Ambiguities of Political Consciousness Among Registered Nurses in British Columbia*

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Hospital nurses, particularly Registered Nurses, differ from many other types of worker because they do sex-typed work and occupy an ambiguous social position. Nearly all of them are female employees subordinated to mainly male superiors; they are trained to see themselves as professionals but unable to exercise the degree of autonomy enjoyed by physicians and lawyers. This ambiguity has led to the co-existence of both nurses' unions and professional associations. These features of nurses' situations, as well as the intense involvement of the British Columbia Nurses' Union (BCNU) in the Operation Solidarity protest movement of 1983, led us to conduct a survey of the political activity and class consciousness of a sample of hospital Registered Nurses.

In this paper we first justify the need to analyze nurses as participants in class and gender relations within capitalism, contending that they form a status group within the working class that is subject to specific contradictory pressures and involved in specific collective strategies in struggles with employers and the state. There follows an outline of the history of nurses' struggles in British Columbia and a brief discussion of their position within the changing class structure of the province and of their collective response to Social Credit restraint measures in 1983. We then report our findings from a survey of a sample of Registered Nurses at a large acute-care hospital in Victoria and conclude with comments on the contradictory consciousness of nurses and the potential role that they and other female workers can play in the province's future political development.

Nursing Under Capitalism

Sociologists working within the tradition of modernization theory and varieties of structural-functionalism have tended to see nursing as an

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emergent (or semi-)profession which, in providing valuable health care services, makes important functional contributions to society. According to this view, nurses have struggled to establish themselves as professionals through increasing the educational achievement required for entrance, obtaining recognition for nursing as a university discipline and developing professional associations to achieve their objectives and maintain commitment to high levels of service.

Johnson's critique of these mainstream approaches to professionalism emphasized their neglect of both the power dimension and the structural bases for variations in occupational control, largely due to the sociologists' acceptance of each profession's own self-definition. According to Johnson, in seeing "a peculiar, institutionalized form of control" as the essential condition of professional occupations, mainstream sociologists have produced an abstract, teleological analysis which depicts professionalism as the result of a process of development towards a uniform, "professional" end-state.[1] Larson's important work on the rise of American professionals implies that the same sociologists have had difficulties in seeing professionalism as a particular historical product of occupation-based strategy and action within the structure of class and power.[2]

While one cannot deny that nursing organizations have attained legally certified, professional recognition, that nursing requires higher credentials than formerly or that it has strong ethical and professional commitments, we believe that consideration of the capitalist context in which nursing is practised and of the gendered, dependent, wage-earning status of nurses is the most fruitful way to analyze their class position.[3] Hospitals in Canada are non-profit organizations, but they operate within a society and economy where profitability, capital accumulation and patriarchal power are paramount and where the economic interests of physicians and companies providing pharmaceutical and medical supplies are prominent. Hospitals also compete for public funds with corporations and private sector interests;

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[1] T. Johnson, *Professions and Power* (London: Macmillan, 1972), 38.

[2] M. S. Larson, *The Rise of Professionalism* (Berkeley: University of California Press, 1977).

[3] P. Bellaby and P. Oribabor, "The Growth of Trade Union Consciousness Among General Hospital Nurses," *The Sociological Review* 25 (1977): 801-22.
M. Carpenter, "The New Managerialism and Professionalism in Nursing," in M. Stacey et al., *Health and the Division of Labour* (London: Croom Helm, 1977).
R. Warburton and W. K. Carroll, "Class and Gender in Nursing," chap. 22 in B. S. Bolaria and H. Dickinson (eds.), *The Sociology of Health Care in Canada* (Toronto: Harcourt, Brace, Jovanovich, 1988), 364-74.

involve employees serving employers' interests even if that means the and they tend to be administered along corporate lines, including the application of productivity, efficiency, and other managerial concepts.[4]

Capitalist development has led to nurses becoming "trained, skilled, paid labour" within the medical hierarchy.[5] Their class position, however, is far from clear. With confidence Veltmeyer places them in the semi-professional/technical sector of the working class.[6] However, nurses' gendered position, their professional self-image, their higher educational qualifications and their relationship to physicians and other hospital employees make their circumstances different from those of other skilled wage-earners. Recent historians of nursing have also shown that, in the several decades since private-duty nursing was replaced by a wage-labour relation, nurses have gained authority and power previously denied them in the uncertain world of private nursing practice.[7]

Like other employed professionals, hospital nurses have been subject to what Derber calls *ideological proletarianization*, i.e. "the appropriation of control by management over the goals and social purposes to which work is put". This can vary, depending "on the extent to which the worker has the capacity to shape or control broad organizational policy and the specific goals and purposes of his [*sic*] own work".[8] Despite becoming dependent employees, however, professionals have been able to preserve their technical skills and control of highly specialized knowledge. This is partly because the ends of the employing organizations coincide with those of the professional employees. In the present case, hospitals and nurses are both committed to the provision of health care.

Derber maintains that professional workers may respond to ideological proletarianization in three distinct ways: (1) ideological *desensitization*, a disengagement from concern with the social uses and ends of one's work and a narrow, professional preoccupation with questions of skill and knowledge; (2) ideological *co-optation*, a redefinition of goals and moral objectives to make them consistent with organizational imperatives, which may

[4] M. Campbell, "Information Systems and Management of Hospital Nursing: A Study in Social Organization of Knowledge" (Ph.D. thesis, University of Toronto, 1984).

[5] K. McPherson, "Nurses and Nursing in Early Twentieth Century Halifax" (M.A. thesis, Dalhousie University, 1982).

[6] H. Veltmeyer, *Canadian Class Structure* (Toronto: Garamond Press, 1986), 75.

[7] B. Melosh, *The Physician's Hand: Work, Culture and Conflict in American Nursing* (Philadelphia: Temple University Press, 1982); S. Reverby, "The Nursing Disorder: A Critical History of the Hospital-Nursing Relationship, 1860-1945" (Ph.D. thesis, Boston University, 1982).

