danermark et al., 2002; Bergene, 2007). Where a focus on this linkage aids, or can potentially aid, argumentative coherence then it is a laudable goal. However, the demands being placed upon researchers and scholars by this claim should not be underestimated.

Focusing upon argumentative structure, upon logic, may and often does appear needlessly abstract to researchers who are grappling with complex real world issues. Indeed, when the object of study concerns health and/or social care, the pressing need to swiftly generate ‘evidence’ that can help others will, perhaps inevitably, limit the amount of time that researchers can or want to devote to what might, in caricature, be termed philosophic navel gazing (Foss and Ellefsen, 2002).

The “metaphysical paradigm” or theoretical emphasis that critical realists endorse is thus rejected by Morgan (2007, p. 62) on pragmatic grounds (i.e. it is seen as impractical and unnecessary). And it must be granted that scholars and scientists can and do operate effectively without developed philosophic understandings (Rose, 2006; Achinstein, 2010). Nonetheless, as Leplin (2004) states, while there “is no a priori stance from which philosophy can assume to dictate the standards and methods for acquiring knowledge. Philosophical assumptions are ineliminable from the reasoning by which science fixes its ontological commitments” (p. 118 – italicisation in original).

Leplin (ibid.) rather than Morgan’s (2007) position is thus here commended and, yet, certainly within nursing scholarship – though the point applies widely across many and possibly most professional/research health and social care literatures – reluctance to engage with philosophic or theoretical issues of substance can be sustained by the perception that practitioners and researchers must maintain a “person-centred” (McCormack, 2003, p. 179) focus on concrete, outcomes based or (loosely) ‘bed-side’ or ‘hands-on’ care. This focus is of course understandable. However, where Newell and Burnard (2006) argue that nursing (and by implication health related) research “should have immediate consequences for patient care” (p. 4) the concomitant view that philosophy and theory’s contribution to explanation is intangible, distancing and superfluous ought, I suggest, to be resisted.

Rather than simply dismissing theory, Simons (2007), in an argument aimed at mixed method investigators – an approach that is becoming increasingly
popular in health and social care – calls upon researchers to be sensitive to other “conceptions of knowledge and reflect on their position in relation to the range of possibilities” (p. 73). This seems sensible and yet reflection can and perhaps should prompt all researchers to consider the intertwined nature of philosophy, theory and scientific practice for, self-evidently, the existence of competing forms of explanation necessitates that researchers make choices and these choices include ontological, epistemological and methodological considerations (Willmott, 2003). Moreover, as Collier (1994) notes, “part of the answer to the question ‘why philosophy?’ is that the alternative to philosophy is not no philosophy but bad philosophy” (p. 16 – italicisation in original) – i.e. bad reasoning.

Explicitness and clarity are easily compromised when a careless approach to methodological use is combined with an indifferent attitude towards theoretical dispute and the philosophic questions (broadly defined) that this dispute articulates (Rose, 2006). For example, Rycroft-Malone et al. (2004) pragmatically suggest that researchers should use “whatever approach(es) are relevant to the clinical problem and resultant research question” (p. 88). This ‘pick-n-mix’ attitude to method and methodological choice is not unusual (see also, for example, Weaver and Olson, 2006), it may even prove ‘serviceable’; however, it is also potentially problematic.

Methodologies rest upon and embody theories stemming from diverse and occasionally incommensurable philosophic traditions. The danger of incommensurability can be and often is overdramatised. Nonetheless, while method and methodological promiscuousness may be appropriate or acceptable where the extended linkages of ontological and epistemological reasoning are understood and respected; when sundry methods or methodologies are employed without careful consideration, incoherence and irrationality can ensue (Hedström, 2005).

Despite this Bryman (2007) notes, again in relation to mixed studies, that “epistemological and ontological issues have been marginalized to a significant extent as pragmatism has emerged as a major orientation to combining quantitative and qualitative research” (p. 17). And a literature review by Kinn and Curzio (2005) into researchers’ use of mixed qualitative and quantitative methods concluded that although the combination of approaches is “not always appropriate” (p. 330) strong “enthusiasm amongst researchers” (p. 331) for this activity is apparent.

