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TIME AND PROFESSIONAL WORK IN PUBLIC SECTOR ORGANISATIONS:  
AN EXAMINATION OF FOUR OCCUPATIONAL GROUPS IN EDUCATION AND MEDICINE

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SUMMARY

The aim of this thesis is to examine the experience of time of four professional occupational groups working in public sector organisations and the factors affecting this experience. The literature on time and work is examined to delineate the key parameters of research in this area. A broad organisation behaviour approach to the experience of time and work is developed in which individual, occupational, organisational and socio-political factors are inter-related. The experience of secondary school teachers, further education lecturers, general medical practitioners and hospital consultants is then examined. Multiple methods of data collection are used: open-ended interviews, a questionnaire survey and the analysis of key documents relating to the institutional settings in which the four groups work. The research aims to develop our knowledge of working time by considering the dimensions of the experience of time at work, the contexts in which this experience is generated and the constraints these contexts give rise to. By developing our understanding of time as a key feature of work experience we also extend our knowledge of organisation behaviour in general. In conclusion a model of the factors relating the experience of time to the negotiation of time at work is presented.

KEY WORDS

TIME  
PROFESSIONALISM  
EXPERIENCE  
MANAGEMENT  
PUBLIC SECTOR

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## Abbreviations

### Education

- CLEA - Council of Local Education Authorities
- DES - Department of Education and Science
- FE - Further Education
- FESC - Further Education Staff College
- HMI - Her Majesty's Inspectorate
- L1 - Lecturer Grade 1 (further education)
- L2 - Lecturer Grade 2 (further education)
- LEA - Local Education Authority
- MSC - Manpower Services Commission
- NATFHE - National Association of Teachers in Further and Higher Education
- NUT - National Union of Teachers
- PICKUP - Professional, industrial and commercial updating
- SL - Senior lecturer (further education)

### Medicine

- BMA - British Medical Association
- DDRB - Doctors' and Dentists' Remuneration Review Body
- DHSS - Department of Health and Social Security
- DMT - District Management Team
- FPC - Family Practitioner Committee
- GMSC - General Medical Services Committee
- GP - General Medical Practitioner
- MEC - Medical Executive Committee
- NHD - Notional Half Day
- NHS - National Health Service
- RCCGP - Royal College of General Practitioners

## CHAPTER ONE. INTRODUCTION

Time is a major modern preoccupation (Grossin, 1974) yet is very difficult to define precisely what time is. Many meanings have been attributed to the word "time" but a generally accepted definition remains elusive. This research adopts, for pragmatic reasons, the concept of time as a "mental construction" derived from experience (Ornstein, 1969: 37). There are many different ways of experiencing time and also many different ways in which time is "perceived and handled by collectivities" (Zerubavel, 1981: xii). Particularly important to the experience of time is the occupational group an individual belongs to. Occupational groups generate their own particular attitudes to time. These attitudes help to give an occupational group its particular character. Similarly, different cultures are characterised by different temporal values. In a complex society like our own there are multiple value systems but an overarching temporal concern is generated by our dependence on clock time (Moore, 1963a). The use of clock time to order our lives leads to a sense of time as a quantity which is often in scarce supply. Attempts to come to terms with time as a scarce resource give rise to differing qualities of temporal experience according to the different strategies adopted in these attempts.

This thesis is a study of the work situation of four professional groups. It focusses particularly on the temporal aspects of work, examining the ways in which members of the four professional groups experience their working time, the strategies they adopt in organising their time and environmental factors affecting their experience and modes of organisation. A major stimulus to the present research was the work of the French social psychologist William Grossin (1974) and a major goal of the thesis is the

elaboration and extension of Grossin's theories concerning the experience of time. Grossin is concerned with "les temps de la vie quotidienne" ("the times of everyday life") as they are created by the experience of time generated by the individual's work situation. Grossin argues that the experience of work is the basis for temporal experience generally. The effects of working time and the way in which it is organised carry over and determine the character of temporal experience in everyday life. Different occupational groups are characterised by different experiences of time because different forms of work are "more or less constraining in terms of time" (Grossin, 1974: 12-13) - "constraining" in terms of the effects they have on time in everyday life.

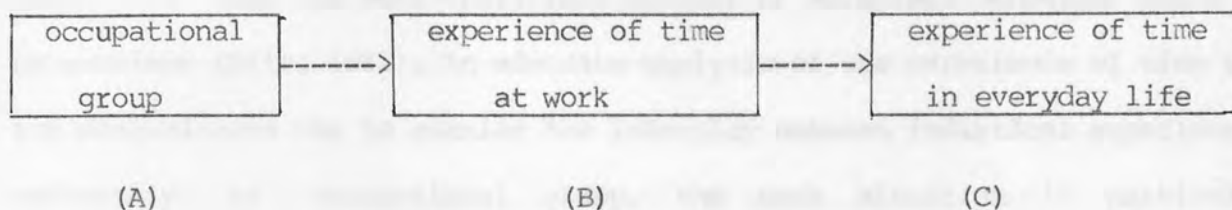
There is a gradient of constraint. Grossin contrasts industrial, office, peasant and professional work. In these forms of work the gradient stretches from teaching (least constraining) to industrial piece-work (most constraining). Time at work is more or less constrained by the way particular forms of work are organised. Different groups of workers differ in their ability to create their own forms of time according to the degree of time-discipline their work imposes on them. A dominant feature of modern temporal experience, Grossin argues, is that it is clock-bound, regulated according to the mechanical time of the clock. He relates this to dysfunctional consequences of work for workers who are "ruled" by the clock, most notably their sense of alienation from their work. The clock disrupts the relationship between task and time. By having his tasks timed the worker is faced with a constant struggle against time so that it is the clock and abstract, mechanical time not the nature of the task itself that determines how much time the worker should devote to a task. The modern worker, compared to his pre-industrial predecessor, is no longer free to adapt his

working time to the demands of the work task as he best sees fit. He has, rather, to conform to the demands of the clock. There is, consequently, a caesura between "human time" and "industrial time". The resultant alienation is manifested in attitudes to and ways of experiencing time in everyday life. The constraining effects of work time impact on life away from work.

Grossin links the clock to the experience of "temporal constraint" at work. The more work is organised according to the clock the more constraining it is (Grossin, 1969: 134-135). Not all work suffers to the same extent from domination by the clock. The industrial worker suffers from the greatest degree of temporal constraint. The office worker has more temporal autonomy even if still greatly constrained by routine. The peasant - Grossin looks at the work situation of the vineyard worker - is least constrained by the clock. His work still depends on the rhythms of nature so he has a positive relationship to time, not seeing it as an enemy to be struggled against. The professional - Grossin looks at the work of the teacher - has a more complex relationship to time than the other occupational groups. His experience of working time is more various, part of his time being characterised by the rigid demands of the school timetable, the rest of his working time being under his own control. But even within the constraints of the timetable his time manifests much variety as "no two lessons are the same" (Grossin, 1974: 117). The professional, like the peasant, has a positive relationship to time. He "does not experience the weight of immediate temporal constraint like those workers bound by piecework or the speed of the line" (Grossin, 1969: 69).

Grossin's main concern is not the experience of working time. He is more concerned with the effect of the experience of time at work on the experience of the time of everyday life ("les temps de la vie quotidienne")

and the effects the different degrees of temporal constraint at work have on attitudes to time generally and ways of dealing with time away from work. This can be represented schematically as follows:



Grossin concentrates on Box (C). The present research concentrates on Box (B) and the factors affecting the experience of time at work. It is in this sense that the research attempts to extend and elaborate on Grossin's, by examining the actual work situation and its temporal characteristics in detail. Grossin's examination of the work situation is limited in its scope. In this thesis the main focus is on the work situation rather than general attitudes to time.

An organisation behaviour perspective suggests that various levels of analysis have to be combined to understand the work situation and the experience of time of the individual in the organisation. These levels of analysis are the individual, the organisational and the socio-political. Individual factors such as personality affect the experience of time (Cottle, 1976). Grossin looks at the effects of biographical factors such as sex and age. This thesis is primarily concerned with social factors affecting temporal experience although the effect of age is considered as a mediating factor between individual and social factors. Individuals' attitudes to time are conditioned by membership of occupational groups and, although they are not necessarily aware of it, by wider socio-cultural



trends. To understand the individual's time situation we need, therefore, to situate the individual in an occupational, organisational and socio-political context. The "new industrial sociology" argues that work organisation cannot be adequately explored by looking only at the workplace level and that the socio-political context of workplace behaviour needs to be examined (Hill, 1981). An adequate analysis of the experience of time and its determinants has to examine the interplay between individual experience, membership of occupational group, the work situation in particular organisations and the context in which the work organisation is situated, its environment. Individual experience has to be related to the ways in which organisations manage time and to the ways organisations relate to their environment that affect working time within the organisation. Time is not just a scarce resource for individuals. Organisations, too, can be short of time and they manage time scarcity in differing ways that impact on individual experience which is mediated by membership of a particular occupational group. Time within organisations is a political issue. Groups negotiate about time, seeking to impose their definitions of the best ways of organising time on other interest groups. Views on time function as "solidifiers of group affiliations and as mechanisms of establishing and consolidating social boundaries between groups" (Zerubavel, 1979: xxi).

The thesis takes as its starting-point Grossin's assertion that different forms of work are characterised by different "weights" of "temporal constraint" and examines how different occupational groups experience their time at work to see in what ways this temporal constraint manifests itself. A major modern manifestation of temporal constraint is a sense of being short of time. One focus of the research, therefore, is the degree to which occupational groups experience time scarcity. The experience

of time is related to key dimensions of working time, pace and length - how quickly and how long individuals work. In seeking to extend Grossin's analysis the thesis also asks why temporal constraint exists. Important here is the fact that time is an area of contestation (Gurvitch, 1963). Management generally tries to intensify time use but occupational groups do not merely accept their temporal situation acquiescently. They have temporal aspirations according to which they seek to shape their work situation. Time is a key industrial relations issue although it is neglected in the industrial relations literature. The research examines time as an industrial relations issue, how occupational groups and their unions/ representatives conceptualise key time issues in bargaining over the labour process with employers and negotiation and contestation factors concerning time.

The thesis focusses on forms of professional work. The vast majority of studies of work have concentrated on industrial work. There are very few studies of what professionals actually do at work so we know very little about how their time is organised. Industrial work is organised according to the dictates of the clock. Writers on professional work have argued that it is organised according to "a calendar of tasks" rather than a "formal calendar of hours of work" (Lamour & Chalendar, 1974: 108). Moore (1963a) argues that professional work tends to be task- rather than time-orientated. Grossin associates professional work with high degrees of temporal freedom, an association professional ideology supports. It is a central feature of professional ideology that professionals have to be free to control their work situation:

"While members of most occupations seek to be free to control the level and direction of their work efforts, it is distinct to professionalism to assert that such freedom is a necessary condition for the proper performance of work" (Freidson, 1970: 153-154).

This suggests that professionals, because they control their work situation, are free to organise their time as they best see fit, that their experience of time will be self-generated and, presumably, will correspond to professional ideals of practice. The thesis critically examines this view of professional time by examining the experience of time of four groups of professionals in two institutional settings: education and medicine.

Two groups were examined in each institutional sphere: secondary school teachers and further education lecturers in education, two kinds of doctor, general medical practitioners (GPs) and hospital consultants, in medicine. Education and medicine provide major forms of contemporary work organization. Between them they account for a large proportion of employment in the United Kingdom. Almost two and a half million people work in these areas (Gough, 1979: 141). The hospital is more ubiquitous than most organisations, with the possible exception of schools (Freidson, 1963). Education and medicine, therefore, are major examples of service work, the form of work that, it has been suggested, will predominate in post-industrial society (Gershuny, 1978). A comparative framework permits the isolation of key organisational and institutional factors affecting the experience of time in different work settings.

In terms of the relationship between occupational group, employing organisation and the organisation's environment the location of the professional groups studied in this thesis in the public sector is particularly relevant. A key managerial problem in this sector is coping with contraction and dwindling resources as cost and efficiency levels are increasingly subject to public scrutiny by the state and state agencies. The state is ultimately, if not the employer of these groups (general practitioners would deny this vigorously), their paymaster. The state is

crucial in defining the political-economic climate in which these institutions and their members act and there is increasing evidence of the state's tendency to intervene in what is now seen as a political economy (Hill, 1981: 237-238). The problems professionals experience in their work and increasing state intervention are interrelated (Elliott, 1973). The economic context is one of recession and dwindling resources for public sector institutions. The phenomenon of deprofessionalisation - professionals' loss of autonomy and the reduction of their status towards that of other hired labour (Braverman, 1974) - has been linked to "deteriorating conditions stemming from budget cuts and other symptoms of the fiscal crisis of the public sector" (Oppenheimer, 1973: 216). Education and medicine are increasingly coming "under the aegis of the state" (Esland, 1980; 229-230). The thesis considers the significance of the role of the state in defining, explicitly or implicitly, the work situation of the groups studied.

The concept of time is a complex one. This thesis does not set out to attempt to answer the question "what is time?". The focus is not on the notion of a real absolute time but on a more relativistic conception founded on experience, primarily the experience of work. The research looks at how we "live in time" in the sense suggested by Fraisse:

"The psychological problem is no longer to know either what time is or what is the nature of our notion of time, nor is it even to seek the genesis of time in some intuition or construction of the mind: it is to understand how man reacts to situations imposed on him of living in time" (Fraisse, 1964: 9-10).

The primary concern is to "study the different ways in which man adapts to the temporal conditions of his existence" (Fraisse, 1964: 10), relating attitudes to and the experience of time to membership of occupational group

and work in particular organisational settings and a particular socio-economic environment. The thesis is concerned with "sociocultural" rather than "ontological" time, time determined by social conditions, particularly "the rhythms and pulsations of the social life of a given group" (Sorokin, 1943: 197).

The thesis is composed of a series of studies investigating various aspects of time at work that are significant to the four groups studied. The goal of the thesis is to attempt to create some order out of a diverse range of data concerning time in several forms of work. Key issues are the experience, management and control of time and time as an industrial relations issue. The remaining two chapters of Part One review the relevant literature on time and work and describe the methodology adopted in the research and the rationale governing its choice. Part Two contains separate studies of the four professional groups examined and of the organisational context in which they work based on interviews with members of the four groups, the analysis of the context in which they work and key industrial relations issues concerning time. Part Three compares the experience of three of the four groups using a questionnaire study and discusses the mediating effect of an individual biographical factor, age. In conclusion, Part Four attempts to integrate these data into a model of the relationship between the factors underlying temporal experience at work and the negotiation of temporal working conditions.

## Chapter Two. Time, social time and work

It is a fundamental contention of research into social time that social life is structured and regulated at its most basic level by its temporal parameters, that the primary determinant of the experience of time is the experience of work (Grossin, 1974) and that work provides "the guidelines by which adults ordinarily structure their use of time" (Calkins, 1969-1970:487). Durkheim was the first to argue that the origins of time are social, drawing his conclusions from the evidence of studies of primitive societies, concluding that "the foundation of the category of time is the rhythm of social life" (Durkheim,1976:22). He was thus the first to focus on the collective social aspect of temporality. Time is not, as Kant held, a universal category inherent in the mind. It is essentially a "collective representation", arising from the experience of the collectivity. Society provides the framework according to which time is arranged and crucial elements of this framework in modern Western society are work and the clock. Primitive societies arrange their temporal frameworks according to the "periodical recurrence of rites, feasts, and public ceremonies" (Durkheim, 1976: 32) so that time in primitive societies, therefore, depends on the rhythms of nature and the repetition of natural events not on clock or calendar.

Hubert and Mauss (1909) make similar points to Durkheim in their study of time in religion and magic in which the representation of time is clearly revealed in its qualitative rather than its quantitative aspects. This aspect of social time was most thoroughly examined by Sorokin in his contrasting of sociocultural (qualitative) and sidereal (quantitative) time (Sorokin,1943). The important lesson for the social scientists who

succeeded and whose work was informed by these founding fathers of the study of social time is that, as Zerubavel expresses it:

"Despite the growing prevalence of the quantitative conception of temporality ... people clearly do not relate to time only as a physico-mathematical entity. They also view it from a qualitative perspective, as an entity which is imbued with meaning" (Zerubavel, 1981:101).

Time, then, is more complex than the homogeneous quantitative concept which dominates contemporary Western industrial society, might suggest. Even clock time is social in origin. The decision to accept a physical measure, the periodicity of an atom, as the basis of time measurement was negotiated between different groups of scientists. Anthropology demonstrates that different cultures develop different notions of temporality. Shared conceptions of time make social life possible. "Time is the creation of the group for the life of the group. It is a source of regularity and dependableness" (Bosserman, 1975:23).

As cultures evolve so do their conceptions of time. Different social groups in the same culture come to experience and orientate themselves towards time in differing ways. This facet of the socio-temporal order has been explored by Gurvitch and Mannheim. Mannheim describes different social groups' aspirations in terms of their conceptions of time which, he argues, demonstrate most clearly "the innermost structure of the mentality" of a group (Mannheim, 1936: 188). Gurvitch developed a typology of social times, a spectrum of their features, and points out that different groups exist in divergent times which are often in competition with each other (Gurvitch, 1963: 174). Social classes have radically differing conceptions of time, different, for example, in terms of duration (temporary, enduring, or permanent) or rhythm (slow, medium or rapid). A key determinant of

individual experience of and attitudes to time is membership of an occupational group (Grossin, 1974). Occupational groups' attitudes to time function as "solidifiers of group affiliations and as mechanisms of establishing and consolidating social boundaries between groups" (Zerubavel, 1979: xxii).

Work relations are maintained and reproduced by time-discipline. Giddens has examined "the control of time as a resource in the structures of domination" (Giddens, 1979: 210). He cites Mumford's (1973) characterisation of the clock as "the quintessential power machine" of industrial civilisation. Shared concepts of and ways of mutual interaction in time are essential to social order and to the survival of any organisation. Regularity of shared performance depends upon them. Work in industrial civilisation has increasingly depended upon compliance with the clock, but compliance has not always been peacefully negotiated. Time-discipline has been an important arena of contestation (Thompson, 1967). The control of time has long been and continues to be an industrial relations issue as struggles over the length of the working week and for free time demonstrate. Simmel (1903) stresses punctuality, calculability and exactness as key social schemata, inherent in existing social relations and essential to the continuing existence of these relations in modern industrial society. Socialising factors in early childhood reinforce these schemata (Piaget, 1969) and education continues the process, further inculcating the temporal habits upon which acquiescence to the demands of work time will depend (Willis, 1977; Foucault, 1979). Work activity is regulated by the timetable which divides the day into a sequence of set tasks.

The progress of industrialisation saw the imposition of ever more demanding work timetables and consequent conflicts over time in which such



innovations as time-and-motion study were resisted by go-slows, absenteeism and strikes (Thompson, 1967). Time discipline varied in its application according to the possibilities of organising a particular form of work and according to the extent to which it was resisted. Workers' resistance reflected their attitudes to time as occupational groups. A central concern of the social theorist, according to Gurvitch, should be to demonstrate which segment of society "dominates and controls the time scale" (Gurvitch, 1963: xxvi). Dominant in Western industrial democracies is a commodified conception of time, epitomized in the saying "time is money". A consequence of such a conception is the quantification of time and efforts to organize social time in terms of economic production and profit. This view of time is seen as universally applicable, a central feature of the dominant ideology (Gurvitch, 1963: 96). The centrality of a quantitative view of time has grown with the progress of industrial organisation and has been facilitated by the application of clock time to social organisation. Mumford (1973) emphasizes this point when he stresses that the first characteristic of modern machine civilisation is its temporal regularity and that this depends for its precise regulation on the clock. The clock is the "crucial" machine of an industrial society (Moore, 1963: 163) and the management of time is a major problem of industrial organisation. A capitalist orientation to industry and the consequent commodification of time makes the problem more pressing. Weber (1976) isolates the rationalisation of time as a fundamental, if not the fundamental characteristic of the Spirit of Capitalism. Time is the primary scarce resource, the use of which has to be maximized. It is used as a commodity, to be traded like any other.

The commodified approach to time has been highlighted as of crucial significance to the way much work has been organised. Time is a key feature of work organisation. Organisations survive as "practices which are deeply sedimented in time-space" (Giddens, 1979: 80). Organisations depend upon the synchronisation of activity, its correct sequencing and an agreed rate of work (Moore, 1963b:163). Organisational survival depends upon the ability to organize the routine. Individual socialisation into an organisation is comprised in large part of adaptation to the demands of organisational time: "little can be accomplished ... of organizational interest unless [the newcomer] can locate himself along the ... axes of organizational time and space" (Van Maanen & Katz, 1979:33). Just as time is limited as a personal resource (Becker, 1977), organisations usually operate under conditions of time scarcity. Time use, therefore, has to be maximised. The commodification of time, the measuring of time like any other commodity, facilitates the measurement and the comparison of different ways of organising time.

The commodification of time is seen by Giddens as a key feature of modern society: it holds the key

"to the deepest transformations of day-to-day social life that are brought about by the emergence of capitalism. These relate both to the central phenomenon of the organisation of production processes, and to the 'work-place', and also the intimate texture of how daily social life is experienced" (Giddens, 1981: 130-131).

It is the "buying and selling of time" that is one of "the most distinctive features of modern capitalism" (Giddens, 1984: 144). It was as time was commodified, seen as a commodity, a thing, that it "became regarded as a scarce and exploitable resource" (Giddens, 1979: 201). The commodification of time is highlighted by Marx as a guiding principle of capitalism. One of the key themes of Capital is that "the economic order of capitalism depends

upon the exact control of time" (Giddens, 1979: 210). The regulation, and exploitation, of labour-time is central to the economic development of the capitalist system. The logic of capitalist development entails the maximisation of productivity in time either by the lengthening of the working day or, when this becomes impossible, by the intensification of available time. Time becomes everything, "man is nothing; he is, at most, the carcase of time". This, Marx proclaims, is the central fact of modern industry (Marx & Engels, 1976: 127). As much of the lifetime as possible of the labouring class, is converted by the economic pressure of the capitalist class into labour time.

It is a central Marxist argument that as hours of work decrease management compensates by intensifying the pace of work, employing such means as stricter supervision, incentive payment schemes and technological innovation. Capitalism contracts "the pores of the working day" (Fenton, 1984: 59), reducing all time to the influence of the "cash nexus" (Hill, 1981: 20). The imposition of time-discipline by management increases the "density" of working time. Reduction in hours of work

"gives an immense impetus to the development of productivity and the more economic use of the conditions of production. It imposes on the worker an increased expenditure of labour within a time which remains constant, a heightened tension of labour power, and a closer filling-up of the pores of the working day, i.e. a condensation of labour, to a degree which can only be attained within the limits of the shortened working day. This compression of a greater mass of labour into a given period now counts for what it really is, namely an increase in the quantity of labour. In addition to the measure of its 'extensive magnitude', labour-time now acquires a measure of its intensity, or degree of density. The denser hour of the 10-hour working day contains more labour, i.e., expended labour-power, than the more porous hour of the 12-hour working day". (Marx, 1976: 534).

Its commodification causes time to be conceptualised and experienced as a scarce resource. Like other commodities it is in short supply and,

therefore, to be used, invested, profitably or wasted. Our whole culture is geared to the avoidance of loss of time (Soule, 1956). Social life has come to be characterised by a chronic shortage of time (Linder, 1970). Given this condition of scarcity, time has to be "planned, allocated, clipped, saved and spent" according to a system of priorities, the main, and often the exclusive one of which is economic (Calkins, 1969-1970: 487). Other cultures are characterised by a surplus of time, for example the Nuer (Evans-Pritchard, 1940) and the Tiv (Bohannon, 1953). In our culture only the unemployed or the under-employed experience such a surplus and that usually unwillingly, often with disintegrative personality effects (Jahoda, 1972, 1979; Starkey & Walsgrove, 1985).

The organisation of work has changed from a task-based to a time-based system so that "internalized rhythms of labour [have been] replaced by learned skills and norms" (Weber, 1979: 484). As a result contemporary life is indelibly marked by an economic orientation to time use which, of necessity, commodifies time and makes maximisation of its usage a psychological as well as a social necessity (Linder, 1970). Now since the transition from agricultural producer to industrial wage labourer as the dominant work situation is the explicit stipulation of the contract of time in quantities of hours of work (Bienefeld, 1972: 10). The worker is expected to conform to a fixed number of hours of employment. Lukacs expresses it succinctly:

"the period of time necessary for work to be accomplished (which forms the basis of rational calculation) is converted, as mechanization and rationalization are intensified, from a merely empirical average figure to an objectively calculable work-stint that confronts the worker as a fixed and established reality" (Lukacs, 1971: 88).

Time discipline constitutes a necessary feature of the labour process as it has evolved, and is evolving, under industrial capitalism. If the search for profits is the system's driving force, time discipline is its main control mechanism (Thompson, 1967). Coriat sees the introduction of the clock into the work situation as "the greatest revolution in the history of production" (Coriat, 1979: 12). Dependent on the clock is the ability to integrate increasingly complex work processes. Efficiency experts set a standard for production units per unit of time. Taylor, possessed by the "Puritan zeal to eradicate the evils of waste and sloth" (Wren, 1979), was the leading proponent of speed and efficiency in his scientific analysis of work measurement. He wanted both labour and management to be mutually committed to a rational view of work which would demonstrate that speed and efficiency were essential. Precise synchronisation, coordination and pacing, according to this view, should be accepted as self-evidently necessary.

The logic of industrial development entailed concomitant changes in temporal experience. The shift to an industrial economy created a radical change in temporal perspective from that dominant in an agricultural society and as the scale of industrial organisation developed so did pressure towards synchronisation and coordination of the punctuality and regularity of activity. Kern points out that during the period he studied at the turn of this century there was a change of attention towards short intervals of time. For the first time these became important in such forms as time-limited interviews, brief telephone conversations, transient meetings (Kern, 1983: 110-111). Mental life was increasingly marked by acceleration of its pace (Simmel, 1903). According to Lukacs (1971) time lost its qualitative character. The general pace of life increased, a phenomenon

predicted by economists of time (Soule, 1956; Linder, 1970; Becker, 1977). The clock also made possible the development of the schedule, the tendency of which, according to economic rationale, is to become increasingly durationally rigid (Zerubavel, 1981).

There is, therefore, as a result of these developments, a process of increasing temporal constraint. Chronarchy, the rule of time, results in the extensive control of time (Wright, 1968). This has its corollary in tightening schedules, a constant search for increased speed (Moore, 1963a), and an "obsession with marked time" (Cohen & Taylor, 1972). Coordination goes hand in glove with acceleration. In contrast, a time-surplus primitive culture like the Nuer's cannot experience the feeling these trends engender of fighting against time (Evans-Pritchard, 1940: 103). Chronarchy leads to forms of work organisation and time coordination that tend towards rigidity, precision, punctuality, calculability, standardisation, bureaucratisation, invariance and routineness (Zerubavel, 1981).

Assembly-line work, particularly in the motor industry, has typically been seen as the prototype of industrial work under capitalism and studies have painted a picture of its time as homogeneous and unremittingly oppressive (Blauner, 1964). On the line speed is all - the assembly line was the perfect solution to problems of "economies of speed" (Chandler, 1971: 281) - so this form of work is seen as totally dictated in its every move by the clock (Wright, 1968: 208). The synchronisation and coordination, the regularisation of continuous output, are management's most important criteria. The line controls the pace of work and dictates every movement. The work cycle is very short and the work soon becomes boring, mechanical and repetitive (Braverman, 1974: 32). The line's chief advantage from management's point of view is that it makes possible a set rate of work and,

thus, the control of time by imposing a set speed of working. Its introduction "resolved technologically the essential first control task: it provided unambiguous direction as to what operation each worker was to perform next" (Edwards, 1979: 118).

The extreme fractionation of time, which is an effect of much unskilled and semi-skilled industrial work, is not, though, limited to the factory. Emphasis on the maximisation of time-use leads to an increase in the pace of work. Pace is "probably the most insistent, the most basic aspect, of a job" (Blauner, 1964: 28). Other forms of work were organised according to the same principles applying in factories. The railway worker has been subjected to as unrelenting a time discipline as any other group of workers, reflecting the importance of the adherence to one particular framework in the efficient and safe operation of the rail system. Time has always been a central focus of railway culture as seen, for example, in the emphasis on the possession of an accurate time-piece. As long ago as 1939, Cottrell, in his seminal paper "Time and the railroader", argued that the importance of time to the efficient running of the railway system deeply marked the whole of the railroader's life, working and non-working. The rigidity of the timetable, the system's subconscious mind, and the unrelenting time-discipline it demanded, created an over-arching scheme that controlled all of the railroader's life. The railroader became "a slave to the clock; intense time-consciousness marks the railroader in all his social relationships ... The obverse of this occupational dependence on the clock is the almost complete denial of the opportunity to time-plan other relationships" (Cottrell, 1939: 195-96).

The work of Cottrell refers to the American railroad system. McKenna (1980) makes broadly similar points concerning the evolution and effects of

time discipline on railway work in the United Kingdom, emphasizing the "tyranny of time" and the "clock-and-watch-bound bondage" of the railway worker's "roped existence" (McKenna, 1980: 250). Struggles over the length of the working week on the railways led to an intensification of time use through such innovations as the big engine policy - "bigger, longer, heavier, faster". If time itself could not be made available in "bigger, longer" quantities, it could be employed more productively. Time, thus, comes to be experienced as faster and weighing more heavily on the worker operating according to new temporal demands.

Gurvitch contrasts the different attitudes to time of management and workers. Time is always too short for the former and too long for the latter. Management tries to master time in order to prolong it while workers try to master time in order to shorten it (Gurvitch, 1963: 44). Industrial progress brought a new managerial time-discipline, an intensification of working time which rendered it "denser, heavier, more tiring" (Grossin, 1969: 163-164). Work organisation came to depend increasingly upon "the highly rationalised and structured orders of formal and quantitative time" (Gunnell, 1970: 82). Time-keeping led to time-accounting, time-rationing and abstract time (Munford, 1973). Grossin sees rigidity as the dominant characteristic of modern work. Previously time was subordinated to task. Now this relationship is reversed. Modern work typically involves:

"rigidity, precision, compartmentalisation of the time structures of work ... [Work] activities are firmly fixed in pre-prepared pigeon-holes that have to be filled. Industry thus separates time and task. Time assigns task. Arriving at work, the worker has in front of him a prepared network of measured times and ... repetitive tasks. These make up separate equal periods according to which he assigns his movements without any choice in the matter. (Grossin, 1974:376).



The evolution of managerial controls leads to an increase in the pace and intensity of work as its length is reduced.