[8] C. Derber, "Managing Professionals: Ideological Proletarianization and Post Industrial Labour," *Theory and Society* 12 (1983):313.

sacrifice of ideals of service to clients; and (3) a type of resistance, manifested in *unionization*, found particularly among public sector professionals.[9] He stresses the need to examine the conditions under which underlying structural conflicts facing professional employees may be highlighted and ideological integration disrupted.

One might say, with regard to hospital nursing, that the first two types of response mentioned by Derber describe the pre-unionization situation, when an élite corps of nurses advocated obedience to doctors and hospital administrators as the principal means by which nurses could fulfil their calling to "serve others."[10] At that time, unionism and strikes were defined as incompatible with professional commitment and service. Other strategies in the form of struggles for registration and certification were adopted. This was due in part to nursing leaders' reluctance to acknowledge that nurses were becoming more and more involved in capitalist wage-labour relations.

In Barbalet's formulation, certain occupational status groups—whether craft workers or "new" professionals — "arise through class relations" as workers deploy collective strategies in resistance to the domination of employers.[11] According to this perspective, with which we broadly agree, nurses are an example of a status group within the working class. Such groups develop special normatively based expectations of entitlement to certain working conditions and other privileges, for which they engage in strategic struggles. Nurses' specific historical experiences within the medical division of labour have led them to identify with a normative order that is embodied in nursing knowledge and practice. On this basis and in reference to other groups — e.g., teachers and physicians — nurses have struggled for certain entitlements. Some entitlements dealing with pay, hours of work, and working conditions have been the typical concerns of all workers. Others, such as entrance requirements and clinical nursing training, are special to nursing.

Although not a prime focus in this particular paper, gender relations are also a specific feature of nursing. Nursing is the classic example of a sex-typed occupation.[12] As almost entirely female employees, nurses are

[9] Ibid., 323-35.

[10] J. Coburn, "'I See and Am Silent': A Short History of Nursing in Ontario," chap. 12 in D. Coburn et al. (eds.), *Health and Canadian Society* (Toronto: Fitzhenry and Whiteside, 1981).

[11] J. M. Barbalet, "Limitations of Class Theory and the Disappearance of Status: The Problem of the New Middle Class," *Sociology* 20 (1986): 572.

[12] L. Murgatroyd, "Occupational Stratification and Gender," chap. 7 in L. Murgatroyd et al., *Localities, Class and Gender* (London: Pion, 1985), 121-44.

subordinated in gendered class relations to primarily male physicians and administrators as well as being involved in domestic labour.[13] Their concrete experience of class is shaped by their gender relations and the control of their work by mainly male superordinates. As women traditionally assigned responsibilities for caring for and comforting others, nurses are in a position to react against threats to the quality of health care *either* in a "co-optative" fashion (emphasizing renewed self-sacrifice and deference to powerful male physicians) *or* in the direction of militancy and unionization. Financial stringency and cutbacks in the health care field can galvanize nurses into political and industrial action as workers and concerned citizens.

As a recent feature of capitalist development, the deepening fiscal crisis of the state has resulted in the imposition of financial restraint on hospitals; its impact on both staffing and the organization of work tends to increase ideological proletarianization. If intensive job rationalization ensues, technical proletarianization — i.e., the subjection of workers to a technical plan of production or rhythm of work created by management — is also increased.[14] This occurred in the Toronto hospital studied by Campbell;[15] cost-effectively managed nursing was part of the rationalization of hospital budgets. It produced the contradictory situation of nurses implementing fiscal restraint against their professional judgement. Nurses lost decision-making capacity to document-based "accounting" processes which defined, evaluated and shaped nursing activities and required nurses to keep detailed records of their daily activities. "Objective" management displaced nurses' control over their practice. The nursing profession sponsored these developments because they were seen as means to improved efficiency and assured quality. Campbell thinks that adoption of management principles and strategies enhances nurses' collective status because they are seen as professionally responsible in accepting the management technologies. But managerial power over nursing knowledge is thereby consolidated. And one outcome is that some nurses become upwardly mobile into management positions, relegating others, the majority, to routinized, codified work that is restricted in scope.

[13] We have dealt elsewhere with some of our findings on household-work linkages and with class and gender in nursing. See Rennie Warburton and William K. Carroll, "Class and Gender in Nursing," chap. 22 in B. Singh Bolaria and Harley D. Dickinson (eds.), *Sociology of Health Care in Canada* (Toronto: Harcourt, Brace, Jovanovich, 1988): 364-74; William K. Carroll and Rennie Warburton, "Feminism, Class Consciousness and Household-Work Linkages among Registered Nurses in Victoria," *Labour/Le Travail* 24 (1989) (forthcoming).

[14] Derber, op. cit., 313.

[15] Campbell, op. cit.

These various processes — proletarianization, subordination within a
male-dominated corporate management hierarchy, status-striving within
nursing itself and the commitment to various aspects of professionalism
which makes them a status group — can be expected to produce varying
degrees and forms of political consciousness. In British Columbia, nurses'
consciousness can also be assumed to have been formed by many other
forces, including the specific struggles their leaders have embarked on, the
peculiar class-based nature of the province's political culture, and recent
experiences with provincial government cutbacks.

Nurses' Struggles in British Columbia

The early struggles of nurses in the province included concern for the
overall quality of nursing care, combined with status interest in protecting
the rights and privileges of qualified nurses, through the struggle for
registration.[16] The latter was in part a response to the continuing low
income made possible by the employment of unqualified workers. Another
concern was the exploitation of student nurses' labour, which also depressed
nurses' remuneration. Before 1930, nursing leaders also sought control of
their work situation upgrading the qualifications demanded of registered
professionals. In all these struggles they were engaged in professionalizing
projects like those discussed by Larson.[17]

During World War II, influenced by the efforts of labour unions to
attract its members and by the collective bargaining achievements of Cali-
fornia nurses, the Registered Nurses Association of British Columbia
(RNABC) responded to its rank-and-file members' resentment of deterio-
rating working conditions, low pay, and staffing shortages by studying the
question of their membership in labour organizations. By 1946, registered
nurses in the province had their own bargaining agent, the Committee on
Labour Relations, but full unionization continued to be seen as likely to
lower "the prestige and strength of the professional associations."[18] Despite
these continuing status concerns, by 1959 the RNABC executive was sup-
porting strike action. In 1961 a full-time labour relations officer was
appointed, and in 1976 a separate Labour Relations Division of RNABC
was established for collective bargaining purposes, leading to the formation
of the B.C. Nurses Union (BCNU) in 1981.