Researchers who mix methods and/or the methodologies associated with them rarely address the rigour of study forms combined and unreflective scholars may rely on “a ‘sense of evidence’, or a feeling of plausibility” (Hempel, 1945, p. 8) in deciding whether evidence successfully supports a study’s hypothesis (study question/problem), finding(s) or conclusion. The difficulty with this approach is of course that it involves “a confusion of logical and psychological considerations” (ibid., p. 8). Researchers and scholars who accept or reject evidence on the basis of subjective criteria – i.e. criteria that rest on a psychological sense of evidence – expose themselves to logical or conceptual confusion. They also ignore, for example, both the directive role that theoretic assumptions play in sensitising researchers to study topics or problems and the influence exerted
by theory on the form that investigation and analysis subsequently takes (Cruickshank, 2003b; Achinstein, 2010).

Authorial interests as well as the object and purpose of study inevitably and properly determine the emphasis or balance given to theoretic concerns in research and scholarly papers. However, all research incorporates ontological, epistemological and methodological assumptions (Hammersley, 2005b) and, while the balance given to these elements in explanation varies between reports, no element of this triptych can be disposed of since they are all always ‘in play’.

Realists assert that unless researchers are prepared to examine the relationship between philosophy, theory and research practice then their outputs – regardless of clinical, patient or client/user focus – risk lacking robustness. The danger in this approach is, for realists, that more is asked of philosophy and theory than can reasonably be expected. Philosophy and theory then gets in the way of explanation or, worse, they become exclusionary, righteous, sectarian and inward looking, as Seale (1999) warns, the: “Readers of theory may feel immersed in a self sustaining literary fantasy” (p. 87). The opposite danger is that indifference spawns and sustains explanatory muddle. In relation to this study and where research investigates care from a social perspective:

The view [of social science] I wish to commend presupposes a certain conception of philosophy. So, however irrelevant it may at first appear, a discussion of philosophy is an essential part of the argument.

(Winch, 1958, p. 2 – italicisation in original)

The work therefore includes a substantial philosophic and theoretic component and to justify this inclusion I here quote and agree with Margaret Archer’s statement that:

what society is held to be also affects how it is studied. Thus one of the central theses of this book is that any given social ontology has implications for the explanatory methodology which is (and in consistency can be) endorsed.

(Archer, 1995, pp. 2–3)

To conclude this introduction, while more questions than answers are inevitably generated by studies of this sort I would like to think that, in some small way, this book productively furthers the literature on hospice/palliative care and contributes to the realist literature.

Notes

1 The study described in this book is a ‘collapsed’ version of what was, originally, a PhD thesis. Like most such things this object slumbers untouched and not a little dusty in an infrequently visited corner of a university library. Indeed, a £5 note tucked inside the front cover of the thesis remains sadly undisturbed not a few months after it was put there. Snappily titled: The Theory and Application of Critical Realist Philosophy and
Introduction

*Morphogenetic Methodology: Emergent Structural and Agential Relations at a Hospice*, the thesis can be downloaded from the British Library. However, you do not then get to find the £5! This book also makes use (particularly Chapters 1 and 4) of material originally published elsewhere — notably Lipscomb, 2006a, 2006b, 2008, 2010a and 2010b (see reference list).

2 The descriptors *realist* and *realism* are often employed loosely and this slipshod approach to explanation continues here. Unless otherwise stated these terms refer to the realist philosophies and theories of Roy Bhaskar, Margaret Archer and other ‘critical’ realists. However, readers should be mindful of the fact that many varieties of realism exist and not all of these take the form described here.

3 Fay (2000) suggests that this quotation echoes sentiments originally expressed by Wittgenstein in *Philosophical Investigations* (1976 [1953]). The citation captures the link between philosophic theory and social scientific practice that Roy Bhaskar and Margaret Archer promote or maintain. Critical realists however would distance themselves from the *certain conception of philosophy* advanced by Winch and Wittgenstein.


References


References


References


References


Elder-Vass, D. (2005b) Personal communication – 14.06.05. Electronic communication subsequent to discussion at British Sociological Association, Realism and Empirical Research Study Group Meeting, 01.06.05, Birkbeck College, London.


References


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