Grossin emphasizes the aspects of excessive pace and rigidity when he discusses industrial work. But not all work under capitalism imposes the same homogeneous form of time. Different kinds of work have been construed as giving rise to different experiences of time. Craft industries retain a "unique task work rhythm", continuous-process technologies create a new rhythm which Blauner (1964) sees as "liberating", a "calm and crisis" mode of time experience, although critics of his work such as Gallie have argued that this mode only applies to a very small section of the work force in industries using this technology (Gallie, 1978: 296). Grossin, himself, contrasts industrial and professional work. Industrial work, manual and unskilled or semi-skilled, is of diminishing centrality as a representative mode of work situation as the numbers employed in manufacturing dwindle and work in the service sector comes to predominate. Indeed some social theorists see professional work as the prototype of future work and its organization (Halmos, ed., 1973). Certainly, it is to professional status that a growing number of occupational groups aspire and theories of professionalism and professional organization imply a radically different picture of occupational time from that depicted in studies of industrial work.

Cohen argues that high-status occupations will be less subject to time-discipline (Cohen, 1968: 272) and that whatever temporal constraints do arise are not due to having to conform to the performance of work tasks within the context and the confines of a rigidly specified timetable. Professionals work according to a timetable of tasks rather than set hours (Lamour & Chalendar, 1974). Writers about professional groups have

highlighted the emphasis professionals place on independence and also authority in their dealing with clients. Professionalism implies a high degree of autonomy in the provision of a specialised form of service. Freidson (1970) sees autonomy as the keystone of professional status. In so far as it resists standardisation it is conceived of as unregulated by the ever-increasing systematic control of the worker by management which characterizes the development of industrial work and has so affected the industrial worker's time (Johnson, 1977: 97). Some social theorists even claim that post-industrialism will be characterised by a transition from the principle of managerial authority to professional authority which operates through the discipline of the internalisation of professional ideology rather than through external imposition and monitoring by management (Halmos, ed., 1973). Professionals are seen as organising themselves through autonomous self-management.

The theorisation of professional work, in its ideal typical formulation, supports a certain image of professional time. The work is non-routine, unprogrammed and unprogrammable, and because of this task-orientation cannot be "precisely time-oriented" (Moore, 1963b: 162):

"The determination of precise man-hour requirements ... is most subject to discretion for those farthest from the production processes. [Also] the need for temporal coordination like specificity of man-hour requirements tends to decrease with structural distance from machine processes" (Moore, 1963b: 166-7).

Professionals retain a "task-orientation" to work because the kind of problems they deal with "have a way of being temporally undisciplined" (Moore, 1963a: 29). Autonomy and independence suggest freedom to control time as the professional deems fit. Authority over clients implies the power

to control and structure the client's time. Medical professionals are seen as presenting an archetypal example of these powers in action (Freidson, 1970). In routine work there is little scope for individual variation in performance while "Professional work, such as medicine, contains a balance of accepted routine procedures and personal styles" (Horobin & McIntosh, 1976: 90). The ideology of professionalism defines the work to be so extraordinarily complex and non-routine that the profession must be allowed to exercise its own independent judgement over how the work is organized (Freidson, 1970: 153-4). It is "unthinkable to require scientists and technical professionals to report the time spent on various activities" (Blake, 1978: 135). Professional groups have been able to resist time-and-motion studies of their work (Moore, 1963b). Time-discipline, therefore, is much less apparent than in lower status occupations where work is organised according to rigid temporal formats based on the clock (Grossin, 1974: 380).

But there is a paradox concerning the temporal advantage professionals might be seen as enjoying in comparison with industrial workers. Grossin also makes the point that whatever temporal advantage accrues to the manager over his subordinates relates to the content of the work time and his relative freedom to organize this as he sees fit rather than the extent of time on the job. Advantage arises in its substance and not its geometry, the ability to control how to use time not in the length of time devoted to work. (Grossin, 1969: 69). Professionals, imbued with the ideology of work, tend to work long hours as work provides a central life-interest (Anthony, 1977). Professionalism encourages systematic overwork (Medawar, 1982: 150). It is professionals who tend to manifest "Type-A" personalities characterised by over-involvement in work, high achievement orientation, a sense of being overworked and of time urgency (French et al., 1982: 18).

Because their days are not tightly disciplined by a work timetable and because their time is at their own discretion professionals tend, paradoxically, to lose control of their time if control of time is construed as being able to devote time to anything but work. "Ever-availability" is a "symbolic expression of being professionally committed" (Zerubavel, 1981: 153). Instead of being in control of time professionals have been described as "slaves to the system", "willing" but slaves all the same (Pahl & Pahl, 1971: 259). Pahl and Pahl argue that managers' time is more effectively exploited than the time of the men they manage because they have "internalised an ideology of self-coercion" (Pahl & Pahl, 1971: 259), an assertion corroborated by Anthony (1977). Control over time at work is limited. Studies of managers have shown how much they are at the beck and call of others, reacting rather than acting in a proactive manner, and how their time is fragmented and their activities episodic (Pugh et al., 1975; Mintzberg, 1973).

Professionals, therefore, are committed to long hours to the extent that they internalise the professional ideology of time-commitment. The key factor concerning their ability to control how they organise this time is the extent to which they are masters of their own work situation. Professionals do not work in a vacuum, isolated from the broader social context. Their occupational context needs to be seen in its organisational and socio-political context (Hill, 1981). These are changing. Professional autonomy, the freedom to control time independent of external scrutiny, is increasingly challenged. External demands for control are now becoming stronger on the part of those agencies that employ and pay professionals. Professional groups are now subject to demands for accountability and various forms of regulation (Wilding, 1982). The professional as independent

practitioner and entrepreneur marketing his own skills is a declining breed. In as far as the professional ceases to be an independent practitioner and becomes an expert employed in a bureaucratic organisation, he becomes more open to the controlling tendencies of these organisations.

The professional now frequently works in bureaucratic organisations where employee status can conflict with basic professional values. There is, for example, the possibility of tension between organisational efforts to routinize work and professional autonomy to define work tasks (Elliott, 1972: 129). Professional commitment runs the danger of being rationalised.

"one of the most significant aspects of the 'rationalization' of social life in modern Western civilization is the increasing bureaucratization of professional commitments, which is clearly manifested through the rigidification of their temporal boundaries" (Zerubavel, 1981: 159).

Professional rationales weaken when they come to depend on the supply of resources from sources external to the profession (Elliott, 1973). Doctors, for example, depend on the panoply of state provision for their range of therapeutic possibilities. Much "high-tech" medicine is impossible without state financing. Professionals can no longer function in isolation and, joining organisations not managed according to professional logics, they become potentially subject to differing logics, a predominant one being the logic of economics and efficiency. This logic implies the ever-increasing systematic control of workers, including professional workers, by management, that has been the corollary of industrial development (Johnson, 1977:97). When professionals are employed and, therefore, paid by the state this impetus towards control is likely to be all the more pronounced in a monetarist economic climate which favours a radical switch of resources away from the public sector as a strategy to overcome the "accumulation crisis" of the capitalist state (Offe, 1975).

Some writers, such as Abercrombie and Urry, have argued that the professional is being proletarianised, being subjected, increasingly, to the same kinds of control that the industrial worker has always experienced (Abercrombie & Urry, 1983). Bureaucratic organisational structures parallel proletarian working conditions in their extensive division of labour, the pace and characteristics of the work being determined by management, rules being established from above and disseminated according to a hierarchical command system, and the specialisation of work aiming at standardisation and uniformity of tasks (Oppenheimer, 1973: 213-216). Bureaucracy creates for the professional the possibility of factory-like discipline, not least in the area of time (Johnson, 1977:96). Consequently writers like Haug (1973) see deprofessionalisation rather than professionalisation as the trend of the future as professional claims to special knowledge, independent service and autonomy are increasingly challenged and demands for professional accountability to paymasters and clients increase. They argue that a reorganisation of professional time, according to this view, will be resolved in the public arena and not in the privacy of professional bodies, that control over professionals' time will be imposed from without rather than being generated internally by the profession and applied by the individual professional in autonomous fashion, and that particularly important will be the redefinition of professional time that will take place under the aegis of the state, the paymaster. This prediction suggests a homogenisation of working time as the logic of industrial efficiency triumphs and the professional becomes subject to the ubiquitous influence of the clock and commodified time.

### C. Conclusion

Attitudes to and experience of time are conditioned by social life, particularly membership of occupational group. Occupational group membership is a key determinant of an individual's experience of time. Time at work has to be understood within the context of a Western culture with the dominant perspective of an economic orientation to time which tends towards time's rationalisation and commodification. The evolution of the organisation of time at work and the way it is presently organised can only be understood in the context of the development of the Spirit of Capitalism which has created the chronic search for the most productive form of time-discipline at work.

Developments in work organisation, following particularly the scientific management studies of Taylor (Rose, 1982), have promoted the continuing search for the most efficient use of time. Work is increasingly subject to rationalisation and workers' time managed according to a "relentless, calculating search for productive efficiency" (Hill, 1981: 8). Industrial and bureaucratic time-discipline aim at order based on a process of routinisation (Giddens, 1979: 192). There is systematic pressure towards the more intensive use of time as part of the chronic search for improved efficiency. As a result the worker's control over his time at work is progressively reduced. The control of time becomes an essential feature of the power struggle between capital and labour. Control of and competition about time are key issues. Time at work ceases to be organised and measured according to events and the activities that constitute them. Work is subjected to the impersonal schedule and monitored by reference to the implacable clock. The beginning and ending of activities are subject to the necessities of time-slots. Submission to time "is the price of

modernisation, productivity, potential affluence ..." (Landes, 1983: 360). Time, as a result, presents itself not only as a control mechanism but as a central commodity. In the search for optimum productivity the availability of time becomes the "criterion of scarcity ... the organisation, coordination and allocation of time ... become the main problems" (Gunnell, 1970: 84). Time at work ceases to be organised according to the demands of the task. The clock becomes dominant. But, as Grossin points out, degree of submission to the clock and timetables based on clock time and how these timetables are imposed and time-discipline managed varies according to form of work. There is a heterogeneity of work situations, differing in their degree of temporal constraint. Different groups of workers exhibit what Gurvitch calls a spectrum of social times. Heterogeneity leads to multiple manifestations of time. Occupational groups can, then, be seen, in a Durkheimian sense, as constituting a "multiplicity" of "loci of sociotemporal orders" (Zerubavel, 1979: 106).

There are two contrasting views of professional time. Dominant is the view stemming from the image of the professional as a member of an occupational group with freedom to organise its work in the way it best sees fit. According to this view professionals have been depicted as an occupational group with a high degree of temporal autonomy, a freedom to use their time as they see fit (Grossin, 1974). The professional is seen as escaping from the trend towards clock-based ways of organising time because professional work is not amenable to the sort of precise measurement and specification this form of organisation depends upon. Professional work, therefore, is still task-based. There have been few studies, though, of professionals at work so this view of professional work is theoretically rather than empirically based.



The contrasting view suggests that professional work is increasingly being subjected to the same logic of the most efficient use of time that has been applied to industrial work. Demands for accountability and control of professionals are increasing (Wilding, 1982). Working in bureaucratic organisations with rules regarding time-use for other employees based on the commodification and rationalisation of ways of thinking about time, professionals are increasingly subject to management's continuing search for improved control over all forms of working time. This search is particularly acute in organisations in the public sector subject to resource cuts as state intervention in a political economy continues to increase. In these organisational contexts there is a potential clash of interests between professional ideals of time use and management's search for the most efficient way of organising time. Professionals, anyway, according to some studies, already see time as a scarce resource, not because of the rationalisation and commodification of their time use but because of professional commitment to long hours of work based on the professional ethos of availability (Zerubavel, 1981). They are not free to use their time in an unconstrained manner to the degree that they are subject to an "ideology of self-coercion" (Pahl & Pahl, 1971) which leads to the over-commitment of time to work.

The following chapters examine these issues in empirical studies of four professional groups.

### CHAPTER THREE. THE RESEARCH METHODS

Interviewing was chosen as the initial method of inquiry in the opening stages of the research because the subject of professional time had been little researched and because a major concern was to elicit actors' definitions of their work situations. The interviews focussed on the issues raised in the previous chapters concerning the experience of time and the organisational setting which forms the context of this experience.

The style of research adopted was an "action frame" approach (Silverman, 1970). The aim was to situate individual experience in its professional, occupational and organisational context and the organisations in their wider social context. The "action frame of reference", applied to the study of work, is primarily concerned with "the general orientation of individuals to their roles and with the meaning of work at a subjective level" (Burrell & Morgan, 1979: 195) and looks at the meanings, values, perceptions and action patterns, that groups share. It sees action as socially constructed. Basic to this construction is the way in which individuals and groups interpret their social situation. These interpretations, following Weber, are related to their wider socio-cultural context. The possibilities of action are constrained by the social situations in which individuals find themselves although they are free to strive to change these contexts of action. We need, then, to look at internal and external variables, individuals' meanings and the environment in which they operate.

"[The action approach] is particularly fitted to explain the orientations and behaviour of members of occupational groups ... Instead of explaining action away, say, as a mechanistic reaction to their place in the organisation or as mere reflection of the nature of class relations, it can show how it derives from the definitions of the situation and the ends of the actors as shaped by their prior

expectations (associated with their extra-organisational statuses) and their historical experiences of past interaction" Silverman, 1970: 164).

The approach attempts to situate time practices within a context of organisational constraints on behaviour. Its basis is the assumption that what happens is the result of the individual acting in a world that is not of his making and in which his possibilities for action are limited by social structural constraints (Giddens, 1984). This takes us beyond the realm of the individual into the analysis of the broader social context.

The first stage of the research involved interviews with secondary school teachers, further education lecturers, hospital consultants and general medical practitioners. The interviews examined individuals' experience of time and their views on how their particular work situation affected this experience. Copies of the interview schedules are included in Appendix A. There were certain differences in the questions used for the four groups. This was due to the evolving process of the research as new themes emerged and were focussed on. The four groups were studied sequentially. Interviews were first conducted with teachers then lecturers then consultants and, finally, with general practitioners. As issues were raised by one group they became part of the focus for subsequent groups.

The interviews with teachers centred on questions concerning workload, the way their work was organised, the duration and pace of work, time scarcity, the energy demands of work and the effects of work on non-work time. These themes were suggested by Grossin's work. Interviews with further education lecturers examined an open learning teaching situation. Open learning is a recent innovation in further education aimed at maximising the availability of courses. It offers FE lecturers a different experience of time from the more normal lecturing situation. In the examination of open

learning and further education in general a major new theme began to emerge in the research. This was the question of external pressures on lecturers to improve their time use. This raised issues concerning the control, management, negotiation and evolution of time practices. These themes were examined in interviews with senior lecturers in colleges and then with senior teachers in schools. Copies of the interview schedule used with senior college and school staff are included in Appendix B. Further education lecturers' views on time were also solicited by a short, written open-ended questionnaire distributed to lecturers not available for interview. A copy of this questionnaire is included in Appendix C.

Senior staff in schools and colleges are responsible for organisation of the time of other staff and for the framing of the school and college timetable which dictates how staff time is used. Their views on time were thus seen as a useful counterpoint to the views of their staff. Consultants and general practitioners are responsible for the organisation of their own time. The interviews with these two groups examined the themes of workload and work organisation, the duration and pace of work and time scarcity and also issues related to the control of time.

The interviews with the four occupational groups were open-ended and relatively unstructured, focussing on what interviewer and interviewee saw as key topics relating to time. When possible interviews were recorded. If permission to record was refused written notes were taken.

The next stage of the research was the questionnaire study of three of the four groups: as a way of tapping a more truly representative sample of professional opinion concerning time; to supplement the qualitative data gained from the interviews; and, following Grossin, to compare the temporal experience of different occupational groups and to look at biographical

factors as possible differentiating factors within groups. A questionnaire was devised based on questions arising from the interviews and related questions from Grossin's questionnaire (Grossin, 1974), from the literature on organisation behaviour (Kahn et al., 1964; Child and Partridge, 1982), from studies of managers (Pahl & Pahl, 1971) and from studies of leisure behaviour and motivation which looked at time (Young & Willmott, 1973).

Three dimensions of time were key foci in the questionnaire: pace, duration and eventfulness. Duration is concerned with how short or how long the period of time devoted to an activity seems. The dimension of pace relates to the experience of how quickly or slowly time passes when engaged in an activity. These two dimensions combine to create a third, eventfulness. This relates to the content of the experience of time, its density and intensity (Ornstein, 1969). Duration, whether time feels long or short, tells us about extensity. How full or empty time is tells us about intensity which depends on eventfulness, the number of activities, the pace of activity, within a specific duration. The dimensions can usefully be conceptualised as bi-polar: long-short, fast-slow, and full-empty. On them there are positions which we experience as more satisfying than others and according to these we compare actual experience with ideal aspirations. "Feelings of length of time can arise during the duration itself through a comparison between the duration we feel and the duration we should like" (Fraisse, 1964: 232). According to Bachelard we only find length of time when we find it too long (Bachelard, 1950). The experience of time can, therefore, be judged in terms of whether it is too full or too empty, just as it can be judged as too long or too short, too fast or too slow. On each of these dimensions there is an optimum point of experience, described by Csikzentmihalyi (1975) as "flow", when all dimensions are in balance, which

he discerns in both work and play, in the activity of the surgeon, the musician and the rock-climber, among others, when involved totally in their tasks and oblivious to time.

The questionnaire was piloted on general practitioners after a first draft was presented to key informants for comment, in the light of which it was amended. It was further amended in the light of responses to its first distribution to 100 general practitioners, from which the 39% response rate was considered encouraging. The final form of the questionnaire was distributed to another group of general practitioners, to teachers and to lecturers. It comprised 69 questions common to all three groups relating to the experience of time. Additional questions were aimed specifically at tapping intra-professional diversity. The intra-group differences are not examined in this thesis apart from the those relating to the possibility of an age bias which are examined in Chapter 9. Copies of the questionnaires are included in Appendix D.

The questionnaire was seen as a further tool in the effort to obtain views of how various occupational groups experienced their time and also as a means of comparing answers of different groups more rigorously. In contrast with the largely open-ended nature of the interviews, the questionnaire used fixed-alternative items. It was used with only three of the groups studied as hospital consultants were not included in this phase of the research because it was felt that this would be premature considering the different work situations in which consultants in different specialties worked.

As a step towards maximising relevance of the data and to place the professional groups in their wider socio-cultural context, as many documents as were available from within the various organisations were

collected and examined as well as various official reports and studies of elements of the particular kind of work under review or other related aspects. These documents were examined in the light of the key emerging constructs. Their analysis permits the consideration of various elements of the organisational situation that might be closed to actors from within (Gleeson & Mardle, 1980: 135) although some of it is public information. This sort of information, comprising the official, external view, has been sorely neglected by organisational analysts (Perrow, 1979: 194).

Consideration of this literature led to the discovery that there were key industrial relations issues concerning time particular to the four groups. These issues were, therefore, also examined. They tend to focus around issues of time and work contract. In two cases (teachers and consultants) prolonged disputes with employers over the temporal aspects of contract had led to threats of and to actual industrial action. In another case (further education lecturers) a new contract had been implemented which radically altered the temporal nature of the work contract. In the final case (general practitioners) dissatisfaction with time aspects of the contract had led to calls from an influential body in the profession for a radically revamped form of contractual obligation governing their work.

#### B. The samples

Nachmias & Nachmias (1976) point to three basic sampling problems: (a) the definition of the population, (b) the determination of sample size, and (c) the selection of a representative sample (Nachmias & Nachmias, 1976: 267-268). Only if probability sampling is used, that is, the probability of each sampling unit of the population being included in the sample can be

specified, is representative sampling possible in the strict sense. In exploratory research representative sampling of this kind is premature. In his research Grossin aimed at a picture of work and its effects in a variety of settings and argued that this should take precedence over representative sampling which could be undertaken later. What is aimed at is development of concepts that in the course of cumulative research will help to define a field. Non-probability sampling is sufficient for this purpose. Non-probability sampling also has the advantages of convenience and economy (Nachmias & Nachmias, 1976: 261).

The four sample professional groups were generated in different ways. Schools were selected on a simple random sampling basis after defining the universe of schools to be included in the selection on a convenience basis. Thus a simple random sample of five schools was chosen from all the schools in the education authority closest to the researcher's home and, therefore, economical of time, energy and finance in terms of travel. Heads of schools were then approached, initially by letter and then by telephone, a broad outline of the research given and permission requested to visit the schools to interview a cross-section of teachers. The initial aim was to interview 15 teachers, 3 from each school. The specification of a convenient time for this was left to the heads and the researcher then went to the school at that time and in one case was introduced to a group of teachers by the head and left to arrange the interviews himself. In the other cases the head arranged interviews of those teachers free from teaching duties at the time of the visit. In two schools it was only possible to interview 2 teachers, in the others 3, a total of 13 in all. Interviews lasted approximately one hour. Interviews were also conducted in the 5 sample schools with the head teacher or deputy head responsible for timetabling to elicit their views on



the time problems schools faced. In all 2 heads and 3 deputy heads were interviewed, each on two separate occasions, interviews lasting for, on average, an hour on each occasion. A teaching union perspective on current secondary school time problems was elicited by telephone from the local NUT (National Union of Teachers) area officer.

Interviews in the further education sector initially concentrated on 2 colleges offering new methods of organising their teaching time. Both used a system called Flexastudy, one having pioneered the system and the other having just introduced it. This approach was considered a fruitful way of understanding time in the FE sector generally as, by examining why this new method of organising time was considered necessary, it could teach us about the sector generally. The 2 colleges were therefore visited, a half-day being spent in each, and the relevant heads of department and other staff free at the time being interviewed, 2 heads of department and five other members of staff in all. This interview data was supplemented by the short open-ended questionnaire distributed to all the staff in the two colleges operating the Flexastudy system who could not be interviewed. This aimed at eliciting views on both time under Flexastudy and normal college time. It was completed by a further 12 lecturers. Further interviews were conducted with the senior college staff responsible for timetabling in 5 colleges in the West Midlands area, 2 principals and 3 deputy principals. Two other members of staff responsible for staff development in two of these colleges were interviewed. These interviews lasted between 1 and 4 hours. These colleges were selected through a series of personal introductions stemming from conversations with people involved in the FE sector who thought the particular colleges concerned were interesting examples of developments in that sector. Two members of staff at the Further Education Staff Training

College were also interviewed during a day spent there. FE union opinion was elicited from representatives of NATFHE (the National Association of Teachers in Further and Higher Education) who were contacted by telephone.

General practitioners'(GPs') views on time were initially solicited from a practising GP with a part-time academic appointment and an interest in the organisation of GPs' time and a former GP, now a community physician with academic responsibility, who were consulted on a number of occasions. The latter arranged introductions to 6 GPs practising in his District Health Authority and these agreed to be interviewed, interviews lasting from between one to three hours with supplementary questions being put, when necessary, over the telephone. The consultant sample was also selected, as in the case of the GPs interviewed, by a form of convenience sampling. I participated in a local Regional Health Authority seminar, "Management for consultants", and was given the opportunity to present my research interests and to solicit participation by those consultants present. All agreed, 8 in all, were visited individually at the hospitals they worked in, and interviewed, interviews lasting between 1 and 2 hours. (Time-logs were also completed by 5 of these consultants but they were not used in the current research.) It was felt necessary to look at a cross-section of medical specialties spanning a range of consultant work and because no radiologist or pathologist had attended the management course introductions to members of these specialties were arranged and a member of each specialty interviewed. Extra questions were also put to this group by letter and over the telephone and extra information relating to important time issues for consultants collected at time management workshops I ran for the Regional Health Authority for consultants. Interviews were, therefore, conducted with consultants from the following specialties: ophthalmology, orthopaedic

surgery, general surgery, general medicine, anaesthesiology, paediatrics, psychiatry, radiology and pathology.

A first GP sample was sent the initial form of the questionnaire. The sample was chosen on a systematic random basis from the Yellow Pages telephone listing of doctors in the West Midlands area, a 100 doctors being sent copies of the questionnaire which were returned to me in an enclosed s.a.e. The response rate was 39%. This distribution served as the final stage of the piloting of the questionnaire design. A slightly modified version of the questionnaire was then distributed to 100 more GPs, this time selected at random from the Birmingham Family Practitioner Committee's list of practising doctors. The response rate, again, was 39%. Several questionnaires were returned with notes saying that respondents did not have the time to complete them. Several respondents added copious comments on the issues raised in the questionnaires to their completed copies.

For the questionnaire study of two education groups a form of stratified sampling was used, its basis being scale/grade of teacher/lecturer. For grade and scale there were four levels. Thus for each of the five colleges and schools already participating in the research questionnaires were distributed to 5 grade/scale lecturers/teachers and 5 to each of the other 3 grades, a total of 20 questionnaires per college/school, 25 per grade/scale, 100 to each profession. The response rate was 35% in FE (12 grade 1, 9 grade 2, 9 grade 3, 5 grade 4). One college had no grade 4 lecturers and returned 5 questionnaires. These were sent to the other four colleges. In secondary schools the response rate was 45% (9 scale 1, 9 scale 2, 15 scale 3, 12 scale 4). Subjects were selected at random from lists of staff either by myself or by a contact person in the organisation and questionnaires were returned direct to me by post. The FE response rate

was disappointing. It is suspected that a contact failed to distribute the questionnaires but this was impossible to ascertain.

The data base used in the research, therefore, comprises the following:

- interviews with secondary school teachers;
- interviews with further education lecturers;
- interviews with general medical practitioners;
- interviews with hospital consultants;
- interviews with others working in these four areas;
- questionnaires completed by teachers, FE lecturers and GPs;
- relevant written documents (internal reports, timetables, description of organisations, official reports, evidence submitted to industrial tribunals);
- analysis of key time issues as exemplified in industrial relations issues particular to the four groups;
- analysis of literature drawn from social sciences and journals of the professions studied.

Findings from the interviews, supplemented by the study of official reports and key documents relating to the organizational/ institutional context of individual and occupational group experience, are reported in Part 2 of the thesis. The questionnaire response is analysed in Part 3.

## Part Two. Time and four professional groups: the interview study

### Introduction

Part Two examines the temporal experience of four professional groups in education and medicine. It is based on interviews and an examination of the literature and official reports pertaining to these groups. The chapters in this section begin with an analysis of the key time issues facing the four groups. Then the findings of the interview studies are reported. Next current industrial relations issues concerning time facing the groups are examined. A major goal of this section is to set the experience of time and problems relating to time, such as industrial relations issues, in the context of the key issues concerning time in the institutional milieu in which the four professional groups work. Those issues that are currently most important in secondary and further education and in general and hospital medical practice are, therefore, dealt with in detail as they impact on the time situation of the four groups.

A major theme to emerge from the analysis of the contexts of the time experience of the four groups is the centrality of the role of the state in defining these contexts. The fact that these groups work in public enterprises, it emerges, is of major significance. The goals of these enterprises, problematic as they might be, are a central concern of public and political debate and a key voice in the debate concerning ways of organising education and medicine is the state. It is the state that ultimately funds the enterprises and pays the salaries of the groups involved.

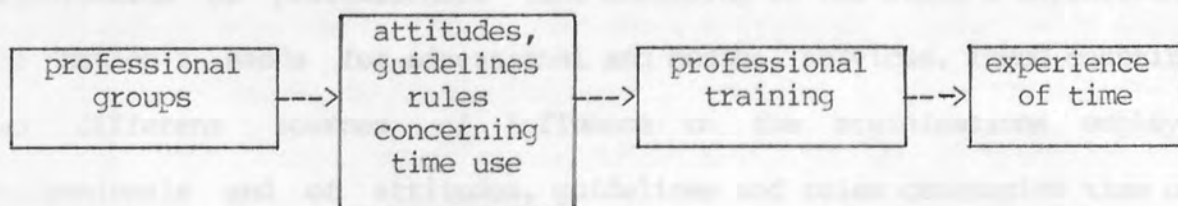
Ferner argues:

"nationalised industries face political constraints that alter the calculus according to which management strategy is formulated" (Ferner, 1985: 67).

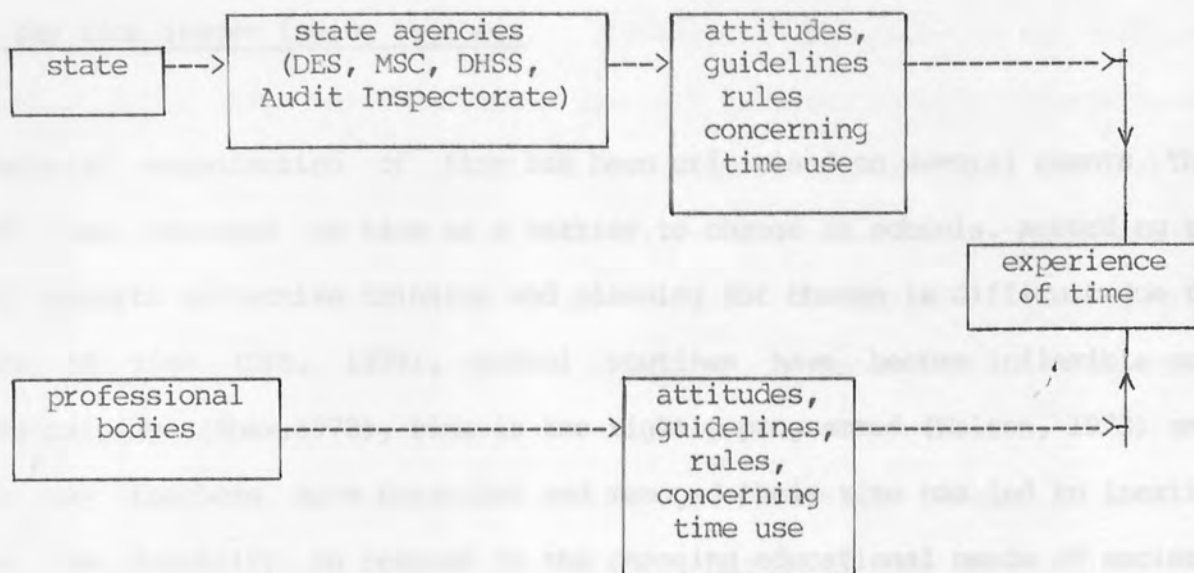
Working in public sector organisations professional groups' working practices are increasingly coming under public scrutiny. A major focus of this scrutiny is their temporal practices. Professionals' ability to define the way in which their time is organised is constrained by political pressures. These political pressures are mounting with "the growing crisis of state finance and attempts to find ways of controlling the demand by state enterprises for economic resources" (Ferner, 1985: 67). These pressures form the context in which professionals experience their time and in which they define and also redefine their attitudes to that experience. The state's relationship to the professional groups is mediated by, in education, the DES, the MSC and the Audit Inspectorate, and in medicine by the DHSS.