[16] I. L. Goldstone, "The Origins and Development of Collective Bargaining by Nurses
in British Columbia, 1912-1976" (M.Sc. thesis, University of British Columbia,
1981).

[17] Larson, op. cit.

[18] Goldstone, op. cit., 54.

Collective efforts by B.C. nurses to control the entrance requirements of nursing and the conditions under which they are trained and employed provide further evidence to support viewing them as a status group within the working class. Like professional and craft workers, nurses developed collective strategies to obtain special entitlements from employers.[19] Accordingly, among nurses in B.C. and elsewhere one finds a concern with increasing levels of formal education required for entry, and developing clinical knowledge, judgement, and skills that are exclusive to nursing.[20]

Another growing issue among nurses in B.C. — as evidenced by speakers at annual meetings of RNABC and articles in the Association's newsletter — has been that of gender inequality. For example, an address to the RNABC annual meeting in 1976 was given by Elvi Wittaker, a UBC anthropologist, on the topic of "The Oppressed Majority." Her talk, focusing on stereotyping and relations among nurses and male physicians and administrators, was a consciousness-raising exercise. Maroney has drawn attention to explicitly feminist demands raised by nurses in contract negotiations.[21] However, the diverse domestic circumstances of nurses — some being married to successful businessmen and professionals — may be expected to produce a range of political positions on issues of both class and gender.

Class Relations in British Columbia

Class divisions, class conflict, and class consciousness have been central forces during various episodes in British Columbia's historical development.[22] The province's reputation as a hotbed of class struggle was initially based on clashes between miners, fishermen, and lumber workers and their respective employers in the late nineteenth and early twentieth centuries. Movements and parties of the left, as well as labour unions, arose in that

[19] Barbalet, op. cit., 568-69.

[20] Goldstone, op. cit.

[21] H. J. Maroney, "Feminism at Work," *New Left Review*, 141 (Sept.-Oct. 1984): 55.

[22] M. Ormsby, *British Columbia: A History* (Vancouver: Macmillan, 1971); M. Robin, *Pillars of Profit: The Company Province, 1934-1972* (Toronto: McClelland and Stewart, 1973); M. Robin, *The Rush for Spoils: The Company Province, 1871-1933* (Toronto: McClelland and Stewart, 1972); P. Phillips, *No Power Greater: A Century of Labour in British Columbia* (Vancouver: B.C. Federation of Labour, 1967); C. Schwantes, *Radical Heritage: Labour, Socialism and Reform in Washington and British Columbia, 1885-1917* (Vancouver: Douglas and McIntyre, 1979); A. Smith, "The Writing of British Columbia History," in W. Peter Ward and Robert A. J. McDonald, *British Columbia: Historical Readings* (Vancouver: Douglas and McIntyre), 5-34; R. Warburton and D. Coburn, "The Rise of Non-Manual Work in British Columbia," *BC Studies* 59 (Autumn 1983): 5-27.

period as organized expressions of the aspirations and frustrations of mainly male manual workers.

Since World War II, class consciousness weakened and a greater proportion of labour struggles now occur in the public sector, among non-manual and, increasingly, among female workers. The expansion of public services led to enormous increases in the numbers of state employees in the health, education, social welfare, and government clerical fields.[23] Prominent among these state employees were Registered Nurses, a typical public sector female worker category. British Columbia's working class is now very different from what it was like in the heyday of early industrial growth.

In British Columbia during the 1980s the two major political orientations contending for workers' support have been social democracy and neo-conservatism, as contained in the policy platforms of the two rival provincial political parties. Blake has shown that employment growth in the state sector has provided a new source of electoral candidates and supporters for the union-supported New Democratic Party.[24] Yet many union members in the province have consistently voted Social Credit, partly in appreciation of the well-paid jobs they enjoyed during the period of economic growth in the sixties and early seventies and which they attributed to the actions of Social Credit governments. Workers' interest in class conflict has also been reduced by repressive measures taken against communist elements and the class compromise contained in provision of social assistance, unemployment insurance, pensions, health care, and expanded public education.[25] Their consciousness resembles that of workers supporting the Conservative Party in Britain which has been described as "pragmatic" and "instrumental."[26]

Social Credit Restraint

During the 1980s, measures have been taken by various governments in the advanced capitalist world to help re-organize capital internationally in the face of intensified competition. Government cutbacks were advocated

[23] Warburton and Coburn, op. cit.

[24] D. Blake, *Two Political Worlds: Parties and Voting in British Columbia* (Vancouver: UBC Press, 1985): 39-40.

[25] On repression of communists see J. Lembcke, "The International Woodworkers of America in British Columbia, 1942-51" in *Labour/Le Travail* 6 (1980), 113-48, and J. Lembcke and W. Tattum (eds.), *One Union in Wood: A Political History of the I.W.A.* (Madeira Park, B.C.: Harbour Publishing, 1984).

[26] G. Marshall, "Some Remarks on the Study of Working-Class Consciousness," *Politics and Society* 12 (1983): 263-301.

both to stem the rising state deficit and to stimulate profitability of private investment.[27]

Two years before our survey was carried out, the Social Credit government of British Columbia, partly on the advice of the corporate-funded Fraser Institute, had introduced its neo-conservative austerity programme, a political agenda with counterparts elsewhere in the capitalist world, which was presented as a solution to the problems of the world-wide economic recession.[28] That policy constituted an attack on workers' rights, on the labour movement, and specifically on public sector employees. It also cut various services to women and decreased the health care budget in real terms. It affected hospital nurses as workers and as women.

