

"...you start off with your surgeons at the top and the porters are at the bottom": hospital porters, identity formation and workplace learning

Alison Fuller¹, Ian Laurie², Lorna Unwin³

¹University of Southampton, Hampshire, United Kingdom, ²University of Southampton, Hampshire, United Kingdom, ³Institute of Education, London, United Kingdom

Background

Recent research and policy interest in workplace learning has been focusing on the contextual factors shaping the character of the workplace as a learning environment, and the extent to which opportunities for learning vary by occupational level and group. From a policy perspective, understanding how workplace learning can be fostered or inhibited is seen to be highly relevant to increasing skills and productivity across the workforce and, particularly, for those with low levels of prior attainment. Allied to this, are concerns about social inclusion. As the UK's largest employer, the NHS has recently been focusing on the opportunities for learning provided for its non-clinical workforce most of whom are located in the four lowest bands in the organisation's pay structure and who, historically, have had limited opportunities to 'upskill' and for career progression. Recent research funded by an NHS Trust in the South of England has explored the workplace learning environment of one such group of employees, hospital porters. The study is providing an analysis of the portering workplace, and is suggesting ways in which it can offer more expansive opportunities for learning. In addition, it is exposing the range of knowledge and skills employed by porters in their everyday workplace activity. Much of this expertise lies outside their highly restrictive job description and, hence, is largely invisible, thus perpetuating the perception within the NHS and society more widely that portering is part of the 'unskilled' area of the labour market (see Unwin, 2009).

Research Questions

In this paper we focus on one of the broad themes, 'identities at work', that is emerging from the research. The terms, conditions and characteristics of different sorts of paid employment have long been seen as an important source of identity formation for employees. The way jobs are constructed, characterised and positioned provides a framework within which groups of workers receive messages about how they are seen by others and which provide the resources for them to learn their 'ascribed' workplace and, or occupational identity. However, studies on workplace identity have also shown that employees can develop their own sense of workplace self or identity which differs from the way they are constructed institutionally and, hence, are seen by others. This research is enabling us to investigate hospital porters' workplace identity formation through the following questions:

1. What are the characteristics of the porters' 'ascribed' workplace identity and in what ways is the identity created, learned and sustained (e.g. through status and pay position in organisational hierarchy, organisation of work, discretion and autonomy, opportunities for training and career development, how they are seen by others etc)?
2. To what extent do porters create their own 'achieved' identity and how does this differ from their ascribed identity?
3. In what ways is their achieved workplace identity created, learned and sustained?
4. In what ways can the workplace learning environment be developed to help the ascribed and achieved identities become more closely aligned (through e.g. the way the role of porters is conceived, the way their work is organised, their opportunities for training and qualifications and career development)?

Methods

The overall aim of the project has been to explore the role of the porters' learning environments to facilitate workforce development and career progression. The research consisted of mixed methods, including:

- Desk-based research to set out the broader picture and context of the study
- Interviews with key informants including the Porter Department Manager, the Head Porters and Supervisors and managers within the key departments with whom porters interact;
- Interviews with a sample of 20 porters (about one fifth of the whole porter population) and broadly representative in terms of age, gender, length of service and ethnicity;
- The completion of weekly learning logs by 13 porters.

All participants were volunteers and the study gained ethical approval from the local NHS ethics committee.

The research covered a range of areas and issues related to the porters' workplace learning activities, such as the organisation of work in the portering department, the porters' work roles and training provision, inter- and intra-departmental communications and relationships, formal and informal learning experiences, and the porters' views on the creation of NVQs for portering.

Frame

The data were analysed using a conceptual device called the 'expansive/restrictive framework', originally created and applied to apprenticeships by Fuller and Unwin (2003), which assesses the strengths and weaknesses of workplaces as learning environments. The framework is used to identify organisational and pedagogical features of the workplace setting. It also enables the micro context of workers' participation in (and learning through) the practices of the workplace communities to be integrated with a broader conception of the productive system within which the environment is located. We draw on theories about the changing relationship between work and identity (e.g. Felstead et al 2009, Rhodes and Scheeres 2004, Collinson 2003) to explore identity construction and performance in the workplace identity formation of porters.

Research findings

The empirical findings from this study contribute to the evidence base on identities at work. The research is revealing the existence of contrasting porter identities and the tensions between them. On the one hand, the messages provided to porters foster an ascribed identity revolving around low occupational status, pay and marginality, and even their institutional invisibility. On the other, the accounts of porters reveal a collective identity which revolves around a sense of belonging to a group with professional values, skills and attitudes, and awareness about the contribution they make to the hospital's performance and most importantly to patients' experience. Overall, the findings indicate that this latter identity has been achieved by some of the porters despite the generally restrictive character of the workplace learning environment. However, without changes to the way the portering role is conceived and supported, tensions and contradictions between the contrasting identities will continue, with ongoing disadvantages for the porters, and the hospital, the NHS, and low-grade workers more generally.