The two contrasting views of professionals' experience of time set out in the previous section can be represented schematically in the two following models, A and B:

(A)



(B)



This section argues that Model (B) is currently more appropriate for understanding the professional groups studied in this thesis. Within the organisational context in which they work there are two competing rationalities: professional rationality concerning the optimal delivery of services and the best organisation of time according to the profession's own criteria of time use; and the state's rationality that emphasises the optimal delivery of services in a situation of resource constraint and the organisation of professionals' time according to the state's definition of the nation's needs for educational and medical services. These constitute two different sources of influence on the organisations employing professionals and of attitudes, guidelines and rules concerning time use. This dual influence process makes the organisation of time problematic. The following chapters examine the experience of time of the four professional groups within this framework.

## Chapter Four. Time and the secondary school teacher

### A. Key time issues facing teachers

Teachers' organisation of time has been criticised on several counts. The DES has focussed on time as a barrier to change in schools. According to DES reports collective thinking and planning for change is difficult due to lack of time (DES, 1979), school routines have become inflexible and constraining (Shaw, 1972), time is too tightly programmed (Walton, 1973) and the way teachers have organised and managed their time has led to inertia and the inability to respond to the changing educational needs of society (Lawton, 1978). Teachers themselves argue that it is external factors that create the school imperative to maximise time-use in certain kinds of ways which leads to these time problems and that primary among these factors are the pressures on the curriculum of public examinations and the increase in the number of secondary school subjects (Weston, 1977). Critics of the profession retort that most powerful in determining the organisation of time in schools are the entrenched ideas and modes of practice of teachers.

Traditional ideas about the management of the curriculum have been criticised. A major criticism is that the tradition of allocation of time to subjects has become ossified. The school timetable is structured according to "long held views about pacing subjects and the way subjects should be taught" and depends to a large extent on curriculum models that change only slowly (Walton, 1972: 132). Techniques of organising the curriculum in terms of specific time modules have become so entrenched in school organisation that they are now taken for granted by the teaching profession. These techniques have become ends in themselves. The result is an over-crowded and



inert curriculum (Lawton, 1978: 273). The need for curriculum change was a key feature of the Great Debate about education initiated in October 1976 by Prime Minister, James Callaghan. This debate focussed on the issue of whether value for money was being obtained from the state's investment in education. The secondary school curriculum was criticised for its lack of responsiveness to the needs of a complex industrial society. Teachers were criticised for having abused their freedom to define and implement educational goals by adhering to a curriculum impervious to change and unresponsive to the nation's needs.

The Great Debate has to be seen in the context of the problematic nature of educational goals. Teachers are blamed for not having clarified the main aims of schools. There is a chronic lack of consensus about the goals of education. March describes educational organisations as "organized anarchies".

"No theory of organisation which requires the rational pursuit of clear and specific organisational goals will fit schools" (OU, 1976).

Even the syllabus does not provide clear and well developed direction for teachers as its planning and implementation differ so much from school to school and even from department to department (Taylor, 1970). Headteachers are free to define organisational goals of their own (Kogan, 1975) but their aims are, at best, vague. They talk about "efficiency, harmony, security, balance" but these goals are difficult to conceptualise and operationalise because schools behave as though they are closed systems, autonomous bodies (OU, 1976). Two features of the British educational system have been blamed for this: weak central control and the failure of the 1944 Education Act to attempt to define the aims of education (Archer, 1979).

The state's response to the failings of the educational system has been to initiate moves towards more centralised control of the curriculum and definition of educational aims. Through the DES the state is increasingly taking over the planning role of determining what are appropriate things to be doing and appropriate ways for teachers to use their time (Fenwick & McBride, 1981). Consequently secondary education is in a transition period from "partnership" to "accountability" (Lawton, 1980). The school is no longer to be left free to decide its own goals through teacher definition of curriculum and curriculum objectives. It is to become more responsive to central direction and the national interest. Teachers are no longer to be trusted to define their own work practices.

"'Partnership' indicates satisfaction and trust, 'accountability' dissatisfaction and distrust" (Lawton, 1980: 12).

Schools are urged to clarify their aims and objectives, to plan and to monitor activity, to maintain and improve standards, to innovate and to maximise the use of limited resources (Wood, 1983: 22).

The syllabus defines the nature of a school's academic activities and, therefore, its raison d'etre. Existing modes of curriculum design upon which school timetables and school organisation are based are the major focus of calls for accountability and criticisms of schools' lack of clarity in defining and realising their goals. The DES asserts that the curriculum has been badly managed (DES, 1977) and there is strong pressure from the DES for schools to examine and change their curriculum practices and, thus, their patterns of organising time. A major aim is the introduction of a new common core curriculum to replace a diversity of local provision. The new curriculum is to be appropriate to the country's economic needs and to a fast-changing society. It is to reflect the needs of all pupils not just to

the academic minority, the top 20-25%, whom the heavily examination-biased curriculum of the past has favoured. The DES asks:

"Have heads of department ... been invited to produce a distillate of their proposed content - a sort of irreducible minimum - and then been asked to justify the time requested for its discharge? Have they considered this irreducible minimum as being the basic entitlement of all pupils?" (DES, 1977: 66).

The DES view is that schools, generally, have been lacking in this respect and, therefore, this task has to be done for them.

Proposals for a core curriculum, then, aim at establishing a basic set of knowledge, centrally agreed, and to be transmitted to all pupils, which will rationalise a plethora of local initiatives. Significant here is the demise of the Schools Council, previously the country's major curriculum agency, axed as it had become too responsive to school interests and, thus, neglected the views of those outside education (O'Connor, 1985). The aim is to bring curriculum policy under central direction despite educationalists' criticism of the imposition of uniformity.

"The secret garden of the curriculum may have been an over-grown and tangled place, but it was fertile, and flowers bloomed. It is now in danger of being ploughed up for the sort of prairie farming which produces only a dull uniformity" (O'Connor, 1985).

The profession's critics argue that decisions taken in secret have distorted educational provision. A core curriculum centrally devised will replace the local intra-school bargaining processes that have distorted national and pupil needs in favour of teachers'. Goodson (1982) argues that the school curriculum has not developed as a response to the needs of pupils or of society but as a result of teachers' struggles for power and status. His view is corroborated by a headmaster who criticises the political dimension of in-school curriculum decision-making.

"often the discussions masquerading as curriculum discussions are power struggles for more time and resources, and higher status for those concerned" (Marland, 1981).

A core curriculum will make these power struggles obsolete.

Paralleling changes in the curriculum are changes in the examination system. The GCSE (the General Certificate of Secondary Education) examination, with syllabuses set by National Criteria Working Parties appointed by the Minister of Education, is set to replace the GCE (the General Certificate of Education), which was set by a variety of regional examination boards, in 1988. Decision-making about curriculum decisions will thus be further nationally constrained and local teacher autonomy will dwindle with implications for teachers' freedom in the classroom to use time as they see fit.

Criticisms of secondary education focus on the organisation of time in schools not on the amount of time teachers devote to work. Teachers are not criticised for not devoting enough time to their work but rather for not concentrating their time use in the most important areas. The social construction of the concept of the good teacher emphasizes "busy-ness": "a salient notion associated with the typification of 'good' teachers was 'getting on with the job'" (Grace, 1978: 242). Professional organisations tend to measure quality of service by commitment which is judged by the amount of time individuals devote to the organization, time over and above the call of duty (Moore, 1963a: 14), time which teachers have generally been willing to commit to work (Hilsum & Strong, 1978). But schools' ways of organising time, according to the DES, have generated a situation in which teachers are "trapped" by "busy-ness" in a day-to-day routine they seem unable to escape from (DES, 1979). A recent HMI report on secondary education emphasised that the quality of teaching depends on teachers having

adequate time (DES, 1979: 220). It found that schools were frequently lacking in time for adequate assessment of what they were doing and that "collective thinking and planning" were difficult to achieve because of time problems (DES, 1979: 253). Indeed schools were suffering because teachers did not have enough time to do their day-to-day work.

"The claim that schools are over-managed and that teachers are spending too much time in duties other than teaching was not supported by the evidence of the survey. Indeed, in most schools, teachers with posts of special responsibility for the teaching of particular subjects or for the social and pastoral care of pupils were allocated few additional non-teaching periods and often had insufficient time to carry out fully those duties which could only be performed when the pupils were present" (DES, 1979: 65).

Schools had not managed their time adequately to create the time teachers with special responsibilities need to fulfil these responsibilities. There was a "surprising lack of difference between heads of department and ordinary class teachers" in class contact ratios suggesting that

"most schools had not been able to relate the allocations of non-teaching time to the special responsibilities which these teachers were expected to fulfill" (DES, 1979: 61-62).

The report concluded:

"[there is] little evidence to suggest that schools ... are over-manned or that teachers spend too much time outside the classroom. On the contrary, the indicators are that many need to give more time to a necessary range of non-teaching duties, particularly those of planning, consultation and assessment. H.o.d.s and teachers with guidance and pastoral responsibilities are often particularly short of time ..." (DES, 1979: 267).

Time for marking was in short supply and also time for consultation between colleagues, particularly across departments on broad school issues (DES, 1979 : 263). Schools devoted minimal time to professional development.

The demands of teaching on teachers' time have been singled out as more demanding than other occupations'. Marland, in his teachers' "survival guide", makes the point that the probationary teacher and those early in their career have to come to terms with a pattern of time which differs from any other organisation's and that a crucial lesson to learn for the teacher is how to pace himself.

"The intensity of the day is very great. Consider [and compare] the gradual way a Monday morning gets going in some offices ... " (Marland, 1979: 98).

In schools, according to the author, there is never this "gradualness". School time is characterised by an intensity different from time in any other organisation.

"There is no escape from a use of time which is complete, intensive, and varied" (Marland, 1979: 84).

It is difficult for the teacher to define the limits of work commitments. It is impossible to say where the work ends because it entails

"an open-ended responsibility, for the needs of children are so great there is never a clear stopping point where you can mentally tick a task off as 'completed'. And the more sensitive and conscientious you are, the more aware you will be of the inevitable sense of failure and the more appalled by the never-ending vista of further needs" (Marland, 1979: 98).

Consequently, teachers need to make "a fairly ruthless organisation of their private lives" (Marland, 1979: 99).

Teachers have been singled out as an example of a group particularly prone to occupational stress problems. A prime cause of stress among teachers has been found to be time pressures (Kyriacou & Sutcliffe, 1978). Dunham (1980) found English teachers more stressed than German primarily

because they were less certain about their role responsibilities and how to balance academic and pastoral demands and because of the quantity and speed of information flow from hierarchy to "shop floor". 77% of English teachers compared with 25% of German teachers thought that the amount of work they had to do interfered with how well it was done. A.S. Neill, the educational innovator, blames teacher stress on the open-ended nature of the teaching commitment.

"[The teacher's] work is psychically more exhausting than that of a lawyer or a doctor ... because he has a job that never finishes, a job in which he can never see the end" (cited Grace, 1972: 15).

Smith (1980) suggests that a rigidly structured timetable reduces the individual's ability to pace himself and thus promotes stress. Teachers feel the amount of non-teaching and administrative work is growing from year to year, another stress factor (Dunham, 1976). Roles are expanding encouraging over-extension which can lead to "burn-out" (Cherniss, 1980).

Grace relates "busy-ness" to a work situation characterised by lack of resources.

"Teacher 'busy-ness' can be seen to be structurally generated by the exigencies of the ... work situation (size of classes, variety of classes, mixed ability teaching; time pressure; administrative responsibility ...)" (Grace, 1978, 242-243).

The HMI report (DES, 1979) noted that there was a general lack of books, equipment, specialist rooms and ancillary help which exacerbated time problems. It is in this context of organisations often characterised by a chronic lack of resources against a background of criticisms of their organisation of time and debates about the goals of education that teachers actually experience their time. The next section examines that experience.

## B. The teacher's experience of time - the interview study

Descriptions of the experience of time clustered around the notion of time going by "too fast" and of time pressure.

"Time whizzes by. It's precious";

"[There's] constant remorseless pressure";

"[I'm] on the go all the Time";

"[There's] no let up."

"[I] usually feel wound up."

There was a constant sense of being short of time. The majority never had free time at school and had a sense of "always being rushed". A common complaint was that relaxation was impossible while at work. Time pressure gave rise to a constant preoccupation with creating time and maximising its usefulness. This work overflowed into lunch-times, breaks, free periods. An average of one to one and a half hours extra was put in either before or after school on the premises. All worked in the evening averaging an hour per night's school work. One respondent had worked for four hours at home the previous evening. Time was at premium - "precious". One observation that it could easily fill a 24-hour day was out-done by another observation that it could easily fill a 26-hour day. One teacher wanted an extra day in the week to fit everything in.

The time pressure arose from the range and depth of the work demands. Actual teaching was seen as a form of deliverance from the other work that had to be done. In the classroom you could concentrate on the present. Outside the classroom you were constantly in a rush to prepare for the future. There was an inexhaustible range of things to do exacerbated by the



difficulty of knowing when they had been done properly: when was marking or report-writing adequate, when was lesson preparation complete or pastoral follow-up sufficient? There was a nagging sense of always too much to do plus the feeling that, because of the very nature of the tasks involved, you could never reach the end of them.

Most generally demanding of time and most constant were the pressures of preparation and marking. Without adequate time devoted to these it was felt that

"chaos will ensue".

Adding to these pressures the most significant factor was the extra pressure of examination work with project and entry deadlines and tight syllabus demands. Exam courses were seen as

"races against time".

One complained of having to do two jobs as a result of exam commitments, his normal teaching load plus the exam load of supervising, marking, and meetings. At exam times he felt he was having to do a "double job". Extra to teaching duties were a whole range of other commitments - dinner duties, clubs, library, work in connection with exchanges with foreign schools, visits - which were not allocated time in the timetable and had thus to be entered into voluntarily but which were felt to be part of the job. Other time demands were a plethora of meetings, internal and external. Time also had to be found for administrative duties, particularly by heads of departments. These duties were seen as having little to do with the main

business of teaching and more to do with the burgeoning of educational bureaucracy, the urge to get everything onto paper. They were peripheral to the main academic task. One head of department criticised this side of his work as it meant he was using his valuable time on what were in effect

"low level clerical duties".

This made it far more difficult for him to fulfill his academic role properly and this had led to a growing sense of frustration. He had also become increasingly annoyed with the growing demands on his time after school, so much so that he had started to keep a list of all these extra hours he put in. Time pressure was particularly marked for probationer teachers in their first year of teaching and for those with extra responsibilities as they progressed in their careers. Those with few responsibilities and with some years experience felt the overall pressure less. Pastoral responsibility led to a snowballing in time demands which were most marked in those with the most responsibility, heads of large departments and those where subject responsibilities were combined with pastoral responsibilities. It was a common complaint that the range of the teacher's work was not acknowledged in the allocation of time to perform all the necessary duties. Free periods were given, nominally to provide time for these, but in practice they were inadequate in their total provision and, anyway, were never certain as they were regularly lost when absent colleagues needed to be covered for. This was greatly resented.

"Free periods are a misnomer";

"There's no such thing as a free period."

Losing free periods to "cover" was "anathema".

To survive teachers had to "adapt to the timetable". Time in general had to be arranged around the timetable's inflexible demands, fixed for the year, and other time made available outside of timetabled hours for dealing with the unforeseen and unexpected. One spoke of organising his week around a core set of tasks that "have to be done" but also of the necessity of creating free time to react to a constant stream of unpredictable demands. This was a particular problem for the person with pastoral responsibilities as pastoral problems, by their very nature, are unpredictable. To cope one teacher set aside a "quiet" hour and a quarter every evening after the end of school teaching and improvised extra pastoral time out of lessons with the more able pupils who could be left on their own sometimes to work alone without his constant attention. Time management problems generally centred around finding or creating time to complete the whole range of work expected of them.

In terms of teaching time there was the pressure of trying to create time to give attention to individual pupils and the pressure of constant decision-making in the classroom - the problem of "the number of people coming at you all the time", pupils constantly requesting attention - but this became less of a problem as you progressed through your teaching career. The only general complaint about lesson time was of a shortage of time for examination subjects. The two teachers without exam commitments were the only ones to say that they did not find "covering the syllabus" a problem. For the others exam syllabuses were a potent source of time pressure. Some devoted extra time in the lunch hours to exam groups. A general rise in exam standards and an increase in "syllabus density"

exacerbated these time problems. There was the task of covering more in an inelastic time period. It was a common complaint at examiners' meetings that

"They keep putting things in. They don't take anything out".

There was the recurring and increasing need to accelerate, to cram, towards the end of the course, reflecting a general wish for more time with exam groups so that there was more opportunity to explain in depth and stimulate interest. A complaint was that other schools budgetted more time for their subjects which meant that they were put under increased pressure. Parents compared schools for results. They wanted schools to provide ever more subjects and there were just not enough periods in the week to absorb the various subject demands. Schools had to balance variety with depth. Quality suffered as a result of the quantity of work required. Teachers wanted more time to teach their subjects.

There was, also, a general desire for more free periods which were guaranteed so that preparation could be rationalised, and for time to relax or "to exercise the imagination". Guaranteed free periods was the major change teachers wanted. One suggested the best way of relieving time pressure was to have a 10 minutes break between classes - for reflection on the lesson just completed, for tidying up and for tying up loose ends from the lesson and talking to kids. But, generally, there was fatalism about any positive moves in the direction of creating more time. The only real solution was "unlimited funds" for extra staff, not a real possibility. To expect this was to inhabit "cloud-cuckoo land". It was difficult to see how the situation could change for the better.

"It couldn't be otherwise".

The stresses were inevitable, a part of the job, and you just had to learn to cope. Small changes, though, would help. If more free periods could not be given then at least the ones that were given could be better arranged throughout the week. It was suggested that pupils be sent out of the school at lunchtime so that teachers had a clear break and could stop being teachers for a while. A continental day from 08.00 to 13.00 would reduce pressures. Another suggestion was a fixed day from 09.00 to 17.00 into which all tasks could be timetabled with no work to be performed at home. If the examination orientation of schools was made more realistic, if it was admitted that an exam diet was not right for all pupils, this, too, would reduce time demands. Teachers could help themselves by learning to cut off from work, making a "separate peace", developing outside interests that would inoculate them against the stresses of the job. They could undertake some cognitive restructuring and convince themselves that

"it can't all be done in a day".

The degree of time pressure experienced depended on the individual. A common theme of the interviews was that you could get away with doing very little as a teacher. Effort was self-initiated to a large extent, motivated by personality and career goals. These dictated how committed you were to work. Conscientiousness varied. All 12 interviewees seemed, in this respect, paragons of "dedication", a quality mentioned by several. Also mentioned were

"professionalism",

"perfectionism",  
"character",  
"doing a good job",  
"doing it properly"  
and "being committed" to your work.

The pace and intensity of the job reflected the degree to which individuals possessed these qualities.

"Commitment to quality eats into your time."

"The pressure is there, if you want it."

"If you do it properly the pace is very fast."

Professionalism demanded the sacrifice of time outside of normal school hours. There was a concomitant emphasis on educational standards.

"School exists for teaching and nothing must be allowed to interfere with that."

Teachers had a duty to be interested in their subject. Interest generated energy. Lack of interest communicated to pupils and, if it diminished time problems, it exacerbated teaching difficulties. Academic achievement by pupils was a crucial goal. Exams constituted the "focal point" of their work.

The energy demands of the job were felt by all to be extremely high. All found the work tiring or exhausting. Little distinction was drawn between mental and physical tiredness. It was commonly stated that relaxation was difficult during the working year because the job was always with you. The tiredness was cumulative hence the importance attached to the long holidays. The summer holidays, in particular, were seen as a kind of

convalescence, a time to "recuperate", to unwind, to recharge the batteries,

"to get rid of the bags under my eyes".

Several admitted to extreme tiredness as a regular feature of the working week, feelings of being "drained", too tired to do anything apart from work. Exacerbating this effect was the work that had to started again in the evening and whether there had been a free period during the day. All thought that teaching was a stressful occupation. A common source of stress was

"the pressure of time",

"the constant need to keep forging ahead ... the constant to-ing and fro-ing".

"Constant rush" was a major stress factor, the continual effort of "trying to find time", the pressure of "getting everything done".

"You can't afford to relax".

"You can't put it off".

Being on the go all the time was a major source of "mental strain". Classes of 36 pupils were a demanding audience, waiting for you to put on a show. Another stressor was the inexorable accumulation of "professional duties".

"You want to do the job [of teaching] and other things keep getting in the way".

"There are so many problems to deal with ... so many decisions to make."

Colleagues who had "burned out" as a result of the stresses of the job were recalled.

Work was reported as cutting heavily into non-work time either as actual work demands or as a constant preoccupation. One teacher stated that

"work is with me all the time".

Another expressed a sense of being "saddened" by the way work had dominated his life. Another, on the point of retirement, felt that work had absorbed far too much of his time. Another wondered if he had made a "mountain out of a molehill": had all the time invested really been necessary? There was a consensus that they were not free agents, at least during term time when the centrality of the commitment to work dominated their lives. Holidays were the only time when "cutting off" was possible. 9 of the 12 expressed dissatisfaction with the way work cut into their leisure. Of those who thought they experienced a good balance of work and leisure one added, ruefully,

"but my wife would not agree".

Several spoke of the need to close work out at times because of the stress but found this difficult to put into effect. One spoke of spare time spent in manual labour on a friend's farm as the perfect antidote to the pressures of teaching. Farm work offered a leisurely quality of time lacking in the hurly-burly of the school day. He worked a 14-hour day on the farm and found it relaxing because

"the day does not feel as long or as wearing. It's a different sort of time".

Another, late in his career, felt that work

"has been rushing me along".



What he wanted was an early retirement so that he could stand aside from this relentless flow. The eldest subject, on the verge of retirement, implied that it was too late to stand aside. He had been swept along and the time he had lost was not regainable.

Teaching was seen as more demanding than other work, mainly due to its unrelenting pressure. Other work allowed some respite from its demands. The farmer could hum an aria as he ploughed a field. Similar diversion from the task in hand was impossible in teaching with its demands of constant attention to the class in front of you. Other work was easy to punctuate with breaks of your own choosing. In comparison it was impossible for the teacher to relax.

"In teaching there is never, ever free time".

"You can't pop off and have a sit down for 10 minutes or a cup of tea".

"All time is spoken for".

"There's no time for slacking".

Despite public opinion to the contrary teaching required longer hours than other jobs. The teacher had to fulfill a greater variety of roles. One teacher compared teaching with previous work in the civil service. The civil servant had a much more limited role-set based on more routine work. As a civil servant, once you had learnt the appropriate case procedure,

"cases become much the same".

Thirty kids doing different things were a different proposition. Compared to other workers the teacher had difficulty in establishing his own rhythm of work as he was often reacting to the demands of others.

"You can't establish your own rhythm like a solicitor preparing a case."

In school, the teacher's work was more clock-bound than other forms of work, controlled by the dictates of the bell and the timetable. The timetable imposed a rigid time structure. There was less "give and take" possible with teaching time than in other jobs. Teaching was also more demanding than other jobs because of the need to take work home with you.

"Teaching is not a nine-to-five job".

Other workers did not have to think about work when off their work premises.

The factors dominating the experience of time, then, were pace and intensity. Most teachers felt more dissatisfied with the pace of their work than with the number of hours it required - its duration. Time pressure related more to the intensity than the extensiveness of the work though the latter was resented to the extent that it was felt to interfere with non-work commitments. Holidays, though, to some extent made up for the long working weeks. Intensity depends on the density of demand, the number of activities that have to be performed in a limited time period and the pace with which things and people are constantly coming at you. The range of demands was beyond individual control. During the school day there was no let-up and from year to year there was an increase in demands as the role became more complex and more demanding. It was impossible to cut oneself off from the "busy-ness" of the school if one was doing one's job conscientiously and professionally. Extra time had to be found outside working hours, particularly for preparations and marking. It was difficult to say when work was finished. This exacerbated the feeling of being engaged in too many activities that made up the large or too large workload,

the difficulty of getting through the work in the time and the feeling of pressure to do more. Time, because of its scarcity, was something you had to fight. It went by too fast generally. If you were involved in exams teaching became even more of a race against time. The work was tiring and stressful. There was inadequate ancillary support to relieve the teacher of routine administrative work and timetabled provision for extra-teaching duties was also inadequate. Fees were of little help.

Interviews with senior teachers responsible for organising time in the five schools threw more light on the factors conditioning teachers' experience of time. These teachers, responsible for timetabling, shared certain priorities. The timetabler's role was construed primarily as "maintaining the curriculum". As one said:

"I like to think the curriculum beats the timetable. It does for 98% of the time. I try not to let the timetable dictate the curriculum."

A primary measure of effective use of teachers' time, therefore, was a full curriculum. Exam subjects were seen as a main priority. The pupil timetable had to be made as varied as possible "within limited resources". It was important to

"stimulate, interest, inspire - all that cost-benefit analysis cannot quantify".

A constraint was

"not being able to give enough time as everybody wants. Each year departments want more".

"Pressure comes from the urge to expand curriculum ... expansion can only be at the expense of other subjects."

Expanding examination curricula increased the pressure on scarce time resources. There was, thus, a problem of sustaining an "overloaded

syllabus". Also constraining were existing patterns of timetabling. Departments came to expect certain kinds of provision.

"We have too many options. Why do we need 6 periods of science?"

4 periods would be quite enough but the science department resisted this.

Asked to assess their timetable for the year there was generally a sense of satisfaction, given the constraints they felt themselves to be operating under. One felt he had been reasonably successful,

"working the children as hard as I can and the staff as hard as I dare".

He tried to be fair to all the teachers in the provision of free periods. Another felt that the strength of his timetable was that "it works", though he singled out one weakness in the fact that he had only been able to fill 39 periods for several groups and had therefore had to improvise and offer a period of First Aid to fill the remaining period. He had had to resist several departments who wanted more time because it was impossible to expand the curriculum indefinitely. Another felt she had "asked too much" of the timetable and ended up with fewer free periods for staff and a poorer scatter of these through the week than she would have liked as it meant

"too much pressure on staff time".

Her priorities were the realisation of curricular aims and the fulfillment of her staff. Another saw his role as being to absorb "aggro" from the staff. He tried to give them what they wanted then "usually" had to go back to them and say "I'm sorry, you can't have that". The construction of the timetable was a process of negotiation and compromise, "wheeling and dealing" with free periods, class size, ability groupings and "perks".

Constructing the timetable was a "political" process. Heads of department always argued for more time because "time equals status"

In theory the timetabler was within his rights if he asked staff to teach every period of the school week. The expectation had grown of one free period per day. The timetablers felt that, even if this could be provided and not used to cover absent colleagues, the teachers were under a great deal of time pressure. The teaching load was considered generally too heavy. More time was needed especially for adequate preparation and "time to breathe". It was difficult for the timetabler to arrange to have the right people free at the right time, for important meetings, for example. In non-teaching periods staff were too busy with the "nitty-gritty jobs" such as marking and preparation to have meetings. Heads of department did not have enough time for meetings among themselves or to monitor the work of their department adequately. Staff development could only be done in the teachers' own time. There was not enough slack in the timetable, not enough "free time". "To do well by the kids I have to work the staff too hard." The free time the timetabler could actually provide was little more than a "gesture". Time problems, though, could not be brought out into the open because

"you are not allowed to say you haven't enough time to do something [because] teaching is a profession. Professionals don't ask questions about time".

In 1982 Her Majesty's Inspectorate for education (the HMI) published a review of educational provision in the education authority on which my research was undertaken. This highlighted the fact that teachers in the authority taught for a greater proportion of the week than the national average, 32 rather than 31 periods a week. This was criticised by the HMI.

"This particularly affects the time available to H.O.D.s of major departments to carry out departmental duties and to all teachers for preparation of work in the classroom" (HMI, 1982: para.4.12).

Staff in one school I visited had a teaching load of 33 periods per week. Schools can choose higher teaching loads as the price of creating smaller teaching groups so that they can offer a large number of exam options or small remedial groups.

The HMI report also criticised the teaching in the LEA for its unimaginative quality. This aspect of the report was, itself, criticised by one of the deputy-heads interviewed for not taking into account the crucial time constraints teachers operated under. It was just not realistic to criticise much teaching as too passive, didactic and lacking in imagination. There was just

"not enough opportunity for independent inquiry"

because of the time shortage which was compounded by the exam orientation of education.

Asked for their prognosis about the future time situation these senior teachers were pessimistic. The key factor here was the contraction in resources,. Schools were being increasingly starved of adequate resources, being asked to provide more for less and, to rub salt into the wounds, being criticised for not doing their job properly. Provision had been cut to the bone. This was the major reason why schools found it difficult to operationalise the messages coming down to them from on high. And the situation could only deteriorate.

"Things will get worse. Everybody will work harder."

Teaching time would have to increase as the only way of preventing classes getting too large. Schools would have to appoint more part-time staff if they were to provide a full curriculum. The major problem of the timetabler in the future would be managing time in a period of contraction. They were not quite sure what the future held only that their job was certain to become more difficult.

### C. Time and industrial relations: the teacher's pay dispute of 1985

The extent of the secondary school teacher's time commitments are not set by contract. Besides teaching duties, which are contractually required there are a variety of other commitments which the teacher is free to undertake. These have to be performed in what is considered non-work time. The number of hours worked beyond school hours, time that is considered necessary to do the job properly, depend on the individual teacher. This, traditionally, he has done but without accepting it as a part of his contractual obligations. The extra time commitments depend on the teachers' "good will" as there is no contractual obligation to perform them. The withdrawal of this good will and the refusal to commit themselves to discretionary time constitutes a key strategic resource in industrial relations disputes in the profession.

At the time of writing teachers are engaged in industrial action concerning current pay negotiations, action which involves the use of their time as a weapon in the dispute and differing conceptions of their contractual obligations by teachers' unions and LEAs. Teachers turned down an increased pay offer in this dispute on the grounds that it was being linked, by the employers, and ultimately by government, who are seen by teachers as the controlling force behind the employers, to a fundamental



change in conditions of service. Traditionally conditions of service and pay negotiations have been kept separate. Local authorities and the government have wanted to amend the statutory provisions keeping the two separate for some time. The teaching unions have resisted this on the grounds that it would mean a degradation of working conditions as more of their time would thus be contractually committed to a whole range of what they consider non-professional duties, perhaps the most contentious of which is lunchtime supervision of pupils. Teachers have refused to take strike action and have used as their main industrial weapon the "withdrawal of good will". By doing this they aim to demonstrate, as one teacher put it in a radio interview, "how much good will we put in" (Radio 4 interview, April, 1985). By this he meant how much extra time over and above contractual requirements the teacher devoted to school-related business. Withdrawal of good will means refusal of the following: to cover for absent colleagues, to supervise pupils on the school premises during lunchtime, to attend staff meetings outside school hours, to take part in other events outside school hours, particularly meetings with parents and the supervision of sporting activities.