These measures "made sense" to many workers who either disapproved of what they believed to be the excessive power of labour unions and of government bureaucracy or were easily persuaded that many public sector programmes required unnecessary expenditures of taxpayers' money. At the height of the restraint period, in September 1983, a province-wide poll reported that only 27.5 percent of respondents *disagreed* with the need to reduce the number of government employees. On the other hand, "large majorities opposed cutbacks in social welfare programmes, increased user fees for medicare and abolition of the Human Rights Commission."[29] There is an obvious element of ambivalence in these responses. Exposure to the alternative ideologies of neo-conservatism and social democracy and to their respective contradictory class practices — capital accumulation and workers' resistance — can be expected to fuel contradictory forms of consciousness among workers. The populist rhetoric used by both major provincial parties perpetuates this ambivalence. What is good for "the people of B.C." must be good for all classes.

The Solidarity Coalition arose to protest the Social Credit austerity programme.[30] It was an alliance of community, church, environmental, women's, gay-lesbian, human rights, and other popular-democratic groups,

[27] Bob Russell, "The Crisis of the State and the State of the Crisis," chap. 11 in J. Dickinson and Bob Russell (eds.), *Family, Economy and State: The Social Reproduction Process Under Capitalism* (Toronto: Garamond Press, 1986).

[28] W. Magnusson et al., *The New Reality: The Politics of Restraint in British Columbia* (Vancouver: New Star, 1984).
R. C. Allen and G. Rosenbluth (eds.), *Restraining the Economy: Social Credit Economic Policies for B.C. in the Eighties* (Vancouver: New Star, 1986).

[29] Blake, op. cit., p. 93.

[30] W. K. Carroll, "The Solidarity Coalition," in W. Magnusson et al., B. Palmer, *Solidarity: The Rise and Fall of an Opposition in British Columbia* (Vancouver: New Star, 1987), 7; W. K. Carroll and R. S. Ratner, "Social Democracy, Neo-Conservatism and Hegemonic Crisis in British Columbia," *Critical Sociology* 16 (1989).

under the leadership of the labour movement, determined to defend the interests of groups under threat and some of the principles of liberal democracy. The BCNU, whose members are exclusively Registered Nurses, was an active member of Operation Solidarity, the trade-union component of the Coalition. As one of the most class-conscious and gender-conscious movements in the province's history, Solidarity was remarkable for the first-time experiences it offered men and women to become involved in political protest.

Between the fall of 1983 and the spring of 1985, the rising costs of modern medical technology, supplies and other overheads, combined with continuing restraint and greater government control of hospital board appointments, placed severe constraints on nurses' remuneration and working conditions. The nurses' union had been without a contract for several months by the start of our survey (June 1985).

The effects of restraint at the hospital where our research was done were mentioned in various nursing department reports from 1982 to 1985. Ward and bed closures, staff cuts, nursing of patients in hallways due to bed shortages, fears for patient safety, and overall difficulties in providing satisfactory nursing care were each mentioned at least once in reports by nursing department supervisors or the Director of Nursing. One supervisor wrote: ". . . we are once again admitting just as many patients as we did in 1982 when we had twenty-five additional beds. There have been staff cuts, program cuts and service cutbacks . . . it would appear that we are being asked to do more with less and in less time."

In the research reported below we interviewed a representative sample of Registered Nurses at the hospital who had been affected by Social Credit restraint and the pressures of increasingly rationalized management practices.

The Survey

Between June and October 1985, 179 Registered Nurses were interviewed.[31] The complete interview schedule contained over 150 items,

[31] The respondents comprised 70.5% of a stratified random sample of 254 drawn from a list of all registered nurses employed at the hospital, including the Nursing Administration section and the Hospice. The order of sampling was: Supervisors (N=22), male nurses (N=21), nurses seen as particularly active in the BCNU (N=19), and those defined by informers as active in RNABC (N=8), all of which groups we censused; head nurses (N=45), every second of whom were systematically sampled, and general duty nurses (N=765), of whom we systematically sampled one in five. In the latter case, to obtain equal representation from all services, each service was sampled separately. In the percentage distributions reported below, each case has been weighted in accordance with the probability of its having been selected into the sample.

including the tasks nurses performed on their last shift, involvement in union and professional activities, job satisfaction, attitudes to nursing as a profession, class consciousness, attitudes to social issues such as abortion, the peace movement, feminism and women's rights, class origins, involvement in domestic labour and childcare, voting behaviour and political preferences, previous job experience, perception of the performance of the union and RNABC, and income and education levels.

In the data presented below, we first attempt to describe the work situation and the extent and nature of political consciousness and activism among Registered Nurses in our sample, particularly with regard to the politics of state austerity and trade unionism.

Following that, we advance tentative explanations for the considerable variations in consciousness and activism which we find in our sample by emphasizing the ambiguities referred to above and certain class- and gender-based practices which differentially structure the consciousness of Registered Nurses.

Findings

Table 1 describes several characteristics of our respondents with the percentages representing our best estimates of conditions in the entire population of RNs at the hospital. The division of respondents into strata according to their control over the labour of other nurses highlights the ambiguity of nursing as working-class practice, especially at the middle level of the nursing hierarchy. Two and a half percent of respondents were supervisors — i.e., managers of nursing divisions. Another 25 percent were either head nurses or reported supervising other nurses on a regular basis. The sample is almost evenly split between diploma RNs and those with some university-level education. Similarly, there are several nursing cohorts, as indicated by the year in which respondents began their nursing careers. Men comprise less than 3 percent of all RNs employed at the hospital. Among the 59.2 percent of nurses with spouses in the workforce, nearly two-thirds are married to managers, supervisors, or business owners, while 34.8 percent have working-class spouses; thus, the incidence of cross-class marriages is rather high.

Work Situation and Class Identification

Most of our respondents appear to be "semi-autonomous" in their work situation. Of non-supervisors, only 1.6 percent described their position at work as "generally required to follow established work procedures with

TABLE 1

Descriptive Statistics for Social-Positional Variables

Variable	Percentages Weighted Sample
Managerial Stratum	
Supervisor	2.5
Head nurse or supervise other nurses regularly	24.6
Nonsupervisory general duty	72.9
Education	
Diploma only	55.8
Some university or degree	44.2
Year Began Nursing	
1945-1961	19.8
1962-1968	18.8
1969-1977	30.0
1978-1984	31.9
Sex	
Female	97.2
Male	2.8
Spouse's/Partner's Class	
Working (non-supervising employee)	34.8
Manager, supervisor or entrepreneur	65.2

constant or frequent supervision." Much larger proportions indicated some autonomy in the labour process (81.9 percent) or described their work as focused around supervision of other employees (16.5 percent). Labour of supervision, moreover, was not restricted to head nurses. Fully 91.5 percent of non-supervisors indicated that in the normal course of their work they supervised the work of other employees or told other employees what to do. Of these, 84 percent said that the employees they supervised included other nurses. These respondents, in turn, were evenly divided among those supervising other nurses on a regular basis (34 percent), on a rotating basis (32.2 percent) and on an infrequent basis (33.8 percent). Most respondents thus appear to experience a certain autonomy in a labour process that characteristically involves them in varying kinds of supervision. Typically, Registered Nurses supervise other nurses as well as non-nursing

staff such as Licensed Practical Nurses (LPNs) and orderlies — thereby implicating themselves in a complex network of collegial and authority relations within the hospital hierarchy.

How, then, do nurses understand their own positions within the larger class structure? To answer this question we first examined whether our respondents acknowledged the existence of social classes and class conflict in contemporary Canadian society. While fully 99.2 percent agreed that social classes exist in Canada today, they differed widely in their perceptions of class relations. Among those who affirmed the existence of classes, 45.6 percent responded that the classes are generally in conflict with each other; 20.0 percent responded that the classes are generally in harmony, and 34.4 percent felt that relations between classes are characterized by both harmony and conflict. To gain an indication of subjective class identification, respondents were asked to indicate to which of five classes they belonged. They responded as follows: lower class (0 percent), working class (33.7 percent), middle class (57.3 percent), upper middle class (9.0 percent), and upper class (0 percent). The predominant tendency for nurses to identify with the middle class is not exceptional when compared to the results of surveys of the Canadian population.[32]

In the context of British Columbia it was of particular interest to assess the impact of the provincial restraint programme on nurses' work situation and consciousness. In a series of questions, non-supervisors who had been employed at the hospital for more than three years reported on changes in their jobs over that time period (see table 2). Their responses show a definite trend toward the use of more skill and independent judgement and toward less immediate supervision. Concomitantly, however, a substantial proportion of nurses have experienced greater subordination to administrative rules and regulations, and a majority report an increased workload. While clearly at odds with a monolithic process of labour degradation, as in Braverman, this pattern seems consistent with Edwards's account of bureaucratic control in larger capitalist workplaces and with Campbell's more specific description of transformation and intensification in the nursing labour process, as power is administratively consolidated through sophisticated accounting procedures.[33] Here is empirical evidence that suggests nurses simultaneously experience an ambiguous mixture of intensified labour, enhanced "professional autonomy" in specific tasks

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[32] See J. Pammett, "Class Voting and Class Consciousness in Canada," *Canadian Review of Sociology and Anthropology* 24 (1987); 276.

[33] H. Braverman, *Labor and Monopoly Capital* (New York: Monthly Review Press, 1974); R. Edwards, *Contested Terrain*, (New York: Basic Books, 1979); Campbell, op. cit.

TABLE 2

Changes in Nurses' Jobs in the Past Three Years[a]

Present job requires	Percentages
A. More skill than three years ago	65.6
About the same	32.0
Less skill	2.4
	100.0
B. More independent judgement than three years ago	50.7
About the same	40.3
Less independent judgement	9.0
	100.0
C. Much heavier workload	11.8
Heavier workload	43.9
About the same	37.5
Lighter workload	6.9
Much lighter workload	0.0
	100.0
D. More subjection to administrative rules and regulations	32.7
About the same	62.3
Less subjection to administrative rules and regulations	5.0
	100.0

[a] Table includes only respondents employed at the hospital for at least three years.

and increased bureaucratic control within more general parameters of performance.

There is little doubt that most respondents viewed their heavier workload as the result of state austerity. When asked if there were any ways in which the provincial government restraint programme had directly affected nurses' working conditions at the hospital, 92.2 percent responded in the affirmative. Of these, 72.2 percent spontaneously cited insufficient nursing staff as a direct effect of restraint, 37.7 percent cited shortages of beds, 21.7 percent mentioned heavier workload, and 17.3 percent mentioned burnout. With the partial exception of bed shortages, each of these immediately reflects the intensification of nursing labour.

Similarly, most nurses drew a direct linkage between state austerity and the deteriorating quality of health care – 84.2 percent *disagreed* that "present levels of government funding for health care in this province are

adequate to serve the needs of its residents." More specifically, respondents were asked: "Has the provincial government restraint programme directly affected patients' safety at the hospital?" Almost 75 percent said that it had. When they were asked "In what ways?", the most common response (51 per cent) referred to understaffing. Just over a fifth (21 percent) mentioned "inadequate monitoring of patients," slightly fewer (19 percent) referred to "patient overcrowding," and almost as many (17 percent) to "lack of proper patient care."[34]

State Austerity, Unions, and Political Protest

These findings indicate a critical consciousness of the immediate effect of state austerity on working conditions and service delivery. Such concrete awareness, however, does not preclude acceptance of other elements of neo-conservatism. The provincial government itself emphasized in its widely disseminated pamphlet, *Restraint and Recovery* (1984), that "restraint" was a necessary means to the end of "recovery." And one quarter of respondents (25.9 percent) *agreed* that "continued government restraint will bring about an economic recovery," with 12.9 percent undecided and the remainder disagreeing. A much smaller proportion (12.6 percent) *disagreed* that "cutbacks of public expenditure on health care and welfare in the last few years have hurt people and should be reversed." But a substantial majority endorsed wage restraint as a means toward economic recovery: in response to the statement, "In order for the Canadian economy to grow strongly, workers must reduce their wage demands," 68 percent agreed and 32 percent disagreed. We thus find evidence of a mixture of social-democratic and neo-conservative ideological themes: a widespread valuing of the welfare state as a means of meeting people's needs, combined with an acceptance of the need for some sort of wage restraint to enable the renewal of capital accumulation.