The employers have been moving towards a much more specific contractual obligation on the teacher's part to perform non-teaching duties. In 1980 they proposed a new conditions of service agreement specifying a 195-day working year and a maximum 37-and-a-half hour working week of which up to 25 hours had to be spent teaching, 5 hours on marking and preparing lessons and 7-and-a-half hours on other professional duties, such as supervision of out-of school activities. This contract would have involved a commitment on the teachers' part to lunchtime supervision and it ruled out contractual agreements on maximum class size. The teaching unions refused this change in



conditions of service and demanded a 190-day teaching year, a 22-hour maximum working week and contractual agreement on maximum class size (T.E.S.: 14.10.80.). They refused to relinquish the 1968 agreement which resulted in the removal of the requirement that teachers supervise school meals. As a result there is "no contractual obligation for teachers to undertake supervision duties during the midday break" (National Union of Teachers, 1980: 5).

The N.U.T. argues that teachers' good will has saved the education service vast sums of public money (National Union of Teachers, 1978: 3). As one N.U.T. area officer put it: teacher supervision saves local authorities money in the employment of ancillary staff. The present dispute demonstrates the extent to which teachers feel they are doing jobs that are not part of their contract and for which they are not being paid. There is a growing sense of being exploited by the employers, and by their ultimate paymaster, the government. One head teacher remarked:

"The sad thing is that for years our better teachers have been striving to do two jobs for the price of one, in the time sufficient for only one of these jobs" (cited Martin, 1981: 91).

Senior staff I interviewed complained that extra-curricular activity was being increasingly affected by changes in teacher attitudes. One spoke of a

"more pronounced attitude of 'Why do it for nothing?'"

and how difficult it was becoming to get people involved. He saw this as symptomatic of deteriorating staff morale in response to dwindling status and deteriorating working conditions. Another was careful not to create classes of over 30 pupils as staff refuse to teach these during "work to

rules". Another spoke of general demoralisation. This was before the current dispute during which attitudes have hardened. A leading British headmaster has written:

"One of the most pleasing features of British schools has for long been the vigour and variety of the voluntary out-of-school activities" (Marland, 1981: 93).

At the time of writing this vigour and variety has disappeared. Volition in this respect has become negative.

#### D. Conclusion

Underlying the experience of time seemed to be a generalised nagging dissatisfaction, not with actual task of teaching itself, but with the temporal aspects of their work situation. Predominant here was a sense of not being in control of their time, particularly the pace and intensity of the work. The timetable was criticised as too rigid, the constant marking and preparation of work was like a conveyor-belt, never stopping, the bell tolled inexorably, somebody or something was always demanding attention. The burden was, if not too great, approaching this point. Time was a source of frustration and over-stimulation. One complained:

"I can't relax, even at lunchtime".

Another:

"I can't afford to relax for a minute ... there's always something ... [there's] no let-up from the minute you come till the minute you go".

Ways of ameliorating the situation were suggested but these measures were seen as unrealistic, impossible to implement given the present resource crisis. In general there was a fatalism about time. Things could only get worse. The response could only be to try and get more done in the time available. The impression, therefore, was not of workers managing their time - as, for example, in the case of Schlesinger's newsmen and their time-machine (Schlesinger, 1977) - but rather of working time and its imperatives controlling the worker. There was no real perception of a possibility of restructuring the nature of their time machine. The emphasis is on the need to adapt to the demands of the job and if the machine demands more, if its pace accelerates, then the teacher has to accelerate to accommodate this. But the nature of the beast is such that as they continue to make these efforts to adapt they never quite catch up, as the case of the explosion in exam pressure over recent years demonstrates. The beast is out of their control. They can only, at best, grab hold of its tail and hope to be dragged along. The impression was of a profession making the best of the undesirable temporal features of their work, tolerating rather than addressing itself to the problem of how to change them, constantly increasing their margins of tolerance to do this. At best, they were realists - certainly they were not utopian dreamers - controlled in their response to their work situation by the excessive time demands they felt it imposed, rather than trying to mould the work situation to their own needs.

Those senior teachers responsible for school timetabling are faced with the task of loading teachers with the maximum time demands to guarantee the fulfillment of curriculum needs. There are signs in the current pay dispute that teachers' limits of tolerance concerning its temporal situation may have been reached. A radical restructuring of the contract's open-ended time

commitments, though, is not on the teachers' agenda. It is the employers who are trying to alter this. Teachers have always resisted attempts to make the performance of voluntary non-contractual duties a "condition of tenure" (Gosden, 1972: 187). They have agreed to the performance of certain non-academic activities, such as lunchtime supervision, on the basis of professional obligation, having negotiated that the legal compulsion to perform such duties should be removed. Now it appears that their notions of what is professional are changing.

"Professional status implies a contract to serve society over and above any specific duty to client or employer in return for the privileges and protections given by society to the profession. ...Teaching will not remain a profession if teachers only work from 9 to 4 or if, without extreme provocation, they go on strike" (Musgrave, 1972: 158-159).

Teachers are now arguing that they have lost too many of their privileges and that working to contract is compatible with professionalism. They do not object to working beyond 9 to 4. They do object to the abuse of their professional commitment and the expectation by employers that they should commit time to non-contractual work without financial reward. The concept of professionalism is used by the teacher to justify his conception of appropriate work. It is also used by critics of the profession who assert that it is behaving "non-professionally". The state uses the notion of professionalism as "an ideological weapon aimed at controlling teachers" (Ozga & Lawn, 1981: 147). Ozga and Lawn argue that, in fact, teachers had "diluted" their professional standing by having performed unpaid, non-contractual duties for so long. They further assert that it is not incompatible with professionalism to turn to "employment legislation - which codifies employee's right and employer's duties - as a defensive strategy" (Ozga & Lawn, 1981: 139-140) and that it is professional to take industrial

action to protest <sup>against</sup> measures which can only lead to the deterioration of the education service. Recent industrial action can be construed as teachers reacting against the experience of time and the forces acting upon their time demonstrated in the interviews and questionnaire responses. They are no longer willing to tolerate the hours demanded of them or the pace and intensity of the work without, at the very least, an increase in remuneration.

Teachers have put up with the time pressures. They have performed effectively despite it. A recent study of what distinguished good schools concluded that guaranteed free periods did not correlate with positive educational outcomes. The one factor relating to conditions of service which did have an effect was adequacy of clerical help, the provision of which "seemed to reflect the extent to which schools took teachers' needs seriously, and attempted to meet them" (Rutter et al., 1979). Other studies have demonstrated how lack of time prevents teachers getting as involved as they would like in tasks they do consider professionally relevant, such as course development and school policy discussion. DES moves towards a common core curriculum might well mean that teachers do not need to get as involved in these as previously. A core curriculum would simplify the timetable and rationalise demands on teachers' time (Snape, 1972). Time could be liberated for staff development in other areas. Previously this has had to be done in teachers' own time and often at their own expense.

"There are very compelling reasons why this cannot continue. In the first place, schools already make great demands on their teachers' time. ...But more important, it is ineffective to hold consultation meetings after school, and therefore on a voluntary basis, because if such meetings are to work, they need the authority of having official time allocated to them" (Snape, 1972: 64).

How much time is allocated/ timetabled to an activity defines its importance. Another very compelling reason why these activities cannot continue to be organised as heretofore is that teachers will no longer agree to participate in them in what they consider their own time.

An undercurrent here is the struggle for control of what goes on in schools that is also demonstrated in the debate about the curriculum. These, together with the pay dispute and its hidden agenda concerning control of time, involve the politics of education, "a comparatively unresearched area" (Salter & Tapper, 1981: vi). Salter and Tapper argue that the educational agenda is increasingly being dominated by DES policy and that this constitutes a decisive shift in power away from the teachers. They think we are at present in the ideological stage of this process which is aimed at re-defining, in Foucaultian terms, new "regimes of truth" for education. The key aims are to link the education system more closely to the manpower requirements of the economy and to ensure that it operates on a more cost-effective basis (Salter & Tapper, 1981: 223).

"The new economic ideology of education ...legitimizes bureaucracy and more rational means of organising" (Salter & Tapper, 1981: 220).

By implication it will, if successful, reduce teachers' power to use time as they see fit and foster a change in the professional ideology governing time use. Schools will come to be seen as no different from organisations like General Motors with the same task of optimising output in the form of the number of students, and minimising inputs, man-hours and capital (Callahan, 1962: 256). Senior staff argue that schools have already suffered badly as result of the "new economics", a view corroborated by Ozga & Lawn:

"the capital invested in schools is constantly checked or reduced; school capitation allowances decline. Most of all teachers's pay ...has been reduced in a series of national pay freezes, class size has not

decreased and in some cases is increasing due to the 'cuts'" (Ozga & Lawn, 1981: 139)

Timetablers do not have enough slack time in the system to promote the sort of educational activities they would like in terms of staff development and policy discussion. Teachers' time is already over-employed.

This new ideology creates its own problems, primary among which is the relating of goals to means.

"[It] may be very easy to define the new educational goals in very general terms ...[It is] more difficult specifying them in ways that can be met by the experience of schooling" (Salter & Tapper, 1981: 144).

One senior teacher writes:

"though it emphasizes accountability in terms of power restriction, DES documents have not made it clear what teachers should be doing" (Martin, 1981: 57-58).

There is still a marked lack of clarity about what kind of organisations schools are. The industrial analogy is unhelpful:

"the raw material of education is human and the operatives are that self-same material; moreover an unsuccessful production batch can neither be scrapped nor reprocessed ...teachers in schools are at the same time both managers and shop-floor workers" (Martin, 1981: 57-58).

Even at the DES!

"[There is] not even agreement as to who is the client - pupil or employer ...teacher ...or ...parent" (DES, 1977: 74).

The future role of secondary education is delicately poised:

"much will depend on the outcome of the wider debate on education, the attempt by the DES to extend its powers, the evolution of the doctrine of accountability and the capacity of the teaching profession to preserve its traditional autonomy" (Salter & Tapper, op.cit.: 134-135).

The state, through the DES, aims to define the curriculum which, itself, defines "what is to be taught, to whom, where and for how long" (Salter & Tapper, 1981: 71). The teacher is increasingly expected to carry out tasks specified for him in a time and at a pace outside of his control (Ozga & Lawn, 1981: 140-142). It remains to be seen whether they have the will and the power to realize a new definition of acceptable ways to manage their time and, thus, to alter their experience of time in directions they desire.



## CHAPTER FIVE. TIME AND THE FURTHER EDUCATION LECTURER

### A. Key time issues facing FE lecturers

The FE sector is "the most complex and the least understood part of the educational system" (Pratt et al., 1978: 13). This is primarily because the range of institutions and the types of work they provide is so large and because the tasks of the further education section are so many and varied. Its variety and diversity "are reflected in a complex administrative framework which is subject to a wide variety of influences at all levels, local, regional and national" (Cantor & Roberts, 1979: 196). The sector is subject to more fluctuation, as it responds to these broad influences, than other sectors of education. Gleeson and Mardle's study of an FE college describes "its work patterns so flexible [its] work loads constantly changing" and this is typically the case (Gleeson & Mardle, 1980: 56). Because of its traditional need to respond to local demands FE colleges have enjoyed a large degree of autonomy in their ability to offer the kind of provision they see fit. The notion of professional autonomy has always been more strongly felt in FE colleges than in schools (FESC, 1982: 144).

The most pressing management problem facing FE is that of "how to manage a system that is going into reverse" (FESC, 1982: 113). In the 1960s and 1970s the problems of the sector related to expansion and could be solved by hiring staff. In the 1980s resources are diminishing and this problem is not, as yet, being solved by firing staff. At the same time FE has been subject to the same criticism made of the secondary education system during the "Great Debate", that of failing to realize its objectives, the criticism tending to concentrate on the production of suitably qualified

manpower for a changing industrial and post-industrial world of work (Gleeson & Mardle, 1980). The failure to produce "a more flexible workforce" has led to demands for a "more centralised curriculum" (Gleeson & Mardle, 1980: 178), hence a tighter control of how lecturers use their time. Here the role of the MSC, and its increasing involvement in the setting of national goals for the education and training of 16-19 year-olds, is a source of much concern for FE staff (Further Education Staff College, 1982). The MSC has been criticised for trying to impose on FE goals and modes of working that are alien to large parts of the sector and for not having involved FE staff in its strategy deliberations. There is also resentment of the substantial amounts of money allocated by the MSC to what are often considered training rather than educational courses at a time of financial cutbacks on other kinds of FE work (Cantor & Roberts, 1979: 47, 201) and MSC involvement is viewed as a watershed for the development of FE as a whole:

"the development of a separate organisation, funded directly from central government, is a sharp break with the long established, devolved and locally autonomous system of education and training which has characterised post-school provision until recently" (Wait ed., 1980: 216).

The DES is also taking an increasing role in the definition of curriculum objectives for FE: "the overall trend [is] towards a more controlling relationship (Russell, 1981: para. 350). There is a potential conflict between the colleges traditional entrepreneurial and opportunistic tendencies to course development and the centre's "attempts to rationalise the resulting patchwork" (Humphries et al., 1980: para.10.5). A paradigm for central monitoring of course provision can be seen in the role of the Regional Advisory Councils and the DES's Regional Staff Inspectors in monitoring advanced courses, which were previously approved by the LEAs,

"to try to ensure that expensive, full-time advanced courses should be provided only if there is a demonstrable need and sufficient students and facilities to make them viable" (Cantor & Roberts, 1979: 16).

The RAC has also begun to look at non-advanced course provision (Cantor & Roberts, 1979: 200). FE staff resent as a negative reflection on their professionalism the increasingly prescriptive involvement of the "Big Brothers" in curriculum design (Humphries et al., 1980: para. 10.1).

These developments carry with them an implied criticism of how FE lecturers use their time. They also signify that time use is coming under increasing scrutiny. Teaching time has to be justified in terms of outputs. RACs (Regional Advisory Councils) monitor courses in terms of educational need but also in terms of target numbers. A minimum student registration figure is required for courses to run. There are also moves to make colleges more flexible in their organisation of time to accommodate client needs that could not be accommodated according to traditional patterns. This development can conflict with the year pattern set out in conditions of service. The Open Tech and PICKUP initiatives in technical and professional course provision emphasize that the implication of a successful college involvement with industry is that staff time arrangements have to be more flexible and that conditions of service may need modification. Security of tenure has even been criticised as inappropriate because it renders organisations less able to respond to new demands as existing staff skills are static if the staff is permanent and unchangeable (Bradley & Silverleaf, op.cit.: 112-113).

Moves towards central control of FE and the rationalisation of what is now seen as its "chaotic" provision can best be seen in the modes of economic scrutiny currently being imposed upon it, particularly the examination of FE costs in the FE Management Study by the Audit Inspectorate

"The FE management study came about because some of our district auditors expressed fears that FE courses might be under-subscribed. They suspected that there were gaps in the systems of control of resources ... They were led to wonder about the extent and validity of the management information available in FE and whether there were any performance indicators in use or which could be devised. So we looked at four aspects of further education: course control, deployment of resources, management information and performance indicators" (Sprigg, 1982: 118).

This initiated the search for an efficient costing methodology for the examination of FE provision, which was accompanied, as part of the consideration of the management and control procedures appropriate to a period of financial constraint, by a re-examination of the basis for approval and review of courses (Birch & Latcham, 1980). "Capping" of the AFE (Advanced course) "pool" led to a lower level of funding for this work (Knight, 1981). Few local authorities felt able to raise extra funds from the rates to counter-balance cuts in central resource funding.

In operational terms the FE college has traditionally had two linked core aims: to maximise student enrolments and the attendance rates of students who have enrolled (Pratt et al., 1978: 143). The recruiting of students affects college grading, future resources and staff career structures. Recent efforts have aimed at rationalising this process. The Audit Inspectorate were given the brief of analysing whether existing forms of college use of resources are efficient. Reductions in gross expenditure are aimed at, the end result of which can only be fewer lecturers and more students (FESC, 1982: 134). Fundamental to this auditing approach is the examination and the more efficient management of staff time. A major problem in this area is the clear homogeneous definition of quality (Marsh, 1981).

"Without vigorous pre- and post-learning assessments we cannot identify nor measure the value-added element as a result of learning. We therefore rely on other bits of information which are deemed to be useful and accurate - SSRs [Staff-Student Ratios], average student taught hours, average class size, average lecturer teaching hours, room hours, man days, actual student numbers, etc." (Marsh, 1981: 5).

It is such measures that the Audit Inspectorate has concentrated upon, adopting a strategy of

"measuring several ratios [then] comparing them with ... colleges across the country" (Audit Inspectorate, 1982: para.1.1).

Efficiency is measured by the ratio of inputs to outputs. College inputs are lecturers' contact hours with students which can be examined as a proportion of total contracted hours. Outputs are student hours (registered and taught). The auditing is

"concerned mainly with the examination of college records with a view to the measurement of resource utilisation" (Audit Inspectorate, 1982: para. 1.9).

The teacher contact ratio is the proportion of contracted hours involved in classroom contact with students and indicates the extent to which staff are meeting their conditions of service. The Student Attendance Ratio

"shows the degree of success in matching the actual delivery of class contact hours with those planned" (Audit Inspectorate, 1982: para. 5.13).

This measure was specially devised by the Inspectorate to qualify previous DES ratios which related to planned provision rather than actual course attendances and it is calculated by dividing the total (actual) registered student hours by (planned) taught hours, calculated according to how many students attend per teaching period. Colleges are also compared for average student hours considered necessary for a course. This identifies "instances of over-teaching" (Audit Inspectorate, 1982: para. 3.14). Other comparisons are made of remission rates, of the number of teaching weeks per year and of examination pass rates.

The Audit Inspectorate is careful to point out that auditing cannot be

divorced from educational considerations:

"In interpreting the ratios care should be taken to consider the total situation to listen carefully to the educational viewpoint. For example a low ALH (Average Lecturing Hours) may be indicative of poor staff utilisation but it could also be accompanied by a good SSR (Staff-Student Ratio) together with satisfying retention and pass rates. This may be so because more lecturers' time is spent in curriculum design and improving techniques and less in face to face class contact. A large element of judgment is needed to balance the ratios to the optimum educational and economic advantage" (Audit Inspectorate, 1982: para. 6.1a).

But the approach does emphasize the goal of improving the various ratios.

"The fact that a college has a relatively high SSR is no reason for not seeking further improvement. The Audit Inspectorate understands from HM Inspectorate of Schools that no relationship has yet been established between educational effectiveness and SSRs at ... Colleges of Further Education. Therefore, it is probable that even high ratios can be further improved without detriment to educational effectiveness" (Audit Inspectorate: para. 6.3).

Increases on SSRs are bound to impact on lecturers' time, certainly on time needed for marking student work, probably on preparation time and on the intensity of teaching time if anything but a lecturing approach is adopted. The Inspectorate also emphasises measures for reducing full-time staff and ASHs and state that colleges

"must be encouraged to raise all retention rates since these provide a measure of each college's ability to recruit students who have the ability and motivation to complete a course and to employ teaching staff who present courses in a manner which retains students' interest" (Audit Inspectorate, 1982: para. 6.20).

The Audit Inspectorate exercise aimed to establish a clear chain of accountability in FE and increased course control via a national system of control based on comparable value for money studies of good and bad practice (Ibid.). It serves as an antidote to the "immensely complex" Burnham package governing FE grading

"which has served teachers in Further Education well in the past in conditions of rapid growth and ample opportunity for promotion" (Birch & Latcham, 1979: 12).

Auditing involves a more precise recording of college activity epitomised in the reference to the need to keep accurate registers of staff-student contacts and not to complete these on a post-hoc basis at the end of the academic year and always with 100% attendance figures.

#### B. The lecturer's experience of time - the interview study

FE lecturers' experience of time was firstly examined in interviews with and a separate questionnaire for staff groups in two colleges operating open learning systems. These lecturers, therefore, were involved in two forms of teaching: lecturing, the common form of FE teaching, and tutoring on an open-learning system. Open learning is a recent innovation in FE differing from the traditional lecturing approach in that it leaves the choice over pace of work and, therefore, the generation of the intensity of the work, to the student. The system is "open" in that it allows students to choose the times they will attend the college rather than insisting that they attend at set teaching times. They are taught in a tutorial fashion:

"The aim of an open system is to increase educational opportunity for those [students] who are excluded, for administrative or educational reasons, from taking advantage of the present college ... teacher-centred systems" (Davies, 1977: 19).

Both colleges I visited operated what they called a "Flexastudy" system, providing students with specially prepared materials in tutorial periods that they studied individually. Lecturers were present in a supervisory and counselling capacity and to mark the student's written work. The colleges had adapted their attendance requirements

"to the students' needs rather than expecting the students to conform to the college year" (Albrecht & Spencer, 1976: 9).

Students chose when and for how long they wanted to register on the schemes and progressed through the work schemes set by the college at their own pace. Lecturers generally found Flexastudy

"more demanding than traditional formal teaching because of the lack of formal structure".

Problems tended to be unpredictable because of this lack of structure and because they were generated according to the students' not lecturers' agendas. The intensity of the work was greater and this made it more tiring. There was more

"thinking on your feet".

The pace was faster as you had to

"flip from subject to subject"

as students covering different courses attended during the same tutorial period. The "constant alteration of attention" generated a faster pace, it was "difficult to slow down afterwards". With lecturing you were much more in control. During the actual teaching period itself Flexastudy generated more work.

In one of the colleges the scheme had been long established and had become part of the normal pattern of work. In the other it was in its first year. In the former, this form of work was popular. It was liked because of the



"avoidance of tedium for the lecturer of repeating material systematically year in year out":

"Routine work can be left to the students themselves. The lecturer becomes involved when detailed explanation is necessary or help is required."

Open-learning was, therefore, less routine than lecturing. The work was more interesting because it permitted closer relationships with students on an individual basis rather than only with a class and because it meant

"responding to a whole range of needs rather than just lecturing to the middle range".

It was "more demanding" than lecturing because it required greater in-depth knowledge and this, too, made it more rewarding. Preparation time was not a problem. It required less, generally, than for lecturing because you were using the resource base the college had built up over the years. The only preparation required was periodic updating of this material. Apart from this,

"formal preparation of courses is not applicable".

But time demands were greater as far as marking work was concerned. The scheme depended on

"the quickest possible turnaround"

of work which imposed time pressure. It was also

"more demanding that students produce greater quantities of work ... excessive at times".

In comparison ordinary lecturing time did not engender the same problems of pace or intensity, primarily because it is the lecturer who controls these. Preparation time demands for lecturing, though, are greater. A Flexastudy period also tended to last longer than a lecturing period as the problems of this form of work tended to overflow formal time periods. Lecturers needed to be open to this otherwise the system would not work. It would be

"unworkable if the staff were clock-committed".

You needed to be flexible in your time commitment, which meant that you had to be prepared to provide extra time if necessary at the "end" of formal periods. There was a repeated assertion that the scheme would not work with a "union-conscious" staff, with lecturers who stuck to the letter of the law re contact hours and ending periods at set times. At the same time, you had to develop the skill of managing students

"in order to prevent one's students taking up too much time".

The lecturers felt able to control students' demands on their time. There were no complaints about the work taking up too much time apart from one lecturer who found Flexastudy

"much more demanding and subtly so. [There is] no end to commitment in time and effort [because of the broad range of students you have to be prepared for]."

The experience of teaching the Flexastudy scheme at the other college was more demanding. Compared to lecturing open-learning tutoring was felt to require more time and the pace and intensity of the work were unsatisfactorily greater. Flexastudy imposed

"extra strain jumping from one topic to the another and from different stages of each topic to another".

"Some weeks all the students may need a lot of help."

"In any given teaching period there are many more problems to cope with."

"It is more intense than lecturing - you need to be on top of your material".

These lecturers were happier with normal lecturing based on "chalk and talk".

The major difference between the two colleges was due to the fact that the second was in its inaugural year of open learning work. The staff were, therefore, feeling the strain of the time needed to prepare new material for the scheme and adapting to a new way of working. Extra time beyond timetabled commitments had had to be found for course development without remission for it from other duties. There was a

"need to prepare 'hand-out' material in much more detail such that it is self-explanatory".

Flexastudy was

"much more demanding [of teaching staff] as regards preparation of material".

"Courses must be totally prepared in advance."

This preparation had

"to be fitted in on top of workload".

It was hoped that this would be a transient phase:

"once schemes of work are written and materials prepared, preparing to teach a session should become an administrative problem rather than an academic one, except where revision or updating is necessary".

But also a worry that the need to develop new courses of this sort might be a sign of things to come.

Flexastudy, therefore, was resented in the second college because of the increased time it demanded:

"I get credited with seven and a half minutes per student per week times 16 students equals two hours per week. However I spend more time per week preparing for Flexastudy than the rest of my courses put together and I average 12 to 15 minutes per student per week."

"It [Flexastudy] was introduced because of falling demand for certain types of courses and in fairness none of the courses being run at present would have done so, in their own right, without Flexastudy. However, staff invited to 'volunteer' to take part in such a system should consider all the implications ... particularly with regard to remission of class contact for establishing Flexastudy (none) and the actual contact hours credited for actual teaching."

The scheme might provide work that would otherwise have been unavailable to the college but the introduction of the system signalled a significant deterioration in the lecturer's temporal situation in terms of length, pace and intensity of work. The lecturers felt that the deterioration might be the continuing price they would have to pay to create courses that were viable.

Views on the experience of time in FE were also solicited from senior staff in five colleges. Senior staff are responsible for implementing and monitoring the contract between the teacher and the college and for collecting and judging information about staff timetables in terms of such indicators as hours worked per week, weeks taught per year, grade of work, and class size. This aspect of their work is, as one Principal puts it, "of an extremely critical and sensitive" nature (Ridings, 1977: 3). The senior staff are, in brief, responsible for ensuring that a member of staff is fulfilling his contractual time obligations. They provided an overview, from the top levels of lecturing staff, of the time problems facing FE lecturers.

For one Vice-Principal the major management problem was "plotting the future" and relating future need to staff potential, finding the right member of staff with the time to do the work involved. He harked back nostalgically to a time of expansion when

"if you could prove the need was there you got the resources".

The aim, then, had been to increase the quantity and the quality of the college's work, thereby improving its grading. Colleges as relatively autonomous bodies have to innovate to survive. They have to identify local needs and design courses to cater for these. Their success depends on their entrepreneurship. FE exists to fulfill three needs: students', employers' and the educational needs of a civilised country. It was now in a situation of deep uncertainty. FE was financed on the basis of "you get next year what you needed this". As a result you had to be careful "that you don't make things too permanent". You have to be sure of your market before you make fundamental changes to your course provision and allocate resources in an irreversible manner. With the YTS initiatives financed by the MSC there was a great deal of uncertainty about staffing needs and the permanence of various schemes. You, therefore, tended to recruit staff on a one year basis

"then if the work pattern materialises make them permanent".

Future timetabling needs, in other words, were difficult to predict.

Work trends and the use of college time had to be seen in this context of uncertainty. FE, apart from MSC inputs, was contracting. This reflected the move of advanced courses to the Polytechnics and Colleges of Higher

Education and also structural changes in work patterns which had led, for example, to a decline in demand for engineering and clerical skills and for management courses, former staples of FE work. This left a problem of how to fill the timetable of staff with redundant skills. They could be moved into other areas, such as MSC courses, but this meant problems of retraining. Contraction and fundamental changes in the nature of FE provision had to be set in the context of the trend towards much closer accounting controls. Auditing led to increases in class sizes and a "tightening up" as a result of comparisons with other colleges. He felt the auditing rationales concerning class size had no educational justification. His college was suffering in the comparison exercise because of a "hangover" from the time when they offered more advanced work. This had left them "top-heavy" with higher grade staff which made the college comparatively more expensive in its time use because higher grade staff taught fewer hours according to contract and the hours they did teach were more expensive.

"The authority won't come down on you or isn't yet looking at the minutiae saying why is Mr. X teaching this class which is inappropriate to his grade but what they will do is say your college at the moment costs so much in salaries, brings in so many points, why is it that this college down the road can do it at a cheaper rate?"

At present the college was managing to "ride" this criticism: there had been "no compulsory redundancies, yet". Auditors were also concerned with the number of hours devoted to courses. They were saying:

"'if college A can do 'O' level courses in three hours why are you taking three and three-quarters?' Even the Inspectors [HMI] are taking this line."

They were also suggesting cutting down on teaching costs by offering students more private study periods during a course thus liberating lecturer

time. He felt this was not always appropriate as it depended on the nature of the student's motivation whether he could benefit from private study. That colleges did "need", say, 30 hours for a course reflected "historical judgments". The college had found this time provision appropriate in the past and retained it.

His attitude towards accountants and the auditing exercise was "keep your accountants on tap not on top".

"I've no objection to the buggers coming around saying 'How are you spending your money?' That's fair enough. It's public money. ... But I don't want them coming in saying what courses I can run or how to spend it. If we as an institution want to spend our money in that area because of the various professional judgments we've made ... my attitude tends to be 'What the hell are you paying me for if you don't want me to make the judgments?' ... All we're asking for is that we be given a budget ... then let us get on and spend it but leave us free to spend it."

He had no argument with the accountants who examined the college's books, reserving his anger for invisible critics. "It's the mandarins who give you the trouble ... and you never see them." A major "cloud on the horizon" was the danger of privatisation of the YTS scheme. Private schemes might be cheaper - he mentioned Sight and Sound's incursion into clerical training - but he considered they substituted training for education. "We're told we're too expensive. Our quality is better." FE, he felt, was suffering because of "strong prejudices against the public sector".

He did not feel it was correct to assume that there was slack in the system as regarded staff use of time. His staff were working their contracted hours:

"Obviously a lot depends on good will but you can insist on 30 hours and, in fact, most full-timers, because they are professionals, will put in a lot more than that. ... If a person's good - by good I mean whole-hearted - you get a lot more out of them."

He was rarely refused if he asked extra time of his staff, for example, that they attended out of hours meetings: "You can't insist but you don't often get turned down". He returned to the theme of character:

"It's very much a matter of character. You find there are Senior Lecturers who are frankly embarrassed when people find out how much work they are putting in because they're putting in a lot of work over the odds".

There were, though, others who were doing the minimum, barely fulfilling their contracts. Here he referred to L1s (Lecturers Grade One, the bottom of the scale) who were putting in the minimum of 21 hours teaching.

"I don't see very much evidence of them putting in work outside that for the other 10 hours of their program. It's a question of personality. You get idle buggers at any grade."

He did feel it was iniquitous that senior staff worked fewer teaching hours for more money than those lower down the grades and looked forward to a change in this area.

The criticism that FE colleges were part-time institutions only working two-thirds of the year were a source of indignation:

"Criticism that we're only open 36 weeks is crap. ... We're working a 44 week year negotiated with the union branch".

This had presented no problems because they had good relations with NATFHE, the lecturers' union. But he did feel the FE conditions of service were ripe for change. The need to equalize teaching hours between grades was one area. He also felt the working year might lengthen and lecturers be required to teach more weeks.