One might expect on the basis of these results to find considerable ambivalence toward trade unions. Indeed, as table 3 shows, only one-tenth of respondents considered their own union and trade unions in general to be "absolutely necessary" in the advancement of their (and other workers') interests. On the other hand, one-fifth viewed unions in general and the BCNU in particular as only "sometimes necessary," and 15.4 percent consider the BCNU or unions in general to be "completely unnecessary." Similar diversity is evident in respondents' support for specific trade union

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[34] Other codable responses included "nurses make more mistakes" (10 percent), "premature discharging of patients" (3 percent), and "patients must be sicker to be admitted" (3 percent).

TABLE 3

Descriptive Statistics for Consciousness and Activism Variables

Variables	Percentages
Support for BCNU and Unions in General	
Both absolutely necessary	10.3
One absolutely necessary	14.8
Both usually necessary	15.2
One usually necessary	15.2
Both sometimes necessary	21.3
One or both unnecessary	15.4
	100.0
Support for Union Rights:	
Teachers' Right to Strike, Prohibition of Strikebreakers	
Support both	26.7
Inconsistent	42.6
Oppose both	30.7
	100.0
Participated in 1983 Operation Solidarity Protests	
Yes	25.6
No	74.4
	100.0
Support Operation Solidarity and Further Protest	
Support both	49.2
Inconsistent	31.0
Support neither	19.8
	100.0

rights. Only one-quarter believed that teachers should have the right to strike *and* that employers should be prohibited from hiring strikebreakers; the same proportion reported having participated in the protest activities of Operation Solidarity (OpSol) in 1983. However, support for the BCNU's continued membership in OpSol and for continued protest against the provincial government's restraint programme is much more widespread. Nearly half of the sample supports both these positions; only one fifth supports neither. Non-supervisors (i.e., members of the BCNU) were further asked, "If provincial government employees, including nurses, were to stage a political strike in protest against social service cutbacks and

anti-union legislation, would you honour picket lines around the hospital, provided essential services were maintained?" to which 70.6 percent responded affirmatively. In a follow-up question, 59.1 percent of non-managerial respondents agreed that they would be willing to do picket line duty in such a situation.

Based on these general trends, we could characterize our sample of nurses as divided on narrowly defined trade union practices. Only about one-quarter seem definitely supportive of their union, of unions in general, or of strategically important trade union rights; the same proportion played some active role in the 1983 protests.

The contradictory character of nurses' political consciousness is further demonstrated in table 4, where self-perceptions of attitude change toward several issues are shown. The three-year time frame of the question spans the first major hospital budgetary cuts of 1982, the restraint programme of July 1983, and the mobilization of Solidarity and its aftermath. Bearing in mind that most respondents favour the BCNU remaining in OpSol, it is striking how predominant the tendency is for nurses to report a *more critical* attitude towards unions and strikes. Indeed, most of those support-ing the BCNU in OpSol report having become more critical of unions (51.3 percent), and even larger majorities of those favouring more protest against the provincial government report increasingly critical attitudes towards unions (56.1 percent) and strikes (67.9 percent).

Many respondents report that in the same period they became *more supportive* of women's rights, yet few became more supportive of feminism. However, the large proportions of respondents who report having become more supportive of the peace movement and political protest suggest a receptivity to movement politics, which seems counterposed to a wide-spread scepticism about the traditional forms of working-class collective action and organization: strikes and unions.

These results suggest that among the nurses in our sample, the 1982-1985 period of state austerity and mass protest may have left a legacy of both political ambiguity and polarization. To examine this question in more depth, we constructed two composite indicators: (1) a three-point scale indicating increased criticism of strikes and unions, and (2) a four-point scale of protest activism, indicating whether respondents participated in the protests of 1983 and whether they reported a shift (pro or con) in attitude toward political protest. These scales are only weakly correlated with each other (rho = $-.214$, p$<$.01), underlining the separateness of union militancy and political protest in the consciousness of our respon-dents. Both scales, however, are related to support for (or opposition to)

TABLE 4

Self-Reports of Attitude Change in Past Three Years
Total Sample, Summer 1985

Object	More Supportive	More Tolerant	No Change	More Critical	Total
Women's rights	42.4	14.0	37.9	5.7	100.0
Feminism	15.6	14.8	49.5	20.1	100.0
Unions	9.2	8.6	20.3	61.9	100.0
Strikes	2.0	5.7	20.5	71.8	100.0
Political protest	28.5	17.9	36.9	16.6	100.0
The peace movement	45.4	13.9	32.5	8.2	100.0

TABLE 5

Support for "Restraint" by Change in Support for
Strikes and Unions

	Change in Support for Strikes and Unions			
	More critical of both	More critical of one	More critical of neither	Total
A. Continued restraint will bring recovery[a]				
Agree	32.3	19.4	16.4	25.9
Don't know	10.1	13.1	19.4	12.9
Disagree	57.7	67.1	64.3	61.2
	100.0	100.0	100.0	100.0
B. For economy to grow workers must tighten their belts[b]				
Agree	75.0	62.0	56.0	68.0
Disagree	25.0	38.0	44.0	32.0
	100.0	100.0	100.0	100.0

[a] Tau B = .144, p< .02
[b] Tau B = .221, p< .005

major aspects of neo-conservatism, namely state austerity and wage restraint. The one-third of respondents who report increased criticism of strikes and unions are also likely to agree that continued government restraint will bring economic recovery (see table 5). These same respondents overwhelmingly accept the need for restraint on wages as a means to economic growth. Alternatively, the 22 percent of respondents who have *not* become more critical of strikes and unions tend to be more sceptical of government restraint, and nearly half of them reject the idea that reduced wage demands are necessary for economic expansion.