"My own feeling is that conditions of service will be renegotiated in the near future with a view to a reduction of some of the advantages we currently enjoy. Colleagues will accept it if there's a bit more cash in it. Most would be happy to give up some of the long summer holidays



for cash. I don't believe many come into FE for the long holidays. That's a myth."

He also commented that the cheapest way to staff a college was with part-timers:

"so you only pay for the hours taught. But that means you don't get the planning, you don't get the academic follow-up. ... Part-timers aren't paid to stay and discuss course content".

His main fear about closer monitoring and financial control was that it presaged not rationalisation but reduction. He illustrated this point with a reference to unemployed youth in a local shopping centre who spent their days "sitting on the wall killing time".

"I would defy anybody to go in there and look at these unfortunate youngsters and look at any group in the college and say which one is occupying their time better. But, o.k., if saving money is your only criterion you can always save money by not doing things."

Another Vice-Principal saw his role as that of "reality principle". He had to assess what it was possible for the college to offer given the resources at its disposal. For him the major constraint on this major function of responding to new needs was the availability of staff time. His role was to monitor staff time use, the class contact hours loading of timetables, and <sup>to see</sup> that staff were working the right number of hours. For this he had the clearly specified contractual obligations set out in conditions of service agreements. He felt it was much easier in FE to monitor that staff were being used properly and fairly than in secondary education where these clear norms had not been negotiated. He was also responsible for course analysis, checking that the appropriate staff were teaching courses and that courses were timetabled for the right number of hours. For him it was a feature of a timetable's quality that "the right people were doing the

right job". Another measure of this quality was that teachers were teaching what they wanted. Staff wishes could be negotiated from year to year to try and ensure that they did teach what they wanted "if not this year, then next year". Exam success was another measure of quality as was "peace for me" which he got when staff were satisfied with their timetables.

The college's major problem, he felt, was

"the contraction of resources in a time of expanding educational need".

He had lost staff and was having to lose more. This led to a reactive form of crisis-management. Generally, FE was subject to a need to adapt "even more quickly" than it had done previously because the environment was changing more quickly. For example, the influx of MSC work was radically changing the established patterns of work. Here FE was in competition with the private sector but FE was "used to adapting to market pressures". FE's autonomy had always been subject to the influence of consumer needs. There were, though, now, growing external influences.

"Slack, in the sense of using staff to do as you like is dwindling."

"Auditing pressure" was an example of external influence. A major management problem was to get the balance right between autonomy and responding to external demands, an important feature of which was the good management of resources. Auditing, he felt, was a good thing as there was slack in the system. One example of this slack that should be removed was over-teaching. There was no slack, though, in the sense of abuse of contracted hours. He himself could create slack by cutting out over-teaching, by reducing course

hours, by cutting out courses when attendances dwindled. Part of his role was to

"play the numbers game ... make sure numbers are viable [so that] the college runs properly."

This was a discipline he had imposed on heads of departments. Class sizes were checked monthly to see that staff time was being used efficiently.

He also equated slack in the system with the availability of part-time staff. The efficient management of a college depended on the right balance of full-time and part-time staff. For example, YTS schemes meant the college was having to assimilate 600 new students in the coming year. It could only do this by using part-time staff appointments on fixed-term contracts. MSC initiatives which meant more work for colleges had to be coped with at a time of contracting full-time staffing. He, therefore, predicted a future staffing pattern of a small nucleus of full-timers with a majority of part-timers whose career would alternate between a series of fixed-term contracts and periods of unemployment/retraining. Part-timers were a necessity to the system and an asset. They provided specific skills when these were needed and became redundant as their skills became redundant. The timetabler who used part-timers well was "not stuck with staff with a fixed set of old skills" and had the "possibility of a constant replenishment of the stock of college skills". In the current situation of a majority of tenured staff, there was a problem of redeploying those staff whose skills had become redundant. Slack for him, as a positive timetabling asset, meant the "educational freedom" to provide courses with the staff best qualified to teach them.

A Principal of a college felt it was his heads of departments' responsibility to ensure that lecturers' time was fully utilised. He

monitored their work in this area. An L1, according to contract, should teach 20 hours a week for 36 weeks. It was the head of department's responsibility to see he worked his 720 hours a year. According to this Principal, there was not a lot of free play in the system as regards time because the use of time was "circumscribed by the unions". Custom and practice had become entrenched. Overall college need dictated the availability of time to departments. For instance, a sociology lecturer had left and had been replaced, not by another sociologist but by a computing lecturer because this was where college workload was rising: "the needs of the whole are paramount". For this college he felt the pattern of work was likely to remain fairly stable. There was little change in the timetable from year to year, a maximum of 10%. He did not expect MSC work to produce any major problems of assimilation as the college was "used to that kind of student". He had no major timetabling problems "because we've got enough staff". They had "accidentally" inherited staff because of a decline in manufacturing courses. These lecturers could be redeployed to other areas of college work so the college had no problems of finding staff time to cover courses. It did have a problem of "what to do with staff who are excess to capacity" which seemed to indicate that it did have timetabling problems, not of finding staff to offer courses but of using some of its staff time productively.

The Principal felt that auditing had had little effect, as yet, on the college. At his appointment he had negotiated a large degree of autonomy with the LEA's Director of Education who was on the point of leaving and was, therefore, "not too hard in negotiation". As a result the college had favourable staffing arrangements which enabled it, for example, to offer extra teaching on courses such as professional studies for foreign students.

The college motivation to do this was to improve exam rates as, in this area of work, it was in competition with other colleges. An example of college autonomy of time allocation was the degree of "give and take" it managed to ensure over paying for work in "holiday periods" when lecturers needed to work longer than the maximum contracted 14 weeks without a break. The college paid overtime in these cases and this was "lost in the larger budget". In this respect the college had more freedom than colleges in other LEAs. He had noticed little extra pressure of monitoring or moves towards greater financial control though he wondered whether "this might change if there is more central control". He felt strongly that senior lecturers and principal lecturers had too light a workload.

"They're supposed to be on the premisses for 30 hours but [there's] no way you can enforce that."

L1s and L2s, by comparison, were working very hard. He argued that the difference in the level of work did not merit the discrepancy in teaching load. He also foresaw lecturers having to work harder. "Lecturers will accept bigger classes as the price of having a job."

The lecturer responsible for staff development in the college, himself a former NATFHE representative, argued that there was generally a sense of increasing time pressure among staff. The Principal had made an unsuccessful effort to have staff clock in and out. He, himself, had never felt he had had enough time or that he had been able to do the work required in the contracted 30 hours. Particularly lacking was time for self-monitoring, future planning and developing new courses.. Staff felt an increasing need "to justify their time use".

"They're looking over their shoulders as to how they'll be judged in the way they employ their time."

He was not opposed to auditing, stating, cryptically, that "as accountants [his subject specialism was accountancy] we know how auditors can be misled". He was pro-monitoring in a broad sense but, in line with his union policy, he was against coercion in the implementation of new ways of working and of organising time. The Principal's role was to ensure that everybody was working fairly when he examined timetables at the end of term.

"If it is an industrious individual the Principal allows a little leeway. If it is a skiver he will jump on [the head of department] to see why he isn't getting enough work out of him."

He also thought that the LEA was very generous in its interpretation of conditions of service as contact hours were as low as possible within the national norms. He agreed with the criticism of the inequality of workload between lower and higher grades, attacking the "nonsensical notion that low-level work should be done by L1s [lecturer grade 1] and higher level by SLs [senior lecturers]", particularly as higher level work with well motivated students was often easier.

Another Principal described his major problem as management for contraction. During the expansionary period of the 1960s there had been an excess of staff. The major timetable problem had been "to 'pad out' the timetable to hide excess staff". During the 1970s there had been a 40% drop in student hours. MSC work now meant a rise in student hours again but with a reduced number of staff. This had led to "more complex problems of coordinating time". MSC work involved "a huge area of uncertainty" in the prediction of course staffing needs. It was difficult to plan for the next academic year. The college knew what full-time staff it had and what allocation of part-time staff it could buy in therefore it knew the maximum number of hours it could teach

"but we don't know what the timetable will look like".

The college's primary aim was to get more work in. To do this "we can press for more resources or we can make better use of existing resources", for example, by increasing class size. The Principal was faced with a major internal problem in this area of a department that would not accept larger class sizes. This had occasioned a row with NATFHE, a strong force in this college, over attempts to change custom and practice. The engineering department was insisting on a staff-student ratio of 8:1. It regarded this as a "condition of service" although it had never been officially agreed. The college was heavily dependent on MSC courses for new work and, therefore, for expansion. The MSC had set staff-student ratios of 19:1 for practical subjects. A local agreement of 15:1 had been negotiated which "stipulated "no worsening of conditions of service". The change from 8:1 to 15:1 was viewed as a degradation of working conditions by the department involved. The problem for the college was that MSC would take its work to somewhere where it cost less. In this instance other colleges which had implemented the local agreement of 15:1 could offer two courses for the price of one at his college.

The dispute highlighted the local power of the union and of the head of department. The Principal was, therefore, attempting to implement a new matrix structure for the college which put an end to departmental boundaries and inter-departmental barriers. Staff time, according to this new structure, could be allocated to relevant work in any department. Staff time, thus, became an asset to all departments. The lecturer in charge of staff development at the college spoke of the

"need to convince staff that the work just isn't there anymore [in its old forms]. If we don't change there's nothing for them to do."

Without fundamental re-organisation staff, and, ultimately, the college would become redundant as the old strategy of reducing class size or "doubling up to hide the surplus" could not be maintained in a time of resource constraint. The reorganisation plan was seen as a move to preempt external moves towards increased control and as a necessary response to the new interdisciplinary forms of work that schemes like the MSC encouraged and which no longer fitted into traditional departmental structures with their rigidities and inflexibility. The head of department resisting the new structure was "a brake on creativity", "stuck in the old ways", in comparison with the necessarily entrepreneurial approach of the senior staff.

The college already worked an extended year so it had recognised the need to make itself open to the demands of industry. Hours of work for staff were not increasing although class sizes, one measure of workload, were. There was also a need to use teaching time differently, to develop new skills as the college moved from craft-based courses to the broader-based interdisciplinary MSC schemes. Lecturers needed to move from a "chalk and talk to a student-centred, negotiated learning approach". The Principal predicted that a "major stumbling block" in the future was likely to be class size, increases in which meant increases in the intensity of work. He felt part-timers were "absolutely essential to provide the flexibility" he needed to cope with fluctuating demands in terms of time and skills. He thought the target figure set by the LEA and NATPHE of 15% of staffing as part-time contracts represented a good balance to be aimed at though he knew colleges with 30% part-time staff. He felt that, although part-timers were cheaper - it cost only half the price of a full-time L1 to buy in the equivalent part-time hours - too many in a college produced management



problems. He also predicted a trend towards the employment of multi-specialist teaching staff, "a Jack of all trades, somebody with a little bit of everything", as the ideal teaching staff of the future. In the meantime there was a pressing need to encourage existing tenured staff to develop new skills and new ways of thinking about their work and work situation.

The Vice-Principal of another college (Acting Principal at the time of the interview because of the Principal's sickness absence) saw his most important role as being to

"distinguish between idea and flight of fancy"

as the staff strove to keep abreast of the changing needs of the FE sector. In the final analysis his role was "to say if we can afford to do it", if the college had the resources and if it was in the college's long-term interests. He stressed the increasing rate of change FE was subject to.

"Either FE innovates or it dies. It is quite astonishing ... how much has changed ... Things have changed so fast."

It was also astonishing to him "how much people have taken on", the extra work his staff were prepared to do to accommodate change and the amount of time they had devoted to this. Timetabling involved two major concerns: conditions of service and ensuring the appropriate person taught a course. These were major constraints. He adapted a principle of maximum flexibility and negotiation in the creation of the timetable, with the qualification that "at some stage it becomes impossible to alter". He saw no big clash of interests between his role of good housekeeping for the LEA and his role of protector of staff interests. He stressed the importance of reasonable staff attitudes which were not found in every college:

"If people accept things and are reasonable in their demands then we cope very well".

A primary concern, though, in timetabling was the college's competitiveness with other providers and the cost of time.

"This is why the MSC are moving towards other people to do the work. We have made ourselves very expensive with current conditions of service and that's why I resist too many time allowances for this job or that job or the other because in actual fact it just makes the establishment more and more expensive. ... They are going to other people ... who can offer longer hours because they are not on our conditions of service, who are not on our rate and can actually do things and make a profit, which we can't do."

He was in a sort of "Catch 22 situation", performing a "balancing act".

"[We] need to satisfy lots of groups of people. All of them, quite legitimately, feel they have a grouse. So you have to satisfy the staffing side who say they are overworked and underpaid ... and that you keep on giving us more responsibilities to do ... look at this extra work you've given us, which is quite legitimate. And if they say 'will you pay us for it?' then it is as serious in some cases as saying 'O.k., I will do that but you tell me who I make redundant', because I can't afford another penny on staffing."

Immediately prior to the interview he had been visited by the LEA's finance officer who wanted him to explain the college's over-spending. The response seems to indicate an acknowledgement that workload is rising and is likely to continue to do so.

He felt strongly that there should be better financial controls and that these were coming into effect but that the difficulty with these was "actually finding acceptable standards for everybody". LEA allocations tended to be based on historical precedent. As a result his college, a relatively new establishment, suffered in comparison with older colleges.

"The slack is going. The danger that [the LEA] has got into is that it has over-provided in some areas and under-provided in others so there's been a disparity between colleges and an apparent unfairness ... we've

been trying to come up with formulas which are acceptable to all. ... We need to know that as a college we're being treated fairly, equitably."

To illustrate this point he cited colleges where no staff were working their full contract hours: "here everybody is on full hours". It was, therefore, right and fair to compare departments across colleges for efficient use of resources. The major bone of contention, he felt, as regards resources, was not the total sum allocated but equality of treatment.

"Whether it's the correct sum isn't the most important as that depends on what the authority can afford to spend which will never be enough. [What we need most is to] have it so that it appears to be fair between institutions so that at least you feel you are being treated the same. ... I believe it's coming, slowly."

Once the budget had been decided colleges should be left to decide how to allocate resources towards the realisation of their academic plan. This allocation and its implementation could be checked and compared with other colleges to see that it represented an efficient use of resources.

What he criticised as lacking in moves towards accountability was that these tended to constitute a "mixture of financial constraints and interference" without the clear guidance that colleges wanted. Colleges were told to maximise resource use but there were, for example, no overall directions about class size other than the enjoinder to increase them. Group size had to be related to the nature of the course much more closely than it was in present thinking or practice.

"Money is based on actual numbers of students enrolled overall. The standard answer is, 'you can do whatever you like as long as you do it within your budget'."

There was also the problem that LEAs claimed to have budgetted for work like staff development and that there was a time allocation for such kinds of

activity in the budget, but they would not or could not clarify how or where.

"If you have an approach from the union to say 'We would like to have more time for organising things or more time for supervision or more time because of the hours we have to devote to preparation [of courses] or for tutorials or the rest', the standard answer from headquarters to everything is 'Well, of course, it's allowed for in the college budget' but when you say 'Well, now, where? Can you show me where it says it in the budget ...?' 'O, well, it will be allowed for that.' ... To do something like this without extra resources [we] would have to cancel two evening classes."

The biggest problem he was faced with arose out of departments contracting or closing down due to a decline of demand for work in their area. He was faced with the problem of "looking for retraining of staff". Time for this and for staff development in general was not adequately budgeted for.

"We're in this horrible game of actually being pressed by the unions, quite legitimately, ... for more time allowances or whatever, but when you actually come to the real question which they don't like and that is 'O.k., I will allow you but will you please nominate which of your colleagues you want to make redundant?' now that doesn't go down as well. But that is the ballgame I'm in. If I say 'Yes, I can give you 10 more hours of administration' then I've lost half a member of staff."

### C. Time and industrial relations - current issues in FE

The further education lecturer's work is governed by a contract that is unique in education. This was agreed in 1975 after several years of negotiations between employers (CLEA) and unions. It is unique in its a specification of the temporal parameters governing the work, a maximum teaching year of 36 weeks and the prescription of maximum hours that can be expected of the FE lecturer each week (30 hours) and the maximum teaching hours within this 30 hours (Wait ed., 1980). Teaching loads specify class contact hours. Time not spent in class contact is to be employed on other

duties such as preparation, administration and staff development. Of the 30 hours required by contract, approximately half to two-thirds, according to grade, will involve class contact and the rest will be devoted to these other commitments. At its inception the contract was welcomed by the FE union negotiators as the specification and agreement, for the first time, of "professional standards" governing the FE lecturer's work (THES, 7.2.75).

One of the most controversial current industrial relations topics within the profession is work comparison - the study of how much work lecturers do and how this compares with the hours laid down in their conditions of service negotiated in the 1975 agreement (Bradley & Silverleaf, 1979). Bradley and Silverleaf found that the average working week frequently exceeded the 30 hours stipulated in these conditions. They insisted "that this was usual practice and not an over-estimate" (Bradley & Silverleaf, 1979: 103). Average hours worked were between 39 and 41 hours. Lecturers complained of over-involvement in routine administration (roughly 25% of their work, they calculated) and that they did not have time to keep up with new developments in their subject area or enough time for students (Bradley & Silverleaf, 1979: 110). In the respect of remission from teaching time for other duties their contract was inadequate. In-service training time was given a low priority by employers and there was little extra pay for hours spent beyond contracted hours on other duties. Time spent on teaching did fall within the the class contact hours agreed. It was preparation, marking, administration and other commitments, especially to course development, which took them beyond the stipulated minimum of 30. Over half of the sample were dissatisfied with the remission system and wanted a "more systematic and uniform set of criteria [for] decision-making in this area" (Bradley & Silverleaf, 1979: 125-6).

Lecturers are increasingly expected to spend time in curriculum development activity, in internal validation of courses, and in committee work associated with these activities (Russell, 1981). Bradley also argues that FE colleges are unique in the paucity of provision of ancillary support services which does not make this sort of work any easier.

"Teaching in colleges is a unique job, not quite like any other, so comparisons are difficult; but one wonders how many administrators are asked to work on three sites, have access to 1/20th of a secretary and given no dictaphones" (Russell, 1981: para. 316).

There is a generally felt need for remitted time for course planning and implementation (Bradley & Silverleaf 1979: 102). Overall, their sample felt that their workload was far greater than in either schools or universities. In comparison with the school sector, though, "FE teachers regarded themselves as fortunate as regards salaries" (Bradley & Silverleaf, 1979: 121).

The Audit Inspectorate has been particularly concerned with the comparison of work between colleges. The measures suggested by the Audit Inspectorate, though, as the best means of comparing college workloads have been criticised by the profession. The criticism is that the Inspectorate's measures are not sensitive enough to all aspects of the lecturer's work. Arguments against using student attended (registered) hours as advocated by the Inspectorate and for using student taught (curricular) hour, the profession's preferred measure, as the basis for measuring college activity include:

"The teacher is required to attend and to provide instruction to his timetabled classes irrespective of the level of student attendance. An analogy with other service industries can be made - for example - once a train service is scheduled to run at a particular time, the rolling stock and crew are committed in the short run at any rate whatever the number of passengers."

"Many of the teacher's tasks - defining learning outcomes, organising the learning material, counselling, assessment and examining for example - are performed outside the classroom i.e. the student enrolled constitutes a workload whether he attends all the classes scheduled or only some of them."

"... the paper work in many colleges would be significantly increased" (Birch, 1982: 3).

It remains to be seen how the Audit Inspectorate's work impacts on colleges and what resistance, if any, it elicits from lecturers and their unions. It seems likely that it must at least lead to changes in local custom and practice. This is likely to cause dissatisfaction as the case of the college implementing the open-learning system described in the previous section demonstrated. If it leads to a generalised change in staff-student ratios as a means of using time more efficiently, and competitively in comparison with other colleges, then local disputes of the kind described by the Principal who was attempting to increase the ratio in a craft department are probable. Intensification of time use in this way is likely to be seen as a degradation of working conditions and to be resisted. How typical, widespread or coordinated such resistance will become remains to be seen. Lecturers have an industrial relations weapon similar to teachers if curriculum development activity, for example, is performed outside of contracted hours and this could be employed in a dispute. The difference between the lecturer's and the teacher's contract, though, is that lecturers are contracted to work a specific number of hours of which a proportion has to be allocated to non-teaching duties. This time corresponds to the teacher's "free periods" but is comparatively much larger. Employers could attempt to monitor this time more fully than has been the case in the past. Judging by what some senior staff said, there is room here for tightening controls on lecturers' time use.

#### D. Conclusion

There were two contrasting opinions concerning the experience of time among lecturers as exemplified in the two colleges operating open-learning systems. Both groups saw open-learning as more demanding, more intense, and requiring more time than lecturing. But in the college operating an established open-learning scheme the staff appreciated the variety of times it offered. They were willing not to work in a "clock-bound" fashion and did not insist on finishing at the end of a period. They accepted that the learning problems this work engendered tended to "overflow" and were, consequently, willing to put in "voluntary overtime". Little course development work needed doing, staff were happy with their routine and the balance of their time between open learning and ordinary lecturing. Pace, duration and intensity were satisfactory. In the other college just beginning with the system, its inception was putting lecturers' time under considerable strain. Staff were unhappy with the extra pressure the development of the system put on their time. This was resented as a deterioration in their temporal situation. It meant they had to devote a lot more time to lesson preparation than previously. They had been satisfied with their previous situation and resented the change. It was senior staff's view that time had to be devoted to such new initiatives without remission of other commitments if the college was to continue to attract clients. The need for this extra time was justified in the context of changes in resources for FE. This added burden was the price of survival for the college.

Senior staff generally, with one exception, shared a view of their situation as normally prone to change but as currently changing at an



increased rate. They saw their role as being to navigate the college into the future through the turbulent present environment. They acted as "reality principle" but, themselves, had problems of being sure about what reality was. They feared premature action which led colleges up blind alleys and closed doors to potentially fruitful change. The future was becoming more and more difficult to predict. They stressed the need for flexibility but felt that conditions of service governing staff working time impeded flexibility of response. A representative of the Further Education Staff College (the FESC), interviewed for his broader view of FE, argued that, overall, there was in fact little evidence of a willingness to change or of greater flexibility of time practice. He felt this would eventually be imposed. FE, he argued, was a conservative system. "There is enormous resistance to change." Teachers, understandably, resisted new ways of working.

"Classroom teaching is a very demanding occupation. Anything which threatens present arrangements [which are perceived as working] is to be resisted."

Senior staff saw their role as being to "tighten up" on time, making sure that it was used efficiently and reorganizing when necessary in the face of demands for colleges to be more accountable. They had to re-educate staff to the realities of a changing external environment.

Auditing was not opposed. It was welcomed particularly as a means of promoting and demonstrating parity between colleges in resource allocation and use. There was acknowledgement of slack time in the system and attempts to monitor and eradicate this were seen as increasing in momentum. But there was a danger if "tightening up" went too far. Colleges needed slack to maintain a flexibility of response because of the uncertain demands on

them. There was no slack in the system in terms of staff not lecturing up to their contracted hours but slack might exist in the use of those hours not specified for teaching. Many staff were working harder than their contracts required. This was not due to any imposed time-discipline - one attempt to have staff clock in had failed - it was more a matter of individual volition. Character and professionalism were suggested as factors predisposing individuals to work according to and beyond contract.

It was generally perceived that work pressure was tending to rise as the sector came under increased audit scrutiny and resources contracted. More was being asked of staff so time pressure was likely to increase particularly in the area of staff development and new course development for which LEAs made inadequate budgeting arrangements. Staff were having to do this in their own time over and above contracted work. How to use the time of those staff whose skills had become obsolete was a pressing problem. To some extent they could be hidden in the timetable but this was usually no longer possible. Slack existed particularly in too small class sizes. The FESC representative felt that there was a great deal of slack in the system in this respect, comparing the average U.K. SSR of 1:10 in FE with that of Germany and Canada, 1:16. The U.K.'s was the lowest in the world. He also thought all cuts apart from those that could be applied to staffing costs had been made. Buildings, for example, were in "a deplorable state of maintenance". He predicted cuts in curricular hours. Average hours devoted to "O" level subjects had fallen in the 1980s from 30 hours to 27 hours per week, a 10% decrease. He welcomed this as he felt FE tended to over-teach. This he blamed on the Burnham agreements relating to college grading which promoted "pressure to teach as much as you can at the highest possible level". Use of SSRs, he felt, as a monitoring device and comparisons between

colleges would counteract this "Burnham effect". There is also pressures on colleges to reduce teaching time in favour of private study periods for students. This would promote lower teaching costs, the search for which might also promote the more extensive use of part-time staff as a logical way of cutting costs. Part-time time is cheaper than full-time time:

"part-time teachers provide an efficient return to the extent that they are paid only for contact with students and that there is ... no payment for preparation or marking" (Latcham & Peck, 1980: 2).

It was also likely that LEAs would become tighter on remission time for other duties apart from teaching, duties for which there was little enough time available at present.

A key feature of the senior staff role was seen to be the negotiation with staff and union over time. The rules of the game here, it was suggested, were changing for the worse. In the area of part-time work, for instance, senior staff moves to use part-timers as an economy measure might become increasingly disadvantageous to full-timers.

"Within colleges there are pressures from full-time staff to limit part-time teaching; the greater the proportion of work done by full-time teachers the larger the number of LII and SL posts generated. Moreover departments will generally wish to allocate as much of the advanced work as possible to full-time staff because those teachers engaged for a significant proportion of this time on advanced work are entitled to pass ~~the bar~~ on the Principal and SL salary scale and to automatic progression from LII to SL" (Latcham & Peck).

It might be in senior staff's overall interest to limit promotion as a means of making a college less costly. The proportion of advanced work was also seen by senior staff as being positively related to pressure on work time. Non-advanced work was seen as more arduous. If the balance between advanced and non-advanced work in an individual's timetable is changed in favour of

the latter this is going to put increased pressure on his teaching time. For senior staff the imperative is growing to keep time as cheap as possible.

The provision of time for staff development posed a major management problem, one not recognised by the employers:

"release of academic staff to participation in materials development and the lack of adequate time in which to develop [for example] open learning systems has become a major constraint", (Davies, ed., 1977: para.3.3.7).

One head of department responsible for developing a new open-learning scheme summed up the situation:

"It is not realistic, in these hard times, to expect remission of staff contact hours to ease curriculum development" (Newman, 1983: 28).

According to the Further Education Staff College

"in a clear choice between hard (redundancy) and soft cuts, the latter [will] be preferred, with in-service activity as a favourite target" (FESC, 1982: 144).

In the college engaged in initiating the open-learning scheme, the union had opposed this as an increase in workload, an opinion shared by some staff with experience of the scheme. The college had been forced to agree with the union that lecturers should have a hand in teaching the material they prepared personally which limited the scheme's open-ness. The former NATFHE representative argued that the danger of implementing new ways of working such as open-learning was that employers would use these new initiatives to change their commitment to current ways of working. He feared that open-learning

"could replace part-time day release. Employers could argue: why should I pay when the individual can do it in his own time?"

For the college that had implemented the scheme recently open-learning offered "a chance of survival" for courses where there had been a failure to recruit enough students to make traditional courses viable. Open-learning permitted the amalgamation of small groups of students enrolled in small numbers for a variety of courses (Newman, 1982).

The union opposes new arrangements that are seen as significant degradations of working conditions. Open-learning might come to be seen in this light if remission time is not forthcoming for course development. In one college there had been a major clash with the union over another time issue, the attempt to intensify time use by increasing class size. The senior staff's role, in the final analysis, was not to please their staff. They perceived theirs as a broader responsibility. Centrally agreed auditing principles and methods were likely to curtail local agreements regarding time which had operated to the staff's benefit. It was senior staff's responsibility to implement these for the greater good. It remains to be seen if unions and staff will accept this new logic and if the intensity or pace of work is increased in other ways. In several cases the obsolescence of old ways of organising staff according to a departmental structure was mentioned. This may presage new ways of organising which cut across old loyalties. There was also the suggestion that staff would, in the end, adopt a new reality principle and some deterioration in conditions of service as the price of keeping their jobs. The length of the academic teaching year was mentioned as a prime "target". The grading system, too, was seen as ripe for change. If this is changed then senior staff will have to accept longer hours.

Overall conditions of service were generally seen as out-dated by Principals and Vice-Principals. Senior staff felt that workload would

increase and did not see this as a bad thing. Their major concern about increased external monitoring of their efficiency was a fear of loss of autonomy, a fear of the mandarins, though they did not report that, as yet, they had lost their managerial prerogative. There was a fear that it could happen. They criticised the imposition of budget restraint without specific guidance. Theirs was a bridging role between the college and its environment. For their staff their major fear seemed to be of compulsory redundancies. They feared that in this area the "ballgame" in which they were engaged was about to become "more horrible". They had to make their staff make realistic decisions regarding their use of time. Staff had to realize that, for example, more remission time for duties other than teaching had, in the final analysis, to be equated with redundancies. The future they predicted would seem to be of less staff doing more work on a more precarious, untenured, contractual basis. They suspected that "rationalisation" was really another term for "reductions". The FESC representative corroborated this when he said that FE "hasn't seen anything yet" in comparison with the controls that will ultimately be necessary to keep it viable. For the present it survives in a precarious state of transition.

#### NOTE

The Audit Commission has just (20.6.85.) published its review of further education in which it criticizes the system for inefficiencies (Audit Commission, 1985). Some colleges, it argues, are far from using lecturers' time optimally. Some lecturers are, in fact, only teaching half their

contracted hours and to very small classes on courses of dubious educational merit which do not give the lecturers concerned a full academic year's teaching.

The key time issue facing general medical practitioners (GPs) concerns the question of whether his time is organized to best serve his own or his clients' needs. Such indicators as do exist suggest that GPs are doing less work in terms of patient contact time since the GP Charter of 1966 began to take effect. This charter revolutionized the organization of the profession (Dunry & Hull, 1978). It led to larger practices and the subsidised employment of auxiliary nursing and administrative staff. The group practice allowance was a positive inducement to share facilities, premises, equipment and staff and to develop a new concept of a general practice team and new ways of group organisation. Single-handed practice ceased to be the norm. Group practice signalled an end to

"the unrelieved time commitment of the GP's contract which was felt to enslave him to his patients" (Jeffreys & Sachs, 1983: 4)

By 1969 practices of three or four partners constituted the dominant pattern (General Medical Services Committee, 1983: 27). As a result rotas could be arranged between partners covering night and weekend work and creating free time that the single-handed GP did not have. The employment of receptionists made the widespread use of appointment systems feasible. Appointment systems were used to rationalise doctors' time use. The doctor knew who and sometimes what to expect and could plan accordingly. More efficient use could be made of consulting and waiting rooms. The doctor's time could be used more effectively because he was able to "direct the workload to the periods of the day when it fits in with his timetable" (Jones et al., 1978)

## CHAPTER SIX. TIME AND THE GENERAL PRACTITIONER

### A. Key time issues facing general practitioners

The key time issue facing general medical practitioners (GPs) concerns the question of whether his time is organized to best serve his own or his clients' needs. Such indicators as do exist suggest that GPs are doing less work in terms of patient contact time since the GP Charter of 1966 began to take effect. This charter revolutionised the organisation of the profession (Drury & Hull, 1979). It led to larger practices and the subsidised employment of ancillary nursing and administrative staff. The group practice allowance was a positive inducement to share facilities, premises, equipment and staff and to develop a new concept of a general practice team and new modes of group organisation. Single-handed practice ceased to be the norm. Group practice signalled an end to

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52-53). Doctors also set about re-organising their time use by cutting down on home visits and surgeries held after 6 p.m. (Jones et al., 1978). Receptionists could act as a barrier to drain off patient annoyance if they were left waiting or found difficulty in arranging an appointment. Some routine medical tasks could be directed to ancillary nursing staff thus reducing the GP's time spent on minor treatment. More recently the expanding use of deputising services, "one of the fastest growing areas of private health care" (Sunday Times, 24.7.83.), has further liberated GPs' time. Medical coverage during unsocial hours can be delegated to private health services.

According to the DDRB there has been a slight fall in workload in recent years. List sizes have been steadily decreasing since 1970 and this fall has been accompanied by a growth in support staff and the increasing use of deputising services. Home visits have decreased (DDRB, 1983: para. 67). There is some evidence of an increase in annual number of consultations per patient, in the average number of prescriptions issued per GP and in the time spent on consultation (DDRB, 1984: para. 50) but it is not certain that statistics about prescription and consultation rates really reflect adequately the amount of work a GP does. More and more prescriptions are repeat prescriptions given without face-to-face contact (Fry & Marks, 1979: 45). The introduction of self-certification by patients for the first seven days of illness incapacity for work is likely to reduce workload (DDRB, 1984: para. 52).

Fry, a GP himself, agrees that GPs are doing less work. He also asks how much of a GP's work is really necessary (Fry, ed., 1979). There is a problem here of job definition.

"No detailed consensus has yet emerged on the relative importance of the many aspects of general practice" (Laing, 1978: 53).

Lack of definition makes measurement and meaningful comparison of GP performance difficult. Bain argues:

"The setting of standards in general practice can be achieved only if accompanied by a clearer description of goals and methods of assessing outcome" (Bain, 1984: 1475).

Fry maintains that if we are to make the best use of scarce resources:

"we need to know more about the work average doctors are doing - how much they do, how much is useful and how much is useless, and how much more they should be doing" (Fry, 1981: 929).

The Royal Commission on the National Health Service (NHS) criticised the profession for the lack of mechanisms for ensuring that the standard of service was high. Because of the remuneration system negotiated by the profession, GP earnings depend on quantity rather than quality of service (Royal Commission, 1979: 7.31). A major problem for any doctor is keeping up-to-date. We do not know to what extent GPs are practising out-of-date medicine (Abel-Smith, 1979). Often the only source of continuing medical 'education' is the pharmaceutical company representative. The hospital sector sees a failure in general practice reflected in the 25% increase in new cases presenting at accident emergency departments between 1967 and 1977 (Cartwright & Anderson, 1981). GPs should be capable of dealing with a large number of these cases but are either unavailable or patients feel that hospitals will deal with them more thoroughly. The Duthie Report (Department of Health and Social Security-DHSS, 1981) criticises GPs for inappropriate referrals for hospital orthopaedic services arguing that GPs should be capable of dealing with a proportion of them. The Royal Commission and the DDRB have criticised the abuse of deputising services on the grounds that patients are entitled to expect personal care from their GPs and that the deputising services do not form part of the NHS (DDRB, 1981: para.103).

The major criticism of the service from the patient's point of view is that doctors are always in too much of a hurry and that the ways in which the service has been reorganised since the 1960s has helped the profession more than the client. The use of an appointment system, the development of group practice and the hiring out of work to deputising services have improved working conditions for GPs rather than the quality of the service provided. There is evidence that appointment systems act as barriers rather than aids to contact with patients in that consultation rates for practices using them are lower than in those that do not (Cooper, 1975). Some patients prefer a "drop-in" system even if they have to wait as preferable to an appointment system which can mean there is a wait of days (Jones et al., 1978). Group practice arrangements have also been criticised for diminishing the possibility of continuity of care - the creation of a personal individual relationship between a patient and a GP - that is a central feature of RCGP philosophy. GPs have been criticised for using prescriptions to cut short consultations and repeat prescribing to avoid them. General practice patients, therefore, complain most about time - about time wasted in waiting and, the most bitter complaint, about the brevity of contact with the doctor, the truncated nature of the consultation.

"Sympathetic personal attention is time-consuming, and patients complain that their GPs do not give them enough time" (Royal Commission, 1977: 14.6).

Patients complain:

"The doctor's just like a machine working to time";

"The doctor just looks at you as if you were a number" (Fitton & Acheson, 1979: 38).

Other complaints about shortness of time with the doctor relate to the rigidity of the appointment system, the difficulty of arranging home visits, the use of receptionists as a barrier to consultation and the use of deputising services. Patients resent what they consider impersonal treatment and the passive (patient!) role they are expected to enact. Treadway (1983) found that patient satisfaction depended largely on two factors:

"patients feeling understood and patients verbally expressing their needs and requests" (Treadway, 1983: 769).

In his study only 37% of the patients who had a request to make actually made it. The fact that one-third of patients do not use the drugs prescribed by their GPs suggests dissatisfaction with the outcomes of consultations (Wilding, 1982: 89). Cartwright and Anderson (1981) found that patients were more critical of the quality of information, or lack of it, provided by GPs than any other feature of general practice. The patient's ideal of being able "to contact their doctor directly and to see him that day if desired is a practical ideal which may be seldom matched" in reality (Fitton & Acheson, 1979: 46).

All these criticisms of general practice can be subsumed under the one general criticism of the profession's "disproportionate advantage". It is the doctor not the patient who determines the length of the encounter and the where and when of it (Anderson & Helm, 1979). The doctor also determines the how and the what of the encounter - how it unfolds and what it produces (Byrne and Long, 1976).

The Royal Commission, arguing that a salary option should be introduced for GPs, blamed independent contractor status for weakening the bond between the GP and the NHS and permitting abuse of GP independence:

"The main criticisms put to us in evidence against the GPs' contract were that it did not give the NHS sufficient control over the development of the service and the distribution of GPs, patients were at a disadvantage if they wanted to complain, arrangements for paying GPs were unsatisfactory, out-of-hours cover was inadequate, and GPs had too many commitments outside their practice" (Royal Commission, 1979: para. 14.77).

There are, in short, not enough controls for ensuring that GPs use their time for the best interests of the service. The profession has not helped matters in that it has not done enough to examine its own ways of working in terms of efficiency and effectiveness.

In Cartwright and Anderson's study, two-thirds of GPs thought the pressure of work was increasing and that they were busier in 1977 than ten years previously or when they first entered the profession. In fact there had been little change in surgery consultation rates and a marked drop in home visits together with an increase in ancillary administrative and nursing support which suggests they might be spending less time on work. Gathorne-Hardy reports a Pulse survey conducted in 1982 which showed British GPs spending less time than in any of the other fourteen countries surveyed in consultations with patients. British GPs averaged four hours a day in surgery consultation compared with Canadians' seven hours (Gathorne-Hardy, 1984: 123-124). Time pressure might, then, be, at least in part, the outcome of the profession's reorganisation of the conditions of practice since the 1960s which has left less time for consulting patients.

"Surprisingly little information" is available on how GPs actually use their time (Wilkin & Metcalfe, 1984). According to these authors Butler's (1980) study is the most comprehensive. Butler found that the average time spent each week on on consultations with patients including related activities such as administration and travel ranged from 23 to 55 hours with an average week of around 40 hours (Wilkin & Metcalfe, 1984: 1501). Laing

(1978) found that GPs averaged 49 hours per week excluding time on call but this covered a wide range of hours worked. 24% reported working less than 40 hours while 16% reported working more than 60 hours. Wilkin and Metcalfe did not look at total workload but concentrated on time spent in clinical activity. They found that 16% of GPs spent less than 12 hours a week seeing patients and 10% spent more than 28 hours. Bain argues that to concentrate only on clinical consultation is to ignore the GP's total workload and the broader aspects of clinical activity - telephone work, reading and dictating letters, writing repeat prescriptions, talking to others in the practice, attending meetings, reading circulars and journals and liaison with other health service providers. Fleming calculates that indirect care comprises about one-third of the workload - writing repeat prescriptions, making telephone calls on behalf of patients, writing to specialists (Fleming, 1982: 292). He also calculates that an average of 9.5 hours per fortnight is spent on tasks connected with education and health service administration. The GMSC calculates that just over half a GP's work time involves surgery consultation and that the rest is divided between administration and education and travel and home visits in the proportion of two to one (GMSC, 1983: 22). Generalisations about work in general practice are made difficult by problems of defining and comparing the work different GPs undertake and also by the wide and as yet unexplained variations in work-styles and work patterns among them reflected in the enormous differences in consulting, home visiting and hospital referral rates (Bain, 1984).

For the GP workload is generated by patients requests mediated by his willingness to respond. One point of surprising if not astounding similarity in GP work patterns is the convergence on the five/ six minute consultation which emerges from many studies (Buchan, 1978; Buchan & Richardson, 1973;

Drury & Hull, 1979). Concluding their study of the activity profiles of twenty GPs, Buchan & Richardson underline this point:

"Perhaps the most striking feature of the activity profile of these doctors is the similarity between most of them in the surgery. All but three worked to a fairly strict five minute appointment system ... Though it is tempting to conclude that the appointment system was responsible to some degree for the pace of work, the fact that doctors without an appointment book kept up much the same rate and the absence of correlation between number of patients attending and duration of consultation do not bear out such an explanation" (Buchan & Richardson, 1973: para. 3.83).

The constraint of the brief consultation generates the GP's preoccupation with time (Horobin & McIntosh, 1983: 328). Time is the GP's most precious commodity (Hull, 1983). GPs' main complaint about their work concerns overwork (Cartwright & Anderson, 1981). Time creates one of the GP's prime dilemmas:

"there is frequently conflict between the time patients need and the time available. ... The objective and technical aspect of diagnosis and treatment may point to the need for investigation - radiological or laboratory - but the time required for this has to be weighed against the need to keep up with an appointment system which itself is related to all other areas of a GP's work" (Buchan & Richardson, 1973: para. 3.107).

Medical work, then, is accomplished "within a complex economy of scarce time resources" (Horobin & McIntosh, 1983: 313).

Time scarcity is something the newly qualified doctor has to learn to live with. During training the student is used to seeing consultants

"spending apparently unlimited time taking a case-history for selected patients on whom they will teach. ... [The student is allowed] all the time he requires to learn the art of medical history taking and also to examine individual patients" (Hopkins, 1973: 142).

As he moves through the training grades the science of complete and time-consuming diagnosis is followed. Away from the teaching situation time is

very different.

"A number of our respondents compared general practice with hospital medicine if only to excuse what they saw as their failure to do 'proper medicine', because of the constraints of time" (Horobin & McIntosh, 1983: 316).

Diagnosis in an ideal situation where time is abundantly available depends on information gathered by

"exhaustive history-taking and examination. This leads to the generation of an hypothesis which is tested by laboratory and radiological investigation" (Drury & Hull, 1979: 63).

The GP has to learn in the majority of cases to short-cut this process. In practice they do not have the time to follow the routine they were taught as students. The first major lesson for the GP to learn in the early stages of his career is to speed up (Buchan & Richardson, op.cit.). The use of the brief appointment changes the therapeutic question

"from 'What can I do for this patient?' to 'What can I do for this patient in the next six minutes?'" (Horobin & McIntosh, 1983: 328).

Pressure of work leading to scarcity of time is often cited as the reason for the provision of care that deviates from ideal standards, testifying to the view that the limited time available "is a constraining factor in the achievement of quality" (Wilkin & Metcalfe, 1984: 1501). The GMSC calls for more time for the "frank, undisturbed and confidential discussion" that lies at the heart of good medical care (GMSC, 1983: 31). Time is equated with good practice and time is short, according to the profession, because of a remuneration system that causes list sizes to be too large. Also patients' demands are becoming more exigent and complicated to deal with. Reduction in the length of hospital stay means patients are



released who rely more on the GP. Demographic changes affect workload and time as older patients require more frequent and complex care. Emphasis on preventative medicine increases pressures on GPs' time (DDR, 1970: para.29; DDR, 1984: para. 51; Buchan and Richardson, 1973; Jeffreys & Sachs, 1984: 263). Treatment of an increasing number of chronic diseases adds to the burden (Laing, 1978: 66). The major pressure on time and most significant time-waster, though, according to the profession, are consultations that GPs consider inappropriate. A Working Party of the Royal College of General Practitioners, looking at the future of general practice, stated:

"To obtain his greatest satisfaction the doctor usually wants to find a patient with a serious, acute illness that has interesting features - elicited and recognised by him with great acumen - and one who responds rapidly, completely and gratefully" (RCGP, 1972).

The GP will rarely be faced with this "pure" problem which is more the preserve of the hospital specialist. The GP has to learn to cope with a different kind of work and the time pressures it engenders.

In the absence of discovering appropriate ways to deal with time pressure the GP might become a victim of stress which is particularly high in this profession. Gerber (1983) sees the lack of finite temporal parameters in the work as the prime stressor. The fact that there is no finite work day and a professional ethic and contract that emphasises twenty-four hour responsibility can exacerbate any stress tendencies. Gathorne-Hardy (1984) sees the endlessness of the job and the physical tiredness it can cause as prime causes of stress. A GP in a diary he kept during his training notes that this is something the doctor is expected to cope with. It is part of socialisation into the profession. The professional ethos emphasises:

"Effort should be put into treating others, not into helping yourself or spending time with your family; patients come first. You must work long hours - anything else would be poor experience and indolent. You must expect to be tired - every good doctor is" (Stott, 1983: 40).

#### B. The GP's experience of time: the interview study

The interviews demonstrated that time was a central concern. This was exemplified in the surgery to which I went for the first interview by the waiting-room notice-board. A notice headed "Home visits" read: "Your doctor's time is valuable. Do not call him out unless absolutely necessary!" Comments on the work included

"It exhausts me";

"It wears me down by its sheer bulk";

and "Demands are too great".

The workload was considered

"too large ... it crucifies me".

It was difficult to find time:

"there are not enough hours in the day".

"I don't manage time. I live from hand to mouth".

Other comments on time included:

"Days fly past"; "Weeks pass very quickly".

One GP said he was looking at his watch all the time, constantly working against the clock. Time was very scarce.

"Time is so scarce I had to give up my clinical assistantship because of lack of time".

Another found that there was never enough time to learn all that you needed to know. He spoke of

"The feeling of almost an infinity of learning ahead, the two/ three hours a day, and the feeling that one could easily lose touch with the everyday world, eats away at me sometimes. I can never satisfy myself! ... The commitment to keep up to date is open-ended. There are always a 1000 things I don't know, that I should know, if I was perfect, so where does one stop? Conflict of home and work."

One GP who answered that he was often aware of the passage of time indicated that it was because he was constantly aware of battling against time:

"I have several clocks and they are moving all the time".

Another was very often aware of time "when I get behind with appointments". It was considered inappropriate in general practice to think in terms of deadlines:

"Deadlines are not part of general practice unlike business where orders must be produced on time to avoid loss of payment."

One GP felt no pressure in this respect:

"I can take as long as I like".

He was an isolated case. More typical observations were

"The system operates me. [As a result] I am never at peace."

"I struggle to keep up a high standard but feel that remorselessly I am starting to fall back".

Only one respondent talked about time dragging:

"Time drags because I am increasingly bored and despondent in the paperwork and lack of cooperation from hospital arrangements which fail through lack of communication."

One response summed up the experience of time pressure:

"Not enough time to do all studying and recreation and talk to wife and kids and sport and work".

Another set of themes in the interviews concerned the reasons for the time pressure that GPs experienced. The queue of patients was a major contributory factor:

"I feel pressurised because people [are] waiting".

There was

"the pressure of patients",

"the rush to cram things in".

There was the problem of list size, of too many patients to look after:

"GPs have too many patients on their list".

Open-door access made demand impossible to regulate in comparison with consultants who monitored their intake and used the queue to manage demand. Time was "outside" of the GP's control. It was wasted by

"unnecessary requests for treatment",

requests that a GP cannot refuse. Many patients presented with minor problems in order to have their anxieties relieved. Also, there was an increasing lack of faith in a GP's individual judgement. Patients come

"to have my partner's diagnosis confirmed. They demand to be referred [to see a hospital consultant]".

Another felt:

"We rarely see anybody who's really ill, that is, needs to be hospitalised".

This GP felt he was dealing not with ill health in the main but with "inadequacy". He also thought that hospitals were putting pressures on GPs by not responding adequately, that is quickly enough, to referrals, even ones he considered urgent. Another who felt that a great deal of his time was wasted by patients said bluntly:

"I am a GP not a social worker".

Several spoke as if hospital was where "real" medicine was performed, or at least properly organized, rather than in the "adhocracy" of general practice. One GP with a clinical assistantship spoke of the way in which his time in the hospital was efficiently and effectively organised for him in the investigation of patients referred for gastro-intestinal complaints. His list of patients was prepared for him by the hospital staff, patients were booked in for a specific procedure (colonoscopy) for a specific time, he dictated notes to a secretary on his findings and recommendations and the hospital nursing staff acted on these. General practice had little of this organization, being reactive rather than proactive.

Another felt pressurised because of his own "visit-orientation", his willingness to see patients at home. Time on call could be a particular problem. One single-handed GP said:

"I am on call daily. This means that after morning surgery I go home at about 1.30 p.m. after finishing home visits. I am on call for the afternoon. Then evening surgery, back home, on call till morning surgery."

Another said of his average working week which was between 40 and 42 hours:

"[This] includes actual work. Time on call is more - 65 hours a week - and if on call at weekends 108 hours per week. As this is a five-man practice I have a weekend on every 5 weeks".

He added that during holiday periods the working hours were longer as colleagues' leave had to be covered with extra surgeries.

Strategies for overcoming time shortage varied. Two of the doctors interviewed stressed the importance of effective time management. Another said the key organising device was to

"get it down to essentials".

This was the GP with the notice concerning home visiting in his surgery. He had virtually cut out these "time-wasting visits", expressing a

"virtual refusal to visit".

This had been a specific strategy on the practice's part, constituting a "vast change" which had enormously lessened pressure on his time. Home visits were generally frowned upon. Their reduction, it was claimed, represented a reaction to being "more pressurised by practice work". One GP had created more time to cope with this by giving up outside hospital commitments. Another strategy for saving time was to refer for a second opinion:

"If we're harrassed we load up out-patients".

Some tried other ways of working but in this respect ingenuity was finite. One GP had very often tried this in the past but now rarely. Another with

thirty years' experience said that all possibilities had been exhausted though the pressure remained. Others kept on trying. For example,

"I have recently started a deliberate 'slowing down' to try and be more thorough".

This might seem counter-intuitive as a strategy to save time. If time is short the obvious response might seem to be to accelerate work rate but acceleration could be counter-productive. Taking a little more time on a patient's first visit often saved a repeat visit. Time could be organised differently, more effectively,

"but patients would suffer".

"To work faster would destroy the patient-doctor relationship".

Another way of saving time for yourself was to buy in a locum to provide cover.

The GP sees his role as a clinical one but he does have administrative responsibility for his practice and there are also GP representatives needed for various higher-level managerial functions in the organising of local health care provision. The GP's main managerial role, though, concerns the immediate demands of practice organisation. He is not under the same pressure as the consultant to be involved in the wider management of the NHS. In the 1974 reorganisation GPs

"successfully resisted any suggestion that they should be directly subjected to the authority responsible for the hospitals and for such services as community nursing ... They insisted upon and obtained a functionally distinct FPC [Family Practitioner Committee]" (Jeffreys & Sachs, 1983: 175).

As a result they were

"only formally involved in the integrated health service to the extent that one of their numbers was called upon to serve as a member of the newly formed DMTs [District Management Teams]" (Jeffreys & Sachs, 1983: 175-176).

Their main managerial function, then, concerns practice administration. This can be arduous enough. One GP thought that

"the practice administration is taking over".

Complaints about NHS bureaucracy, especially form-filling, were common.

As for representing the local profession on the DMT, several spoke of an unwillingness to be involved in management at this level because time was lacking, complaining that there was not enough time to manage adequately. One GP who had given up a managerial role said that time was not as scarce now as when involved in management. He observed:

"you can let it [managerial work] fill your whole day if you let it".

A GP DMT representative said that time problems arose particularly when he had to combine clinical duties with preparation for and attendance at DMT meetings. He had meetings two or three times a week and one afternoon a week. As a result

"The gaps are filled up".

The real problem was that you had to guard against doing more managerial than clinical work. His solution to this temptation was to draw strong boundaries between the two and concentrate on the clinical:



"I put the clinical first. I devote as much time as I can to management then no more".

There was also the problem that his partners had to cover while he was away from the practice. His managerial commitment depended on their good will. DMT work was not very remunerative. It was done out of love or duty but not for the pay.

"Other clinicians see you as doing no [or too little practice] work if devoting too much time to the DMT".

Satisfaction with non-work time was reduced by being too tired to enjoy it.

"I get too drained to enjoy non-work activities".

"Evening calls take up to ten o'clock then home to deal with committee paperwork".

The GP who said this, when arranging an interview time, stressed that he had to keep one evening free during the week in question to take his wife out,

"otherwise she'll divorce me. As it is I hardly ever see her."

(The actual interview lasted for three hours on a Friday evening!) The GP who said that he was too drained to enjoy his leisure time also said that as a result

"the family gets quite distraught".

Several said that going out with the family constituted a major, because rare, event. Another spoke at length of how much effort had gone into

keeping the evening after the interview free specially to take his children to the cinema. When at home time was not free to be disposed of as GPs felt fit. While on call the GP was "slave" to the telephone in a same way reminiscent of Cottrell's railroader's slavery to the clock (Cottrell, 1939). This affected adversely the opportunity to time-plan other relationships. Interviews, for example, had to be planned in several cases well in advance and rearranged on several occasions.

### C. Time and industrial relations: the GP's contract

Three forms of contract circumscribe the GP's work. The GP has a contract with the Family Practitioner Committee (FPC) in his district to provide general medical services to the persons registered with him. In this respect the FPC acts as agent of the DHSS, the ultimate paymaster. The GP has a contract with the patients whom he takes onto his list to provide them with medical services. And, if he is in partnership with other GPs, he will have a contract with his colleagues about how the provision of services to the practice population is to be organised and managed. The GP remains an independent contractor:

"instead of being paid a fixed salary for which he works an agreed number of hours, uses premises, equipment, etc., provided by the employer, his contract is to provide general medical services to those patients who register with him. How, where and when it is done is to a large extent up to the doctor" (Drury & Hull, 1979: 46).

The GP, then, is not an employee of the DHSS. His independent status has been jealously guarded by the profession precisely because it is considered

"to give them the freedom to organise the work which a salaried hospital doctor lacks" (Royal Commission, 1979: para. 14.74).

GPs thus enjoy considerable freedom to decide how to do their work and how much of their time to devote to patients, although their contract makes them responsible for twenty-four hour care, 365 days a year. This service, though, does not have to be provided personally (DDRB, 1982: 77).

General practice is seen as a business run

"if not for profit then at least to make ends meet" (Jeffreys & Sachs, 1983: 79).

Income is based on a mix of capitation fees, a basic flat rate and seniority payments plus some item-of-service payments, for example, for night visits, immunisation, cervical smears, and allowances for vocational and postgraduate training. GPs are also reimbursed for most of the salaries of ancillary staff such as receptionists. There is additional payment for group practice arrangements. In "inducement practices" where list size is small, payment is more akin to a basic salary system as capitation fees would not provide adequate income. The contract is a contract for services. It does not specify a set period of time contracted in the way the consultant contract covers a set number of sessions (NHDs). Nobody sets the GP's tasks or his timetable for him. GPs are free to organise these individually or among themselves in medical settings of their own creation. All the post-1966 changes in general practice reflect the fact that, as a former GP said to me, the profession had to rationalise its time, had to set about managing its time better, because their contracts specify responsibility for twenty-four hour care. The changes also reflect changes of professional attitude, changes in what the profession thinks appropriate in terms of time commitments.

These changes of attitude are best exemplified in the work of the New Charter Working Group which published its demands for a radically

restructured GP contract in 1979. Here an influential BMA body sets out how it would like to see the profession organised and its time commitments redefined. Its work has been construed as an exercise in reinterpretation of the traditional professional ethos, an attempt to redefine by limiting the GP's responsibility to his patients and, thus, to reconceptualise the concept of service. The New Charter Group suggests a narrower definition of the GP's obligations

"with extra payment for services considered to be outside the normal bounds of duty" (Wilding, 1982: 110).

The Working Group argues that it is attempting to define where there is a lack of consensus about what constitutes a GP's duties and responsibilities by revising the 1965 Charter. Part of its case is that lack of an agreed job specification has prevented the profession using productivity deals concerning the provision of specified services as a means of pay bargaining. The major criticism of the present contract is that "with an open-ended contract a GP gets limited pay for unlimited services". It calls, therefore, for greater use of fee-for-service payments as a means of making the contract more work-sensitive:

"In providing a comprehensive range of primary care services the family doctor recognises his professional and ethical responsibility to his patient of providing continuing care. There is a clear distinction between this obligation and the contractual requirements of the NHS" (Brit. Med. J., 1979: 565).

As one of my respondents expressed it:

"Extra hours worked do not produce extra wages".

The New Charter Group called for remuneration to be more closely linked to workload, particularly out-of-hours responsibilities, and a big reduction in list size to allow doctors more time for individual patients.

The Group did not recommend either a totally salaried service, though some of its members called for this, or a total fee-for-service system. It wants a greater use of fee-for service payments. One proponent of a salaried service argued that the "sacred cow of independent contractor status" was anachronistic:

"[There has] been a shift from the problem of work to the problem of leisure and the profession must change accordingly. More and more doctors would demand some of the leisure which the rest of society regarded as its right. It was necessary to get away from the concept of a 24-hour day, a 7-day week, and all year round commitment. [The call for] an elaborate series of over 50-item-of-service payments ... conjured up a bureaucratic nightmare" (Brit. Med. J., 1979; 569).

The Group concluded that the majority of the profession still wanted independent contractor status but with pay that reflected workload, skills and responsibility and reasonable working hours, with time for study and leisure, freedom from the contractual requirement of unending obligations to provide services personally and extra pay for work done outside the normal working day (General Medical Services Committee, 1983). The Group justified its aims by arguing that it was only following along a path already prepared by junior and senior hospital doctors. The New Charter Group blamed deficiencies in ongoing training among GPs on lack of time because courses are only available in leisure time. It argues for paid provision of time for study and professional development.

#### D. CONCLUSION

The interview responses indicate a number of problems with the length, pace and intensity of the GP's work. GPs report themselves as working long hours. A dissatisfaction with this state of affairs can be seen in a desire for more leisure time. This dissatisfaction remains despite the moves that the profession has made to improve its time lot. These moves have not altered the GP's contractual relationship with his patients for whom he still has 24-hour responsibility. They have not produced a profession that seems happy with the temporal aspects of its work situation despite the ostensible degree of autonomy it has to manage its own time.

Hull concludes his study of GPs' use of time:

"Although these estimates [of time use] are relatively subjective, a picture emerges of a hard-working man or woman with a wide range of interests both within and outside medicine" (Hull, 1980: 439)

My findings would not lead me to disagree with this although there is a body of criticism of the profession that argues that GPs' time is not best organised to serve the interests of patients and the NHS. Working hard does not necessarily indicate that time is allocated optimally. Nor has hard work prevented time being experienced as a problem in terms of work overload, pace and eventfulness. A major factor conditioning this experience is the disjuncture between medical training which equips GPs least to deal with those problems they find most troublesome, psychosocial problems which form a large part of their day-to-day work and are often experienced as too frequent. This might suggest that a radical change in GP attitudes to clinical practice and to time use is necessary. Without such a change there is the "increasing frustration and dissatisfaction of many GPs at their

inability to deal with the substantial proportion of patients whose difficulties are psychological" (Royal Commission on Medical Education, 1968).

The RCGP argues against a narrow, technical role for the GP and for a broader approach to the problem of health care. This broader approach is exemplified in the practice studied by Jeffreys and Sachs with its view that no consultation is trivial and adamant rejection of "the notion that their services were in any way being over-used or mis-used" (Jeffreys & Sachs, 1984.: 229). It is an approach that turns the time problem upside down. Time scarcity is no longer blamed on patients' inappropriate expectations. The problem can only be solved, in the absence of a panacea like the creation of more time by the appointment of more GPs and thereby reducing list sizes, by the profession changing its attitudes to time. Here the work of Michael Balint is of primary importance in the effect it had on some GPs' thinking about time scarcity and how to manage it. Balint has been hailed as the prime mover behind the renaissance of general practice that began in the 1960s. It has been said of him that he will become for general practice what Freud became for psychiatry (Jones et al., 1978; 17). Balint differentiates between "illness-centred medicine" involving physical treatment and "patient-orientated medicine" (Fitton & Acheson, 1979: 11). The latter causes the greater time problems. Short six-minute consultations are adequate for the doctor when faced with "the more obvious and traditional diagnoses" that his education has prepared him for:

"for the patient with what may be a simple acute medical or surgical condition, the National Health Service allows the doctor the time required, in terms of referring such patients for specialist investigation and treatment" (Hopkins, 1973: 142-143).

But the majority of patients do not fall into this category. For this group

"sign-post medicine" is inadequate:

"There are, however, very many more patients consulting their doctors day by day with conditions which do not conveniently fit the traditional textbook diagnoses. These patients tend to return again and again to their doctors with a variety of body symptoms which do not appear to be based on any known disease process" (Hopkins, 1973: 143).

Balint came to the conclusion that the drug this group most required was the doctor himself but very little was known about what timing and dosage of this drug was appropriate. The quintessential problem of practice becomes the need to supply what is already in short supply - time. Balint set about the task of studying how to condense the psychological techniques and the understanding generated by the long psychotherapeutic interview into a method which could be incorporated into the general practice routine. This

"led to the discovery that on occasions the achievement [of something worthwhile therapeutically] was based on what appeared to be a sudden awareness developing between the doctor and the patient (Hopkins, 1973: 146).

This "flash" of mutual understanding became the basis of what came to be called the "flash" technique and the answer to the problems of the brief consultation. The flash depends on the speedy, empathic, accurate intuition of what the patient needs. The crucial determining factor is no longer the need to find time to allow for the unravelling of a complex history and symptomatology. It is, rather, to permit, on the doctor's part, an intensity of observation, identification and communication into the relationship. The flash technique offers "a way of reaching the patient swiftly".