Our composite measure of increased support for protest, shown in table 6, allows us to compare nurses who participated in the protests of 1983 and have become more supportive or tolerant of political protests with their opposites: those who did not protest against the 1983 restraint programme and who describe themselves as having become more critical of political protest. Two intermediate categories are also distinguished. It is

TABLE 6

Support for "Restraint" by Change in Support for Protest

	Did not protest in 1983, more critical of protest	*Did not protest, no change*	*Did not protest, more supportive or tolerant*	*Did protest more supportive or tolerant*	*Total*
A. Continued government restraint will bring recovery[a]					
Agree	34.2	40.0	25.1	4.7	27.6
Don't know	13.6	9.9	19.7	5.4	12.7
Disagree	52.2	50.1	55.1	89.9	59.7
	100.0	100.0	100.0	100.0	100.0
B. For economy to grow workers must tighten their belts[b]					
Agree	96.3	71.0	69.5	58.9	72.0
Disagree	3.7	29.0	30.5	41.1	28.0
	100.0	100.0	100.0	100.0	100.0

[a] Tau B = .218, p< .005
[b] Tau B = .248, p< .001

clear that belief in the economic efficacy of state austerity is most prevalent among nurses who did not participate in the 1983 protests and who have either become more critical of protest or have not changed their attitudes on this issue. The overwhelming majority of respondents who participated in the protests and register greater tolerance for protest in general deny that restraint will bring recovery. There is an equally strong contrast on the issue of reduced wage demands. Nearly all the anti-protest respondents believe in such reductions as a precondition for economic growth, but two-fifths of their opposites disagree.

We next examined several other factors bearing upon these trends in support for unions, strikes, and protest. The provincial election of May 1983, which preceded the restraint programme by several weeks, provides a useful point of comparison, as shown in table 7. Although proportion-

TABLE 7

*Vote in 1983 Provincial Election by Change in Support
for Strikes and Unions and Protest*

| | Vote in 1983 | | | |
	Social Credit	NDP	Other	Total
A. Change in Support for Strikes and Unions[a]				
More critical of both	63.9	51.2	54.9	55.3
More critical of one	19.3	19.5	22.8	20.3
More critical of neither	16.8	29.3	22.3	24.4
	100.0	100.0	100.0	100.0
B. Change in Support for Protest[b]				
Did not protest more critical	33.3	9.9	4.4	15.0
Did not protest, no change	44.6	21.2	31.8	30.4
Did not protest, more tolerant or supportive	21.9	27.2	56.8	33.5
Did protest, more tolerant or supportive	0.0	41.7	6.9	21.2
	100.0	100.0	100.0	100.0

[a] X^2 = 4.42, n.s. contingency coefficient = .174
[b] X^2 = 45.59, p < .0001 contingency coefficient = .516

ately more Social Credit than NDP voters have grown more critical of strikes and unions, the difference is not statistically significant; even NDP supporters register increased criticism of unionism. Yet NDP supporters are far more likely than others to have participated in the protests of 1983 and to have become more supportive or tolerant of political protest. Social Credit voters in 1983 tend to have become more critical of protest and to have refrained from participation in 1983. Indeed, 91.5 percent of the most pro-protest category voted NDP in 1983, while 61.4 percent of the anti-protest category voted Social Credit. The political differentiation within the nursing workforce prior to the restraint programme is thus reflected in the subsequent pattern of recruitment to protest, giving rise, it would seem, to greater political differentiation by 1985.

We also examined whether nurses' class positions might account for part of these ideological differences. Following Livingstone and Mangan,[35] we considered class in terms of both the respondent's own position in the nursing hierarchy and the class position of the respondent's spouse. Respondent's own position was associated with change in support for protest, but not with change in support for strikes and unions (table 8). General duty nurses, especially those in the lower echelon of the nursing hierarchy, were more likely to have protested in 1983 and to have become more supportive of protest; head nurses and especially nursing supervisors tended not to have protested, and register increased criticism of protest. Yet all four strata show the same tendency towards increased criticism of strikes and unions.

The class relations nurses experience in their household, by virtue of their spouses' positions in the labour force, seem to have had an impact on their consciousness and activism (table 9). Nurses married to non-supervisory employees are *less* likely to have become more critical of strikes and unions and *more* likely to have protested in 1983 or become more supportive of political protest. For nurses married to managers, supervisors, and business owners, the opposite holds. Unmarried nurses tend to have protested in 1983 and to have increased their support for political protest. Although these "direct" and household-mediated class relations seem to have had a bearing on the development of consciousness, subjective class identification showed no relationship with changes in support for unions, strikes, and protest. Nor were nurses reporting increased workload or

[35] D. Livingstone and J. M. Mangan, "Class Structure, Gender Divisions, and Class Consciousness in Steeltown" (unpublished manuscript, Ontario Institute for Studies in Education, 1986).

TABLE 8

Position in Nursing Hierarchy by Change in Support for
Strikes and Unions and Protest

	Position in Nursing Hierarchy				
	General Duty, no supervision of other nurses	General Duty, supervision of other nurses	Head nurses	Supervisors	Total
A. Change in Support for Strikes and Unions[a]					
More critical of both	50.2	58.2	54.9	50.0	55.9
More critical of one	14.5	24.2	24.3	21.4	21.9
More critical of neither	35.3	17.7	20.7	28.6	22.2
	100.0	100.0	100.0	100.0	100.0
B. Change in Support for Protest[b]					
Did not protest in 1983, more critical	3.8	17.0	27.2	33.3	14.9
Did not protest in 1983, no change	33.8	33.7	39.2	25.0	33.9
Did not protest, more tolerant or supportive	39.3	30.0	23.1	33.3	31.8
Did protest, more tolerant or supportive	23.1	19.4	10.5	8.3	19.4
	100.0	100.0	100.0	100.0	100.0

[a] Tau B = .007, n.s.