Even with those problems they find least troublesome GPs experience time difficulties because of what they perceive as the pressure of demand which means they cannot follow the diagnostic routine and detailed history-taking and examination procedures that formed such an important part of



their training. Hence the attempts to shortcut this routine and a feeling of struggling to deal with a never-ending flow of patients. There is a discrepancy between the ideal time format internalised as an essential feature of good practice during training and the busy-ness of general practice. This can lead to failure to resolve interactions satisfactorily for both doctor and patient and a sequence of similar unsatisfactory exchanges as

"One exchange grows into a sequence of exchanges concerned with remedying misunderstanding and inexplicitness, with checking understanding and adding afterthoughts" (Coulthard & Ashby, 1976).

Some GPs adopt a deliberate strategy of adding a little extra time to a consultation to save time in the future on repeat visits, as two of the GPs I studied observed.

"I have recently started a deliberate 'slowing' down to try and be more thorough."

"[Time could be better organised in the sense of fitting more in] but patients would suffer ... To work faster would destroy the patient-doctor relationship".

Time pressure can be construed as arising from the profession's own reorganisation of practice with the introduction of group practice as the norm and the use of appointment systems. Of prime importance here is the six-minute appointment slot which nobody I interviewed could give the origins of. This evolved as the best method of organising time to deal with the workload according to the profession's view. But it also created time pressure in that time shortage becomes a structured element of the work. The patient has to be dealt with within this time slot. This time pressure is self-initiated. It results from concentrating work into set parameters. Other changes represent ways of creating time free from patient demands. In

this the profession can be seen as adopting quasi-trade union attitudes towards time organisation, specifying when they will be available. Several of my respondents criticised these attitudes in younger doctors and saw them as a regrettable change in GP attitudes. The changes can be seen as reflecting the influence of a leisure ethos that is becoming more prevalent, the demand for a right to free time and a consequent valorisation of non-work time, exemplified in the New Charter Group.

Wilding argues that the extent of the GPs' power to control the service they offer is "virtually untrammelled" :

"Doctors regulate access to their own services through appointment systems, surgery hours, and through the attitudes they inculcate and the powers they allow to their receptionists. Similarly the g.p. determines the quality and quantity of the service he provides - that is of the resources he uses - through the length of time he devotes to his patients, the number of home visits he makes, whether or not he encourages patients to return to the surgery to report progress, whether he allows his receptionist to deal with repeat prescriptions" (Wilding, 1982: 37)

Yet GPs still feel pressurised and short of time despite their apparent autonomy in terms of organising their work, so given the time pressures they still experience can GPs be said to enjoy temporal autonomy? Certainly the way in which time is organised in general practice does not represent the professional ideal. If absolutely free to choose GPs would organise their time differently with smaller lists, more time for patients, more time for continuing education and various other changes. The present form of organisation represents a compromise between the availability of current resources, consistently criticised by the profession as inadequate, and this ideal. It results, therefore, from expediency.

The changes that general practice is likely to meet in the future are not likely to increase its sense of temporal freedom or control. Patient

demands are likely to change in two directions: there will be an older population with all the extra problems of old age such as chronic diseases, together with a more educated and less subservient (less patient) patient more ready to make demands of the doctor and unwilling to accept a passive role in health care (Drury & Hull, 1979: 225). Chronic disease poses a role problem for the doctor. It differs from acute problems which can be quickly and permanently resolved in that it is not "accompanied by effective methods of cure that can dissolve the status of illness quickly and permanently". As a result being chronically ill is a long-term experience of some therapeutic ambiguity (Freidson, 1970). The GP's role is more geared to the acute and short, the speedily curable disease in which brief patient contacts are often enough to be effective. If the GP has internalised speed of cure as a touchstone of therapeutic efficacy and ability - measures of hospital efficiency stress speed of turnaround, the minimum gap between treatment and discharge - these concepts will need rethinking in the light of changing morbidity patterns. One wonders if the GP will be able to retain a clear set of therapeutic goals. One of my respondents said he had very clear goals a quarter of a century ago but today was very unclear about his role:

"As time passes I become increasingly uncertain as to the role of the GP: (a) filter for hospital services [or] (b) compromise between public's expectations and state's requirements within financial limits?".

We can conclude that both doctors and patients express deep dissatisfactions with existing ways of organising time. For the GP the most frustrating aspect of his work is "the lack of congruity between needs and resources" (Hart, 1975). The resources are there in terms of skills but the profession does not have the time to use these properly. Also, many GPs are

not willing to have their time abused by patients presenting with problems they consider inappropriate, despite RCGP philosophy and the work of Balint and his followers. Time pressure can thus be conceptualised as the outcome of a three-way process: the profession's attempts to free itself from the former time bondage of independent practice within the bounds of the present contract by organising itself differently as an increasingly joint enterprise, the limits brought about by the limited resources devoted to health care, and a kind of "retreat from consulting" (Drury, 1982: 43). (Professor Drury is a Professor of General Practice and President of the RCGP.) As a result of the rationalisation of practice, limited resources and a degree of unwillingness to provide time for certain forms of work, commitments have to be fitted into a reduced number of hours.

GPs, therefore, have to admit to some complicity in such time shortage as they do experience. It has not arisen because of factors totally outside of their control. The profession has arrived at its own particular version of the quantity-quality trade-off in the consultation of brief duration as a major means of organising and coping with its workload but finds it unsatisfactory. It, therefore, blames lack of resources as the fundamental cause of lack of time but lack of time can be construed as as much a rationalisation of unwillingness as a statement of fact (McCormick, 1979). Marks (1977) makes the same point which is exemplified by my respondent who, when asked if he ever wasted time, answered, "when energy, time and motivation don't coincide".

Cartwright, comparing GP attitudes in 1977 with those of 1964, found a drop in the number complaining of inadequate leisure time but a rise in other frustrations related to time:

"In 1977 more doctors said they enjoyed the diversity of their work and more expressed appreciation of their freedom and independence. There

was a marked drop in the proportion complaining about inadequate leisure and being tied to the job but at the same time an increase in the proportion who said they felt frustrated because they did not have enough time to do their work properly" (Cartwright & Anderson, 1981: 181)

The explanation she offers for this perhaps counter-intuitive link between time available and satisfaction with time for work is that GPs may have created extra time pressures for themselves concerning the eventfulness of the working day and, therefore, its pace rather than its length. A modification of the length of the working day in their favour has disadvantaged them in other respects:

"It may be that they are spending less time on the job, and this has contributed to feelings about the pressures of work. In addition the majority of doctors felt that they were more busy in 1977 than ten years previously, or when they first went into practice, although we found little change in surgery consultation rates and a marked drop in home visits" (Cartwright & Anderson, 1981: 181).

Cartwright argues that the GP's work might well have become more trivial in nature. Home births and deaths declined between 1964 and 1977, hospital admissions rose. The GP was, therefore, less involved in major medical events. There is less home visiting and increasing use of deputising services at times when emergencies tend to occur. This can be construed as a retreat from consulting and as a weakening in the service ethic of the profession (Wilding, 1982: 110-111), also discernible in the recommendations of the New Charter Working Group. Despite RCGP ideology, the scope of general practice might actually be contracting.

In comparison with the two educational groups, though, there cannot be said to be any strong moves from outside to rationalise the provision of GP services. The profession retains its "disproportionate advantage" in relation to its freedom to define how to organize its time. There have been

moves by the DHSS to limit the size of the prescription bill by introducing a form of generic and limited-list prescribing and GPs are monitored at a regional level for their prescription activities. But general practice, overall, is held up as a model of the efficient use of medical resources in comparison with the hospital sector. The GMS defend the GP's function as offering continuity of care encompassing a wide range of skills which are readily accessible, locally available and economical. It argues, besides, that as independent contractors, therefore small businessmen, in a situation of economic constraint GPs are ideally placed to appreciate the need for efficiency:

"their long tradition of independence and personal concern for their patients [allow them] to strike a sensible balance between the sometimes conflicting objectives of compassion and efficiency" (GMS, 1983: 29).

The GP is capable, given the opportunity, of providing the treatment and care that too many people have to go into hospital for. The GMS, therefore, argues for a redistribution of work in the NHS to relieve pressures on hospitals by expanding the role of general practice which can provide care on a more economical basis. General practice is more cost effective than other types of care. It treats 90% of all episodes of ill health in the NHS while using only 6% of NHS resources. Patients, too, prefer, on the whole, not to go into hospital unless absolutely necessary (Drury & Hull, 1979: 151). The philosophy of health care at the public policy level is towards community primary care and away from hospital medicine. The power of the hospital sector, though, has prevented any radical redistribution of resources away from the acute hospital specialties. GPs' attitudes to time might have played a part in this process.

## Chapter seven. Time and the consultant

### A. Key time issues facing consultants

There are a plethora of studies and official reports about how to best organise hospital medicine in which a major issue has been the efficiency with which consultants use their time. The annual reports of the DDRB regularly debate whether or not consultant workloads are increasing or decreasing. The profession asserts consistently that it has never worked so hard or efficiently and that it is coming under increasing work pressure. Quantitative measures of work output, however, seem to indicate a slight decrease in consultant productivity:

"While recognising the limitation of statistical indicators of workload provided by the Health Departments, we note that the 1982 figures generally showed a continuing decrease in the average per doctor of beds occupied, patients under care, outpatient attendances, accidents and emergencies, and discharges and deaths. By contrast, the number on waiting lists had increased after reductions in the previous two years. The Departments told us that hospital beds were now being used more intensively but that consultants were looking after fewer beds. They accepted that the extent of medical attention expected by patients might now have increased but suggested that the size of the overall hospital team including support services had kept up with an increase in total workload" (DDRB - Doctors' and Dentists' Remuneration Review Board, 1984: para. 24).

The profession takes a different view:

"[Consultant representatives] reiterated their views on what they see as the increasing complexity and demand of consultants' work due to the more intensive use of hospital facilities, the growing number of elderly people, rising expectations of health care, and scientific and technological progress in methods of investigation and treatment. They said that tighter financial constraints had also tended to increase the demands placed on [them and that additional work was] arising for consultants following reductions in junior doctors' rotas" (DDRB, 1984: para. 24)

The DDRB judged that, on balance, there had been a slight but insignificant decrease in overall workload.

The medical profession argues that pressure of patients has led to a tendency "to compromise on thoroughness and concentrate on relevance" in order to process more patients, a compromise the profession blames on the resources made available to the profession by the NHS (Grimes, 1981: 2). Response to these pressures has meant a trend towards shorter stay in hospital and intensified the urge towards active intervention rather than "wait and see" or "bed rest" so that more and more people are hospitalised for shorter stays (Mackenzie, 1979: 106). Yet at the same time waiting lists continue to grow, demonstrating for some critics the profession's inability to adequately manage the queue for medical services. The McKinsey report on the NHS concluded that

"professional aspirations and the extension of past services can combine to produce a resource distribution pattern totally unrelated to any objective analysis of relative needs" (Maxwell, 1974: 41).

The profession is criticised for refusing to rationalise its work - to monitor and improve the services it provides and thus become more efficient. If the main need of the acute services is to reduce waiting time for treatment, then the profession does not contribute to this by refusing to analyse objectively the way it provides services. The wide range in average length of in-patient stay for the same condition in different areas of the country, for example, indicates considerable scope for rationalisation of bed use (DHSS, 1976: 422). The first Cogwheel Report found inflexibility in the deployment of beds and patients kept in too long because of the pursuit of high bed occupancy rates or because of inadequate planning of their treatment needs. It also found considerable variation in clinical practice.



The McKinsey report saw the problem of how to employ scarce resources to the best possible effect as the central problem facing health services (Maxwell, 1974: 46). This area of debate is complicated by an "abysmal lack of answers" to questions of what is effective in therapy (Hunter, 1980: 196). Doctors themselves have begun to look at this problem since the pioneering study of Cochrane who argued that

"priority should be given to finding out which treatments are effective and thus ensuring that these treatments are efficiently given to all who need them" (Cochrane, 1971: 71).

Time and resources should be devoted to treatments where there is a reasonable probability of therapeutic success and not to the pursuit of "the margin of the impossible" (Cochrane, 1971: 85). Doing this will put the provision of health care on a rational basis.

The underlying problem is of deciding upon units which can be used to assess and compare performances. Yates concludes that bed occupancy rates, one of the most widely used indicators, is actually unsuitable as it confuses the number of patients admitted and how long they stay and because it does not take into account what happens to patients while they are in hospital or after discharge (Yates, 1982: 43-44). Like average length of stay it is only a crude measure and does not indicate qualitative differences per patient, though regular variations in length of stay do indicate that improvements in efficiency are possible (Royal Commission, 1979: 3.21). McKeown (1976: 119) argues that three questions need answering: is the work done well? Is it worth doing? And does it pay its way? One way of answering these is medical audit or peer review of standards of care and treatment as set out in the Royal Commission's Recommendation 63. For this better management information is necessary. In the United States, often

referred to by proponents of medical audit, there are norms of length of hospital stay for all classified diseases and medical performance can be judged against these. In the U.K. the Korner Report (DHSS, 1982) set out ways of collecting relevant statistical information concerning resource use against which clinical and health service management decisions can be taken. The Duthie Report (DHSS, 1981) examined the reason for increasing waiting time for orthopaedic surgery and disseminated example of good practice for making the system more efficient, for example a "scoring system" (DHSS, 1981: 61) to help surgeons plan their operating lists most effectively. The Royal College of Radiologists instituted a points system in the 1970s to enable members to assess and compare workloads (Brindle, 1978)

The medical profession argues against a purely quantitative view of medical work and for a more qualitative approach. It asserts that, if workload is not rising in terms of numbers treated, standards of care are. Consultants now devote more time to better educated and more sophisticated patients who demand fuller explanations than previously. Greater involvement in teaching requires more time. Supervision of a junior performing a procedure requires more time than performing it yourself. Clinical inter-specialty collaboration also demands more time (BMA - British Medical Association, 1982). Productivity is not the baseline of achievement. If it were consultants would tend to avoid the difficult case. The CCHMS argues that

"the kind of statistics usually presented by the DHSS as measures of consultant workload will clearly become a thing of the past, since the workload consequences of providing a much more substantial element of patient care directly by consultants will not be measurable in any such terms" (BMA, 1982: 2).

Medical audit has been attacked by doctors in the U.S.A. as "cookbook medicine" (Dean, 1980).

Consultants control "the level and pace of work" in the hospitals "through their 'gatekeeper' functions" (Hunter, 1980: 195). They are effectively in charge of health care because they set the agenda for health provision and the ways in which resources are organised

"if only by preventing or hindering, by their very existence, and by the terms of their contract with the NHS, the emergence of an alternative policy agenda" (Hunter, 1980).

The centre, through the agency of the DHSS, has not traditionally been strong enough to influence the ways in which consultants organise themselves and their work. Their critics argue that exacerbating any problem of scarce resources is the profession's inability or unwillingness to come to terms with notions of "general interest in which the managerial values of efficiency and economy are paramount" (Haywood & Alaszewski, 1980: 121). The consultant's sense of responsibility to the individual patient over-rides "his sense of responsibility to the community as a whole" (Grimes, 1981: 3).

Some critics of the profession argue that the crucial problem facing the NHS is not the shortage of resources but the allocation and management of existing resources and that the most important weakness of the NHS which prevents any coherent attack on this problem of improving resource usage is the persistent failure to find an adequate conceptualisation of the relationship of clinician to management (Wilding, 1982: 135). It is the profession's notion of clinical freedom that makes an effective approach to resource planning so difficult, if not impossible (Wilding: 30). It is medical hegemony, therefore, that needs rethinking. Ongoing reorganisation of the NHS can be construed as an implicit attack upon this hegemony. Recent

attempts at involving the hospital consultant more closely in the management process can be construed as efforts to make him more responsible and accountable.

The McKinsey study concluded that one of the principal lines of attack on the problem of resource management should be by improving the assignment of responsibility for resource use (Maxwell, 1974). Most consultants think only in terms of the needs of their own particular department or ward rather than the needs of the service as a whole. One of the aims of the Cogwheel system of management introduced in the 1970s to the NHS was to over-ride this by involving clinicians more in the general management process, thus producing

"a fair structure of bargaining in which (in theory) all have an equal voice and priorities are determined rationally" (Grimes, 1981: 95).

"Cogwheel" thus identified the weaknesses of prevailing management arrangements and aimed at a more collective representative approach to decisions about resource allocation.

A major response on the part of the medical profession to 'Cogwheel' concerned the problem of finding time "to play a full and proper part" in NHS management (Cogwheel, 3, 1974: paras. 55-62). Those who participated in management teams came to find the role "unrewarding and thankless", consuming too much valuable clinical time in "a proliferation of repetitive and redundant committee work" (Simpson, 1982: 1321). The profession considered that one NHD for administrative work was insufficient

"if the consultant is to ensure the satisfactory functioning of his unit and to fulfil the appropriate role in contributing to the policy decisions in his hospital" (Brit. Med. J., 16.6.79.: 1655-1657).

If a consultant reduces his clinical load to cope with managerial work the shortfall in clinical time has to be absorbed by colleagues. It has, therefore, become increasingly difficult to recruit consultants to these positions (Grimes, 1981) and consultants have come to be seen as reluctant managers.

A time problem that many consultants see as their major management problem concerns decision-making in the NHS, the time taken to have decisions implemented. Critics argue that the medical profession is the prime culprit here but consultants themselves criticise the system. The Royal Commission found various reasons given for the delay in decision implementation

"including unclear areas of responsibility, consensus management and the consultation that it apparently requires, the advisory committee structure, and the lack of administrators of sufficient seniority and calibre at hospital level" (Royal Commission, 1979: para.4.16).

Consensus management was the approach adopted in the 1972 reorganisation of the NHS to accommodate potential conflicts between clinical freedom and the administrators' managerial function. The recent Griffiths Report concentrates on shortcomings generated by consensus management which the profession has always staunchly advocated despite its criticism of the length of time needed to implement decisions. Griffiths points out that consensus management can lead to long delays and that what the NHS needs above all is the ability to move much more quickly. The solution proposed is a general manager as the ultimate decision-taker. This will require less time commitment to management by consultants as decisions will be arrived at and implemented more quickly thus ensuring less time is wasted at meetings. Griffiths also proposes that management decisions should be taken in the light of improved management information and a management budget approach

based on measurement of output in terms of patient care. But doctors are still expected to find time to manage:

"[They] largely dictate the use of all resources and they must accept the managerial responsibility which goes with clinical freedom. This implies active involvement in securing the most effective use and management of all resources" (Griffiths, 1984: 18).

The BMA's major anxiety about Griffiths is that the new general manager proposed should have "no direct say in patient care" (House of Commons, Social Services Committee, 1984; 5). The profession defends the principle of consensus management, arguing that the problem of arriving at consensus is not a property of the consensus management process itself but, rather, a reflection of problems imposed on management teams by the resource problems of the NHS (House of Commons, Social Services Committee, 1984: 7). Further, it argues that improved management training for clinical members of management teams would enable consensus management to function more effectively. The critics of the profession respond that in effect consensus management means that medical representatives retain a power of veto over decisions that do not suit the profession or their own particular interest groups. Griffiths can be construed as an attempt, by the imposition of stronger line management, to remove consensus management and its complex consultative machinery and as a step towards the removal of "those aspects of the present structure ... which can subvert, resist or delay central state policies" (Cousins, 1984: 30). It is noteworthy in this respect that Griffiths was warmly welcomed by the government and DHSS.

Griffiths argues for the relevance of a "business" approach to the NHS.

"We have been told that the NHS is different from business in management terms, not least because the NHS is not concerned with the profit motive and must be judged by wider social standards which cannot be measured. These differences can be greatly overstated. The clear similarities between NHS management and business management are much

more important. In many organisations, in the private sector, profit does not immediately impinge on large numbers of managers below Board level. They are concerned with levels of service, quality of product, meeting budgets, cost improvement, productivity, motivating and rewarding staff, research and development, and the long-term viability of the undertaking. All things that Parliament is urging on the NHS. In the private sector the results in all these areas would normally be carefully monitored against pre-determined standards and objectives" (Griffiths, 1984: 10).

The accusation levelled against the NHS is that these management functions have been neglected. Griffiths and previous reports on NHS management can be read as tending towards increased centralised control of the service, focussing on resource availability and allocation in the context of performance monitoring and improved management information systems.

Official reports have addressed the problem of how the management of medical care impacts on patients' time. The Royal Commission lamented the fact that more time was not found to give adequate information to patients and that the wait for treatment was often too long (Royal Commission, 1979: para. 2.8). The Duthie Report aimed to promote re-organisation of orthopaedic services to achieve more time for patients. The Korner reports suggest collecting information about the efficiency of appointment systems with a view to scheduling them to the mutual benefit of doctors and patients (DHSS, 1982: para. 10.22). Private medical services emphasize the time element of the consultation. Private insurance schemes stress "the difference between waiting for treatment and being seen promptly by a specialist". They offer "prompt" treatment, flexibility of timing to suit the patient, for example, in visiting hours, and a specialist "who will look after you personally ... above all a specialist who will set aside time to discuss your treatment with you fully" (BUPA, no date). As one consultant general surgeon said: "A private patient is paying for time and personal

interest and consideration". She visited her private patients every day of their hospital stay (Junor, 1982).

The profession defends itself against criticisms of its management of patients' time by arguing that the pressure of workload makes these arrangements, although undesirable, a necessity. "Stacking arrangements", for example, that ensure that patients are there well before the consultant and in large enough numbers to cover for any absences so that the consultant always has a patient to deal with, are justified on the grounds that consultant time is too valuable to waste (Murcott, 1981). Queues minimise wasted time for the providers not the client (Schwartz, 1974: 843). Because the consultant's marginal productivity is greater than that of his patients', maximisation of his output in time outweighs concern for the productive use of patients' time (Cochrane, 1971: 83). The clinician justifies taking control of the allocation of time because the patient cannot know

"how much of the doctor's time he needs - what examinations should be undertaken, what questions should be asked and answered or what features of his medical history may be relevant" (Abel-Smith, 1976: 47).

It is impossible to treat every client as an individual, exceptional case. Rationalising of services demands the opposite. Speedy routine processing is necessary to cope with the workload. Patients are to be treated "in batches standardised by their technical status and the services required" (Freidson, 1970: 140-141).

Ideally, the clinician would like more time too. The routinisation that does exist does not represent the ideal form of time organisation but a response to the exigencies of circumstance. The clinician does not like to compromise on thoroughness and concentrate on relevance (Grimes, 1981: 2).



In a busy hospital the work cannot conform to the ideal practice mode of the teaching hospital where the trainee doctor is exposed to the emphasis on total thoroughness for the sake of proper training. In response to a need to process patients at a faster rate because of the pressures of the queue, in the non-teaching hospital he conforms to the demands of "normal" medicine, medicine operating under conditions of time constraint.

"The average doctor within the NHS is obsessed with time, and that obsession obliges him to control his consultation (and other forms of activity) as tightly as possible" (Strong, 1979: 208).

Time is the most important commodity because of the volume of patients to be processed. Private practice offers a situation which corresponds more to the ideal time situation (Junor, 1982).

There has been very little research on how consultants actually use their time. Such studies as do exist suggest that they are over-stretched in their time commitments. A single case study of a consultant psychiatrist with clinical, teaching and administrative responsibilities found a conflict of time demands between postgraduate activities and administrative and clinical roles, concluding that the structure of the NHS "does not enable a consultant to meet all [his] demands adequately" (Dunn & Attwood, 1978). In particular, clinical work suffered due to other time commitments. The DDRB (1978) examined consultants' hours of work. These averaged 49 hours, an amount the Review Body considered excessive, and over 20% worked in excess of 56 hours. The battle with time has been linked with the high levels of stress that doctors are prone to (Gerber, 1983). Trainee doctors, according to Gerber, are "taught to accept work overload and increasing time pressure as a way of life" (Gerber, 1983: 65).

## B. Consultants' experience of time: the interview study

Time was generally considered to be very scarce, the pace of work very fast, and the length of the week long. Only a pathologist, on the point of retirement, and a physician, recently appointed to a newly created post, described themselves as "pleasantly busy". The other consultants testified to various degrees of struggling against time. Specialties did not seem to differ in this aspect.

The general surgeon said of the amount of time it was necessary to work:

"It is ridiculous that a surgeon can work a twelve-hour day when a lorry-driver would be forbidden by law".

He found time pressure exacerbated by managerial responsibility:

"[Time is] very scarce ...largely because of committee work ... Overall the pace is fast. The thing that has added to that is the committee end of things which has taken away the bits of spare time that I used to have. [It feels as though I'm] working against the clock all the time. ... Administrative work is dropped in on top of everything else that is already there. I think it's a silly way of working. The NHS commitments I had beforehand are substantially unchanged plus the other [managerial commitments] are on top of it."

He had recently taken up the chairmanship of the MEC. Clinically he considered he had had a good balance of work. It was the new managerial commitments that created the pressure:

"With the pressure at present ... it's not the way I would want to go on working for the rest of my career. It would be unreasonable to ask anyone to do that forever."

The orthopaedic surgeon also found time very short:

"Time is my shortest resource. ... There's not enough of it. ... By and large I can cope with what I am doing but there's pressure to want to do more.:

For him it was the waiting list that produced the sense of pressure. Orthopaedic surgery has the longest waiting time of any specialty

"so we're always under pressure to see more patients, to do more surgery, there's never enough time to get rid of that backlog, so there's always that sort of weight of patients."

The psychiatrist found her work "very fast" and time "very scarce":

"Today I've just been rushing from one place to another with no breathing space, no organising space, in between ... squeezing time for things, rushing around. Optimistically we book too much in then there isn't enough space to be as flexible as we would like."

What she felt most was the constant need to react to the flow of events:

"What I have felt perhaps most strongly is the lack of breathing space ... time to organise the desk or the bag, little bits of paper and messages ... I dread losing them."

The only time there was any slack time was when a patient missed an appointment "but that time is more than taken up". Work expanded to fill lunchtimes, her "so-called free time".

The paediatrician felt that

"there's not enough time to do anything".

He considered he was working 12 hours overtime each week "for nothing" and had a constant sense of rushing, particularly during out-patient clinics where it was "almost perpetual pressure". He had 30 patients booked in to a 3-hour time slot which meant 6 minutes per patient. He might have to do a cardiac assessment in this time.

"It's certainly impossible to do them in less and you're very lucky if you can do them in 6 minutes and there are students and residents ... other people who have to be taught and want to listen and it only takes

somebody who says 'O, doctor, now that I just happen to be here, I'm terribly worried because every time he eats marmalade steam comes out of his ears.' ...That's another 20 minutes gone."

You could not stick strictly to the clock:

"You're clock-oriented only in the sense that you look at your watch and say 'O god, these people have been waiting for an hour and 10 minutes and, then, of course, that tends to make you feel you can't just whisk them in and whisk them out again and so things become cumulative."

A feature distinguishing the consultant's time from other grades was that he was responsible all of the time. As a physician put it:

"as a consultant everything comes back to you [for example, test results, GP queries]. The first recourse about one of your patients is always to ring you."

A surgeon agreed:

"when you're a a junior you can leave the hospital and that's it, you can forget it. ... You can't when you're a consultant."

But it was important, all agreed, to try not to let this commitment make you work too hard. You had to arrange your time so that you, personally, were not over-stretched. As the radiologist put it:

"One keeps to a level one can cope with without losing accuracy or getting too irritable. [For example] we don't work terribly late. There is a limit to the amount of reporting you can do. ...When you come to the eighth patient over 80 who cannot cooperate it gets a bit tiring."

The anaesthetist stated that to work

"too hard for too long is a mistake".

The intensity of the work had to be limited in its extension through time, although it was still the norm to work long hours. The general surgeon

thought that an important lesson for the consultant to learn was his own best way of working and to pace himself accordingly.

"You have a pace at which eventually you settle on, for which you're naturally built."

It was the beauty of the consultant's contract that it allowed him to do this.

Consultants saw themselves as hard-working.

"We don't have half-days in the week to go to the golf course, any of us. [Unlike GPs!]"

They were dedicated full-time to medicine and on top of the clinical work was the paper work and the committee work.:

"there are a lot of extra things happening at present, with pressure from Region for decisions ... quite a lot of extra things that pop in and suddenly ... all the answers are wanted yesterday ... There have been so many things in the last year or so that have come down from the DHSS which are all wanting answers."

The flow of these "extra" things was "endless".

There was a sense of increasing pressure. Technological developments meant you could do more for patients. Time per patient had increased. In the past a lot had been untreatable.

"You could only tell them what it was and explain it to them so that it wasn't a mystery to them any longer and it became easier to bear."

Now you could treat more. Pressure had also increased

"because each individual patient almost always requires more time and a lot of individualized attention". There is no limit to that. It is open-ended. Virtually no matter how much time you spend they will always want more. Whereas 20 or 30 years ago when I started you said to a patient 'Well, it's o.k., we've looked into this ... and done these tests and they're perfectly negative and normal and you can be quite satisfied there's nothing to be worried about, no major illness',

they'd go away and be quite happy about that whereas now the reaction is likely to be 'Well, you haven't done enough ruddy tests, doctor. What are you going to do now? He's still got steam coming out of his ears.' ... It's much more demanding in that sense. 'What about that programme on t.v. last night? I saw they had these tablets you've been giving him and he went purple and green and yellow all over and they said it's a crime that anybody should be given those tablets'."

The hospital service was felt to be under increasing pressure generally with fewer resources, patient demand rising and fewer empty beds. There was also increasing pressure to devote time to managerial involvement.

Several mentioned a growing emphasis on the need to work as efficiently as possible, of

"being forced to think more in terms of time is money".

The norm was to

"process things as efficiently as possible":

"The one pressure we're under comes from administration. ... There is a great god that says 'Thou shalt not keep a patient in hospital one night more than [necessary] because it costs a lot of money ... so we get a lot of block-booking of investigations. A patient comes in and is written up for every investigation under the sun and we ask 'Why don't you wait for the result of one?' 'Because we want to get the patient out of the hospital ... we're under such pressure for the beds.'"

There was a consciousness of their work being put under public scrutiny.

"We're conscious that people are looking at the way we work. ... I don't feel it as that much of a pressure actually because if I'm working as efficiently as I should be anyway then it doesn't matter if somebody looks at me and says 'You're not efficient'. Then I can turn round and say, 'Look, I'm as efficient as I can be, I think. If you can tell me any ways of being more so I'll be pleased to know'."

Most of the consultants felt that they controlled their own time within the context of a timetable that was sometimes set for them as they inherited

certain operating sessions or clinics on appointment to a post. There were two exceptions. The psychiatrist felt that

"the demands control me"

although she could decide how to allocate most of her time. The anaesthetist felt his time situation was unusual as it depended on the surgeons he worked with. Their patterns of working dictated his time allocation. He complained that

"the trouble with being an anaesthetist is that you're tied to the surgeons".