[b] Tau B = .183, p < .005

TABLE 9

Spouse's Class by Change in Support for Strikes and Unions and Protest

	Spouse's Class				
	Non-supervisory employee	*Manager or supervisor*	*Business owner*	*Not married*	*Total*
A. Change in Support for Strikes and Unions[a]					
More critical of both	39.1	74.4	76.0	54.7	59.7
More critical of one	23.1	19.1	17.3	17.4	19.0
More critical of neither	37.8	6.5	6.6	27.8	21.2
	100.0	100.0	100.0	100.0	100.0
B. Change in Support for Protest[b]					
Did not protest in 1983, more critical	5.8	29.4	21.1	9.3	16.0
Did not protest in 1983, no change	30.1	33.5	31.8	38.4	34.0
Did not protest in 1983, more tolerant or supportive	41.2	24.2	41.5	21.3	30.0
Did protest, more tolerant or supportive	22.9	13.0	5.6	31.0	19.8
	100.0	100.0	100.0	100.0	100.0

[a] X^2 = 15.65, p < .02, contingency coefficient = .294

[b] X^2 = 15.55, p < .08, contingency coefficient = .317

subjection to administrative rules and regulations any more likely to have increased their support for these forms of collective action.

Discussion

Perhaps the most striking feature of this analysis lies in its lessons for our understanding of class formation in a conjuncture of economic crisis and ascendent neo-conservatism. Although we have no particular grounds for generalizing beyond the population we studied, our findings imply that, as a distinct, gendered, status group within the working class, Registered Nurses have experienced and responded to political and economic developments in ways which defy any "linear" model of class formation. They are divided on several measures of political consciousness and activity. The tendency of our respondents to identify with the "middle class," which they share with many other workers, may reflect the degree of autonomy that nurses experience in the labour process. Hospital funding cuts and the implementation of bureaucratic controls have intensified and circumscribed nursing labour, yet our respondents report an enhanced use of skill and independent judgement in their work. The transparent effects of fiscal restraint on nurses' working conditions and on the quality of care they can provide to patients appear to have provoked among nurses widespread criticism of Social Credit policy, but there is no clear connection between these localized grievances and the adoption of broader political perspectives. There is, in short, nothing approaching a lock-step relation between an objective degradation of nursing labour and a subjective development of political consciousness.

Instead, we find a prevalence of contradictory consciousness incorporating elements of neo-conservative, social democratic, and populist ideologies. Overall, the trend towards criticism of strikes and unions is counterposed to widespread opposition against state austerity and to increased acceptance of extra-parliamentary political protest. In a conjuncture of intense political struggle, many nurses seem to have accepted the neo-conservative critique of the union movement as a "special interest" group that threatens the public good by discouraging investment. Yet many respondents support their union's participation in Operation Solidarity and advocate further protest against state austerity, although only a quarter actually participated in the mobilization of 1983.

There is also evidence of a trend towards polarization concerning the politics of protest against state austerity. It appears that neo-conservative ideas have taken root most firmly among nurses who reject the legitimacy

of extra-parliamentary politics, whether in the form of union struggles or political protest. On the other hand, opposition to state austerity and wage restraint runs strong among nurses who accept extra-parliamentary action, particularly among those who participated in the actions of 1983. Respondents seem to be divided between those who have come to accept the hegemony of the neo-conservative state and those who reject both the content of neo-conservative policy and the legitimacy of the state in implementing that policy.

Both immediate class experience and prior political sympathies appear to have influenced nurses' responses to the developing political conjuncture. Support for extra-parliamentary protest came principally from nurses whose employment and household situations locate them unambiguously within the working class and whose vote in 1983 endorsed the NDP. Nurses who entered the political situation of 1983 having voted Social Credit, who were married to managers or business owners, and who make up the nursing élite of supervisors and head nurses — while they lament the concrete effects of austerity — tend to reject the politics of protest. The Social Credit restraint programme can thus be seen as having highlighted the underlying structural conflicts facing professional employees, thereby disrupting their ideological integration. It appears to have polarized nurses on the issue of anti-government protest.

This polarization of Registered Nurses in a particular hospital points to a larger ideological struggle in which the social proletariat has come to play a pivotal role. Moreover, as women predominantly socialized into caring about social policies, most nurses have the potential to become deeply concerned about cuts in public spending, particularly on hospital care, which reduce the amount and quality of human services. As Gardiner observed in Britain, the developing class consciousness of women involved in struggles over cutbacks has been influenced by the material changes that have directly affected them (e.g., improved access to higher education, to contraception, and to abortion), and by the "ideological and campaigning impact" of women's movements on their awareness of gender oppression.[36] Among nurses as workers, the potential for consciousness of the combined significance of class- and gender-based issues is great.

Although focused on the study of political consciousness and attitudes, this paper emphasizes the continuing need for analyses of the material conditions under which different groups of wage-earners within the working class become conscious of salient political issues surrounding gender

[36] J. Gardiner, "Women in the Labour Process and Class Structure," in A. Hunt (ed.), *Class and Class Structure* (London: Lawrence and Wishart, 1978).

and class relations.[37] In the case of primarily female workers such as nurses, class and gender are difficult to separate. Among Registered Nurses, the élites of nursing, careerism, and professional ideology hinder the development of class consciousness, particularly if they are reinforced by the presence of a husband who is not a member of the working class. Those who do research or theorize on working class politics and those who organize for social change need to consider these factors. They seem to have been significant under the contingent circumstances of restraint and Operation Solidarity in British Columbia in influencing the consciousness and capacities for political action among at least one stratum of the working class.

[37] Marshall's discussion of the complexities of working-class consciousness and his insistence that we study the way beliefs and actions of workers interrelate according to their wants and interests and the structures and conditions under which they are constrained and expressed are salutary. See G. Marshall, op. cit.