Surgeons wasted his time by arriving late or cancelling sessions and not informing him.

"You know what they say about surgeons' operating lists. There are three categories. When they announce the time of their list it means one of three things. It either means the time they want to start cutting a patient. It means the time that he expects to arrive in the theatre changing room to change. Or it means the time they leave home."

Paradoxically, though, despite the sense of controlling their own time, most seemed compelled to take on more work than they would ideally have liked, particularly in the managerial spheres. Although they stressed they did this by choice there was an element of reluctance in their choosing. The surgeon chairman of the MEC (the Medical Executive Committee) lamented:

"I had it all under control until I was landed in this chairmanship. It was all running very smoothly ... I knew where I was. I could predict my time. But that's not true at the minute. ... I see that the next 3 or 4 years I'm going to be under increased pressure. I hope that in due course that will relax back and having done my stint I won't be pushed like that again. That may be just wishful thinking."

He then looked through the pile of paperwork on his desk and found an appointment to a committee which surprised him:

"I'm not quite sure how I got onto it. Even more important, I'm not quite sure how I'm going to get off it."

He felt there was a clash between the clinical and the managerial in terms of time:

"The patients don't go away because you've got a committee meeting. ... When you go into medicine you don't go in because of the thought of all the exciting committees you might end up on. That isn't even in your mind. That doesn't exist. That's not part of one's preparation or thought or planning or ambition. ... It's suddenly crept in unawares."

He had to create time for meetings by shortening operating and out-patient sessions.

The orthopaedic surgeon saw his control of patient inputs as a key factor in his ability to control his experience of time. He would not allow the pace to become "too" fast.

"Our safety valve is to make the waiting list longer."

He was not given adequate sessional time to perform all the administrative and managerial tasks he had to perform, and he would have liked to have given these up but felt it would be short-sighted to do so.

"I would like not to have any managerial role. I'm a clinician. I want to treat patients. But the days are gone when you could say that. Doctors have got to be involved. You can't work in isolation in the Health Service."

He would, though, "breathe a sigh of relief" when he had finished with it. The anaesthetist found that managerial work had to be done in his "so-called



spare time". The mass of paperwork associated with managing was generally lamented. There was no time to read this properly and digest it. Consensus management was seen as particularly time-consuming. If you were representing colleagues you needed time to meet them and discuss issues. This was very difficult if all had busy and conflicting schedules. For the paediatrician non-clinical work meant

"just extra time that one spends doing that instead of watching Coronation St. or whatever. It's done in addition to one's basic clinical commitment."

Pressure on time meant that consultants were not as free to delegate as they would like particularly where the surgeon delegating operating time was concerned.

"I would like to give [my registrar] a lot more operation work to do but the pressure is such that we simply cannot get through the numbers in the time available unless I do most of it myself. It is not that he is incapable but he is incapable of getting through it at that speed."

The other surgeons agreed:

"a consultant isn't happy about delegating when he feels he can do a job better himself. ... That is a surgeon attitude rather than a physician attitude because what the surgeon does is irreversible. The physician may omit something or perhaps wish to change the treatment but the effect of his treatment is not usually as dramatic as the effect of surgery."

Apart from this, junior medical backup was considered satisfactory and there was also satisfaction with secretarial help except in two cases where it was felt to be stretched to its limits.

There was a general consensus that work cut into non-work time. The general surgeon was

"not content with the balance between work and non-work but I see it as inevitable. It's not going to go on forever. It just feels like it. In

due course I hope I'll get that time back but it may not be for a few years."

It was management that cut into his free time:

"It takes a lot of time including quiet evenings at home by the fireside which are few and far between and they disappear."

He had minimal slack time, even for a haircut!

"I want to get my hair cut and I don't know when I'm going to get it done. Of course, the barbers don't work in the evenings. ... And going to the bank. Silly things like that. But they're all part of life."

Another complained about the fact that he could not no longer fit a round of golf into his week when as a senior registrar he had managed two per week. Several said their families were dissatisfied with the amount of time they spent at home.

"It's very different from a 9-to-5 job. You go out at odd times, never know when you'll come back."

At a recent Time Management Workshop I led for consultants it was the unchallenged view of the twenty-one consultants present that their working hours were too long. They did not complain about the time they were at the hospital, which averaged forty-five hours per week. It was the extra hours, from three to four hours a night they worked at home and the time they were on call, that was at issue.

All the consultants interviewed, except the pathologist, would have liked more time in the sense that they could think of things they would have liked more time for. The surgeons wanted more time to talk to patients and to try to reduce the "crazy" waiting lists.

"In clinics you never have enough time to give to patients as you would like. ... I would like to spend time with them sometimes. If you've got

a complicated problem ... there's a class of patient who will accept what the doctor says willy-nilly but there's another class of patient who will want it explained to them and you can't ... [I also feel] the burden of the waiting list very much, that there are patients waiting there who should have surgery and you can't do them as quickly as you would like."

The psychiatrist would have liked more time for psychotherapy in uninterrupted 45 minute sessions, time for the research on hypnosis that she had had to suspend for lack of time, and time for management. The radiologist would have liked more time to perform the "impossible" task of ensuring that all the films that left his department could be examined and reported, more time for clinician-radiologist discussions and more time for his juniors. The paediatrician would have liked more time for patients

"because you tend to cope with waiting lists by shortening the amount of time that you're spending with people".

More time would have made him less "bad-tempered and cantankerous". The ophthalmologist wanted more time for research and for follow-up of patients over a long-term period, a feature of consultant work he thought neglected because they were, of necessity, given the scarcity of time, "more concerned with the present than what happens".

### C. Industrial relations and time: the consultants' contract dispute

It can be deduced from the evidence considered so far that there are some aspects of their temporal situation that consultants are dissatisfied with. A more generalised dissatisfaction with the way their time is organised came to a head in the contract dispute of the 1970s between consultants and their ultimate paymaster, the government, represented by the DHSS. In this dispute the form of the contract was cited as the prime cause

of consultants' time problems. The profession argued for a more closely defined contract to replace what they saw as a contract that was too open-ended in terms of time-commitment.

"This demand arose partly through the feeling among maximum part-timers that they were being exploited by being required to provide a service as great as whole-timers at a substantially lower salary, but also from whole-timers who found the demands made upon them were increasing steadily" (BMA evidence to the DDRB; Brit. Med J., 1979: 1653).

The demand led to a confrontation between consultants and the government. Central to the dispute were differing definitions of the relevant time commitments consultants should bring to their work and central to these definitions was the concept of clinical responsibility and arguments as to whether this should be of an open or closed form, that is, all-embracing or limited to set, contracted times. Other grades of doctor were also dissatisfied with time aspects of their work. While the consultant dispute continued, junior hospital doctors went as far as taking strike action over hours of work which were, they argued, "reminiscent of the nineteenth century" (Gordon & Iliffe, 1977: 6).

Consultants, too, were saying that the existing open-ended contract with no specified time parameters, only an open commitment to total responsibility for the patients under their care, was no longer appropriate to medical work. Arguments over this issue raged, not only between the consultants as a body and their paymaster (the DHSS), but between consultants themselves. A minority felt that attitudes towards time which they regarded as reminiscent of trade-unions' were not appropriate to a profession whose necessary level of commitment could not be fitted into the standard hours of an industrial-type contract. The profession's official representatives, however, were not averse to flexing their "industrial

muscle" as "the only way if doctors are to keep afloat in today's inflationary society" (Gordon & Iliffe, 1977: 41). The latter's goal was, if not a closed contract, one that was more work-sensitive in its remuneration than the open variety, a contract that was closed enough to permit a large increase in pay which would enable the profession to regain the differentials that it had lost in previous pay-bargaining rounds. The DHSS wanted a contract that was closed on its terms, specifying a Monday to Friday 9a.m. to 5 p.m. week of ten four-hour sessions rather than notional sessions as set out by Barbara Castle, the then Secretary of State for Social Services (Brit. Med. J., 4.1.75.: 45). The DHSS felt that some consultants, particularly the part-timers, were not fulfilling their obligations to the NHS and the new contract was designed to tighten controls. Monitoring the situation and trying to translate negotiation into pay recommendations was the Review Body on Doctors' and Dentists' Remuneration (the DDRB) which argued that professionalism and salaries related directly to length of working hours were incompatible: "It is inappropriate to relate professional salaries to length of working hours" (DDRB, 1977: para. 2.3).

The maintenance of a binding ideology of professionalism was a strong point in resistance to the junior doctors' action in pursuit of a new contractual status relative to time on the job. Gordon and Iliffe (1977) argue that this was because it was recognised that the consequences of a dilution of the concept of professionalism would be <sup>that</sup> junior medical staff would no longer provide unpaid labour solely on the basis of commitment considered appropriate to the professional. The issue of consultants' time was more complex ideologically as consultants themselves clung to the notion of professionalism in their resistance to the government version of a closed

contract, arguing that the nature of professional work was incompatible with fixed hours, while at the same time holding the notion of professionalism in abeyance when it came to a close definition of the nature of their responsibilities in temporal terms. The DDRB argued that a set salary was the appropriate form of remuneration for professional work and that extra item-of-service payments and overtime-type payments were totally inappropriate. The profession adopted a dual strategy, walking a fine line between assertions of professional autonomy and the specification of "out of hours" payments of the kind that could, traditionally, be found in industry. Starting from the assertion that their earnings had seen a marked decline relative to other occupational groups they proceeded to link this with the argument that a large part of their work for the NHS was, in fact, voluntary and unpaid because it was conducted at times over and above their contracted hours. This they saw as an abuse of their good faith and used as the basis of their militating for a more closely defined workload sensitive contract. As a form of action to support their case they proposed a "work to contract".

The new contract constituted a mix of sessional, emergency recall and on-call payments. It was to function in terms not of a timetable "with its spectre of clocking on and off" (DDRb, 1978: para. 33) but according to a "work schedule" over which the profession was to be the final arbiter. It differed from the old, open-ended contract in the extent to which aspects of the work previously covered by salary were to be separately contracted and paid for. It met the profession's three major objectives. Firstly, it limited the open-ended commitment of the old contract in defining what time commitment was covered and thus specifying when extra payments for extra duties were applicable, though the profession was explicit in stating that

it did not regard "the definition of individual contracts as synonymous with their closure" (Brit. Med. J., 22.2.75.: 471). The consultant was still free to define when and what extra time was needed. Secondly, the contract guaranteed adequate remuneration for NHS work by providing payment for work performed beyond contractual commitments. And, thirdly, it allowed consultants to do as they wished outside of their contracted hours. This time was now formally defined as "free time". The profession did not see this more precise definition of contractual responsibility as the abnegation or, indeed, any limitation of clinical responsibility or concern. The Royal Commission on the NHS, though, expressed grave concern that this new contract constituted a step towards regarding work as an optional activity, as "a favour to the patient rather than being part of the normal business of providing care". The new contract could be seen as subversive of the traditional consultant role of providing total care regardless of time (Royal Commission, 1979, para.14: 72). For the profession's negotiators it constituted, not a subversion, but, rather, an "identification" of a standard working week against which extra time commitments could be measured and remunerated. It was not, they argued, a limitation of professional concern. The quality, and indeed, the quantity of care was not to be diluted. It was merely to be adequately remunerated.

Some members of the profession suggested that the new contract might constitute, in the long run, a Pyrrhic victory, facilitating a subsequent imposition of the dreaded closed contract. The profession would have to claim and justify overtime payments which would be open to administrative scrutiny. This could be construed as the first step towards the quantification of work and the specification of time norms for standard forms of activity which would eventually lead to the erosion of the

professional freedom to allocate time to clinical, teaching, research and managerial activities as the individual consultant saw fit without interference from the employing authority. The door might thus be opened to the DHSS setting norms for the number of patients to be seen and treated per session and the regulation of treatment and discharge schedules (Brit. Med. J., 1.1.77.: 53). The contract dispute in fact ended when the new contract was rejected by the profession on the grounds of its pricing although the real reason for its rejection might have been that the profession did not want to leave itself more vulnerable to attempts to regulate its time in the future.

#### D. Conclusion

The consultants interviewed worked longer hours than their contracts demanded and still complained that there was not time to do aspects of the work better. The work day was not seen as finite, responsibility not limited to specified clock time. There was a commitment to working as hard as was necessary together with a rueful acknowledgement, rather than resentment, that other non-work areas of their lives might be suffering by not having enough time given to them. They enjoyed their work, though, and accepted the time pressure that comes with "busy-ness". There was a sense of enjoyment of the clinical work, as though they were thriving on the pressure, revelling in the "busy-ness".

"I arrived at 07.30 to get the lists ready ... I left for home at 18.45 not having changed and having a sandwich lunch in theatre during a session. Now it so happens ... I enjoy the chaps I work with. It's tremendous fun ... When you think about it you are tired, you're shattered really, but it's been fun."

All took pride in pointing out how much work they put in -



"There'll obviously be some people who exploit the situation and do not do a good job of work but it's very few. For the most part I think people get a very good service."

- emphasising that the quality of the service depended on "trust and understanding between a lot of people". They were even prepared to accept the extra pressure of managerial work which they did not relish but, as dedicated professionals, were prepared to undertake, making it clear that it was "in our time not theirs".

Apart from the pathologist who saw himself as an old-style multi-specialist, they all felt their time situations were typical of their specialties. Generally they did not think they were doing things they ought not to be doing although there was some reluctance associated with finding time for managerial work. They worked as hard as they were able, as hard as they considered appropriate taking into account the kind of intensity of work they could sustain to realize optimal standards. They fulfilled their contracts and more.

"We can only do what we're able to do in the time we're given. It wouldn't be possible by operating faster to get more people through because we wouldn't have the beds. The limiting factor is not so much operating time as the size of the hospital and the number of nurses."

Waiting-lists did not increase because of their "slacking":

"the extent of the orthopaedic waiting list is no reflection on the way I work. It's a reflection on the needs of the patients. If it's too great a list well somebody, somewhere, needs to provide more surgeons [and beds and nurses] to do the work. You can't make me work any harder than I can."

You could not stick to the clock. The work was not that predictable.

"If I was told that I have to be here at 9 o'clock in the morning and work until 2 and then from 2 until 5, [if] it was like that I would do that but I wouldn't get through the work that I've got. There's no doubt about that."

This surgeon had come in the previous Sunday evening to perform an operation when a transplant organ had become available.

"That isn't a sessional commitment as such because my contract isn't set up that way. ... Over the weeks I do more than my sessional commitments."

The new junior hospital doctor contract was considered "a retrograde step" because it limited dedication;

"it's taken a lot of the sort of professional pride ... out of the doctor getting his work done away so once the time's done now they disappear whether the work's done or not whereas previously one would stop and do whatever was necessary to be done. It didn't matter what time it was ... it was the work which was the important thing. Now it's the time that's the important thing. ... I think the patients suffer because of it."

It could also impact on the consultant's time.

"It could affect us if they start expecting us to do the work of junior doctors ... wanting us to be on call in hospitals at night which hasn't happened here but probably has to some consultants."

For the moment they felt in control of their time, able to make their own decisions about its allocation. Within the constraints of hospital timetables, they were accountable for its use only to themselves even if this autonomy, paradoxically, meant they worked longer hours than they would ideally have liked. But there was a sense of moves towards accountability.

"I don't feel pressure towards accountability too much. But I'm sure it's coming."

A key factor here was the new stress on efficiency in hospitals. This concept was not accepted as very useful to their work.

"I don't like the word efficiency in health service work. I used to be an engineer once and for me efficiency is power out over power in over 100 so how you can talk about efficiency in those terms I don't know because there is no way of measuring output from the Health Service. You can measure the number of operations done or number of medical patients treated or number of fractures set but that ... is only one fraction of what ought to be measured. We don't know whether the patients were happy, whether they felt 'secure', or whether there were an adequate number of nurses to keep them comfortable, whether the surroundings were nice ... all the things that make life bearable in hospital."

There was a worry that if outside pressure increased service would decline:

"if you put the pressure on too much mistakes tend to creep in. When you're doing stressful work you welcome a relaxation period because it prepares you for the next one. To keep up too high a pressure for too long ... this is what worries me about putting managers in to manage the Health Service really because whereas in industry you perhaps produce two more cars a day by altering a certain process I'm worried that people are going to try and force people to work beyond their natural rate of working."

This individual natural rate was crucial. The valued feature of the consultant's contract<sup>was</sup> that it allowed him to arrive at his own rate:

"it would be wrong to say 'Right, we're just going to employ surgeons who are good at doing operations quickly because we're thereby going to get more surgery through the hospital'. It's more complex than that."

The work was not amenable to a "supermarket approach". (The reference here was to the Griffiths Report, the chairman of which was managing director of Sainsbury's, the supermarket chain.) The hospital's was a 24-hour service.

"You can't say to the customer, 'Go round the corner ...'".

Patients, the raw material of the work, were unpredictable in their needs. They could be "routine" or "horrors". Predicting the time needed for them could only ever be an "approximation". In psychiatry, for example,

"there's no such thing as a textbook case. It's meaningless to try to quantify. It's so individualized".

It was impossible to run a hospital like

"a kind of automated Japanese-type motor factory with just sheer efficiency and productivity its aim".

If efficiency and speed were over-emphasized there was a danger of processing things (patients, decisions) too quickly. This would be a "false saving". For example, in patient care a short history-taking might save time initially. It would waste it in the long run as you tried to remedy false and missing information.

"The aim of the consultant is to do the job better than the GP with his limited time. The consultant can devote more time and specialist skills."

Processing patients quickly created false economies.

"Instead of spending £70 and keeping the patient in an extra night they spend £180 for doing a lot of extra investigations which aren't necessary. ... The great god of quick turnover isn't always the best answer."

Greater efficiency and efficacy in hospitals could also "heat up the system".

"Speedier throughput per bed, for example, [can] lead to GP referrals, which in turn lead to increases in the workload of hospital staff and higher operating costs" (Hunter, op.cit.: 196-197).

The goal of the earliest possible discharge intensifies work demands while the patient is in hospital. As Roberts argues:

"The consequences of shortening hospital stay do not seem ... to be fully realized. If the number of beds and the average occupancy both remain the same, the more patients [mean] more treatment costs with constant hotel costs" (Roberts, 1976: 56).

There was a growing awareness of the fact that the medical profession is

"implicitly or explicitly involved in rationing decisions. Finance and manpower never come near to the full potential of need or demand. The welfare of the patient, the interests of the profession and the economy of the public purse are complexly interrelated" (Cooper, 1975: 52)

but no clear notion of how this might impact on their work. They felt they would continue to work in the way they had always done, except for the time they needed to devote to managerial work.

In the final analysis theirs is a temporal autonomy bounded by constraints. A clinical autonomy that is only constrained by norms of professional conduct and the law is an illusion in hospital medicine. Rowbottom et al. asked consultants to whom they were accountable and received ambiguous answers such as "I am responsible in the end only to my patients, (or) my colleagues, (or) my profession, (or) myself". When they asked "Who sets your duties and tasks?" the answer was unequivocal: "Nobody!" (Rowbottom et al., 1973: 75). But

"the notion of 'clinical autonomy' assumes unlimited resources which the medical profession then has absolute power to deploy" (Wilding, 1982: 37).

It is not compatible with the growing resource constraints of which doctors are becoming increasingly aware and by which they are made increasingly disgruntled, "protesting about falling standards [and their] frustrated expectations" (Klein, 1983: 124-125). The profession's freedom to do what it thinks best for the individual patient has not yet been affected but the real effect of resource constraints is the impact they have on consultants' aspirations to deal with the amount of disease which has to wait, on an increasingly long basis, for treatment. The ability to deal with this

growing backlog depends in the last analysis on the state's ability to pay (Cooper, 1975: 55). Clinical autonomy

"is diminished if the investigation or treatment is not available for months or years because of waiting lists" (Bolt, 1983: 998).

The profession, therefore, will continue to feel it is involved in the process of rationing its time. The results of this rationing are the experience of time scarcity and the lengthy, and inexorably lengthening queues for non-emergency health care.

If rationing is inevitable the profession is criticised for not coming to terms with this inevitability. It does not, so the critics argue, respond to it rationally by organising the queue so that delays are minimised. Hence recent management restructuring that tends towards centralised control, cash limits, performance monitoring and resource allocation changes. The pressure on time can be construed as arising from increasing financial pressures. These entail judgement of performance and the problem of what kind of indicators are to be adopted. If an efficient hospital is "one which can provide the required standard of service at lowest cost" the problem is how to define standards of care and to relate them to consultants' time use (Abel-Smith, 1976: 114). A measure of output is needed and this is not yet available. Number of doctor consultations, drugs consumed, hospital bed-days provided, nursing hours of care, pathology tests and X-rays performed are inputs or through-puts not output (Abel-Smith, 1976: 133). The attempt is under way, though, to arrive at public norms of practice to replace the profession's "implicit responsibility" for providing an efficient service with "explicit public accounting" (Wilding, 1982: 147-148). The starting point for 'Griffiths' is the weakness of the NHS due to the lack of a clearly defined management function covering planning and performance

appraisal. Griffiths

"suggests that most of the weaknesses in NHS management - imprecise objectives, little measurement of health output, infrequent evaluation of performance against agreed clinical, social and economic criteria - flow from this general organisational defect" (House of Commons Social Services Committee, 1984: 179).

General managers are recommended to rectify this defect. The Report also stresses the need for increased involvement by clinicians in management and that they find time to manage.

"Every step should be taken to foster cooperative thinking and behaviour amongst clinicians, and to bring closer together clinicians and the Authority [that holds their contracts]. Once that relationship is on a firm foundation, it may be possible to envisage a constructive negotiation over the allocation of resources. This would protect the essence of clinical autonomy in respect of the management of individual patients, but would ensure that the allocation of resources was related to priority needs in the population and to some acceptable level of cost and effectiveness. ... The most critical issue of all is the sense among clinicians that there is pressure on resources, that they cannot expect any radical change for the better, and that as a consequence of this realisation they develop cooperative rather than competitive modes of behaviour" in their negotiations about resource allocation (House of Commons Social Services Committee, 1984: 130).

The issues of consumer satisfaction, clinical effectiveness, efficient management and the experience of time are, here, integrally related.

What this entails for the profession is not just developing skills of clinical budgeting, although these are important. More important is the task

"of persuading and accustoming doctors to manage resources consciously and deliberately rather than unconsciously, and the development of social processes through which their activities and uses of resources can be evaluated" (House of Commons Social Services Committee, 1984: 188-189).

Budgeting skills need to be supplemented by

"the education of clinicians in economic concepts; the provision of information about performance and the costs and benefits of alternative treatments; the negotiation of agreements in clinical practice

accompanied by appropriate incentives; the publication of guidelines, including planning norms or policies" (House of Commons Social Services Committee, 1984: 182).

Here the time devoted to managerial activities is of crucial significance. The consultants interviewed accepted this if somewhat grudgingly, seeing it as detracting from clinical time.

The consultant contract negotiations of the 1970s can be construed as the profession thinking in terms of "economic concepts", rather than the purely professional, about its own time use. Dissatisfaction within the profession with its time situation came to a head here. Described by the profession itself as the gravest threat to the NHS in its history (Brit. Med. J., 4.1.75., Editorial), in this dispute the profession was stating that an open-ended time commitment on their part could no longer be taken for granted by the employers. Doctors felt their time commitment was being abused. Although the contract was not implemented its principle of identifying the standard working week and the limits of acceptable work commitment on the consultant's part more explicitly remains on the agenda. The profession was defending itself against what it saw as the exploitation of its willingness to commit its time in a way that went far beyond the extent of contract but in arguing for a closed contract which was much more clearly defined in terms of time commitments it risked opening the door to the possibility of creating a device that management could use to its own ends of more closely monitoring the doctor's work. Some members of the profession warned that the danger of a new contract with quantified work commitment would inevitably lead to the erosion of the freedom to allocate time to clinical work, teaching, research, and other activities without interference from the employing authority.



"Consultant duties will be specified in detail, the number of patients seen, treated and discharged will be regulated by departmental norms. Doctors will continuously have to apply for overtime. Constraints will be placed on clinical freedom" (Brit. Med. J., 1984, 1977: 53).

Consultants would be less masters of their own time.

"All consultants should consider whether they wish some kind of 'clock-in, clock-out' or 'vetted overtime' contract, because any attempt to have a fixed time contract means that public money will have to be paid out for extra work and this must in some way be supervised and audited" (Brit. Med. J., 1975: 336).

The mood in the profession, as expressed by its negotiators, was that some form of change in the format of the timetable was desirable so that work did not eat into supposedly free time.

More consultants would defuse time pressures but it is doubtful if, given resource constraints, there can be any but a moderate move in this direction in the near future. There is still the Gordian knot linking growing expectations, infinite need and finite provision confirming Crossman's gloomy conclusion that is also a prognosis that

"the service, in so far as it has failed, has failed for lack of cash. The harsh truth is that no Chancellor could say 'Every year you shall have more than last year'. Yet he needs to say it if we are to make good Aneurin Bevan's pledge" (Crossman, 1972: 17).

In the absence of extra cash the consultant continues to have his time constrained by the demands of the queue and the degree to which and the manner in which he is willing to accommodate his work style to it. There is also a growing managerial emphasis on efficiency and the need to think of time as money which conflicts with the profession's notion of efficacy but also strikes a chord as it does consider its own work (Cochrane, 1971). It also strikes a chord in disputes over the appropriate level of remuneration for time committed to work above and beyond the call of contract. The

degree to which managerial logic from outside the profession will impact upon the profession depends on the evolution of those doctors co-opted into the management process, assuming that they continue to be willing to participate. Their reluctance to become involved can be construed as lack of commitment:

"appeals to the scarcity of time ... are tailor-made to serve as culturally honorable excuses for the under-committed" (Marks, 1977: 932).

But by refusing to commit time to manage the service in an era of change the profession risks leaving itself open to having a form of management imposed on it that is not of its own choosing or making or to its liking. State measures to reorganise the service seem to indicate the possibility of a radical shift in power. Consultant's time, therefore, is currently open to reconstruction. To predict that it will finally be redefined and how is idle speculation but attempts to control and monitor it are increasing. For the time being there is the struggle to reconcile professional aspirations towards the best form of service with the pressures of rising demand and the queue and aspirations within the profession to a different form of time. The experience of time takes place within this context and also within the broader context of competing definitions and redefinings of what measure of time is appropriate.

## Part Three.

### Chapter 8 The questionnaire study

#### A. Introduction

This section of the thesis reports the questionnaire phase of the research. It first provides descriptive statistics of the experience of the three professional groups - teachers, lecturers and GPs - as measured by responses to the questionnaire using frequency distributions of classes of response. Inter-group differences are then examined in a comparison of the three groups using analysis of variance and factor analysis procedures. The questionnaire phase of the research was intended to clarify the time characteristics of the professional groups in a schematic manner, thus supplementing and counterpointing the interview material. It was also intended to complement the questionnaire study of Grossin (Grossin, 1974) by examining similar themes looking at different groups. (As was explained in Part One, no questionnaire study of consultants was undertaken.)

For the purpose of analysis those elements of the questionnaire that are dealt with in this section are analysed in terms of six categories:

- the experience of time in terms of the dimensions of length, pace and eventfulness;
- the experience of time pressure;
- role clarity and degree of work control;
- the evaluation of time;
- amount of administrative work and degree of ancillary support; and
- the relationship between working time and non-work time.

These are the themes that emerged as key areas of the interviews. In the questionnaire they were addressed more schematically. Time pressure is examined in terms of its effects - how demanding individuals found their work and how tiring and stressful it was. These concepts were considered more useful than the major effect Grossin (1974) focusses on - alienation - which was considered too controversial a concept to be useful in the present context. The effects of time pressure are also looked at in terms of the relationship between the quantity and quality of work, and whether there are conflicting demands on people's time. Time problems could reflect individuals not being clear about their goals and priorities for time use. This possibility is examined using questions about role clarity. The degree to which different groups felt in control of their time and the amount of ancillary support available to them is also examined. Finally the relationship between working time and non-work time was examined. In the comparison between the three groups differences in work patterns are also looked at.

## B. Time and the teacher

### Length, pace and eventfulness

Average hours worked by the questionnaire sample were 50.0. Table 1 shows the distribution of these hours.

Table 1. Distribution of teachers' working hours

<u>Hours worked</u>	<u>%</u>	<u>N</u>
Less than 40	13.0	6
40-44	23.9	11
45-50	32.6	15
51-55	4.3	2
56-60	10.9	5
60+	15.2	7

Over 40% found their working week too long or much too long (Table 2).

Table 2. Do you think the length of your working week is long or short?

	<u>%</u>	<u>N</u>
Much too long	6.5	3
Too long	34.8	16
About right	56.5	26
Too short	2.2	1
Much too short	0	0

Over 60% found the pace of their work too fast or much too fast (Table 3).

Table 3. Do you think the pace of your day is fast or slow?

	<u>%</u>	<u>N</u>
Much too fast	6.5	3
Too fast	54.3	25
About right	39.1	18
A little slow	0	0
Very slow	0	0

Nobody, therefore, found the pace of work slow. The experience of time, thus, seems to be marked by its intensity more than by its length. This relates to having to cram a heavy workload into a finite working day (Table 4).

Table 4. What is your opinion of your present workload?

	%	N
Too large	30.4	14
Large	47.8	22
Just right	21.7	10
Small	0	0
Too small	0	0

There was a general feeling of being engaged in too many activities at work (Table 5).

Table 5. To what extent do you feel you are engaged in too many activities at work?

	%	N
To a very high degree	15.2	7
To a rather high degree	26.1	12
To some degree	30.4	14
To a small degree	17.4	8
Not at all	8.7	4

There was a problem of getting through the work in the finite time available (Table 6), a problem which exacerbates the sense of the intensity of work.

Table 6. How much difficulty do you experience in getting through the amount of work required of you in the time at your disposal?

	%	N
A great deal	21.7	10
Quite a lot	30.4	14
A moderate amount	26.1	12
A limited amount	19.6	9
Very little	2.2	1

This was manifested in a "polychronic" use of time - working on several tasks simultaneously in order to maximise time use (Table 7).

Table 7. To what extent do you work on several tasks simultaneously in order to accomplish more?

	%	N
To a very large extent	21.7	10
To a rather large extent	37.0	17
To some extent	28.3	13
To a rather small extent	6.5	3
To a very small extent	6.5	3

Time pressure

The intensity of the experience of time and the feeling of excessive pace can be seen in the sense of fighting against time as manifested in deadlines (Table 8).

Table 8. To what extent does your work impose deadlines on you?

	%	N
To a very large extent	39.1	18
To a rather large extent	39.1	18
To some extent	21.7	10
To a rather small extent	0	0
To a very small extent	0	0

Nearly half felt that their work was characterised by a large degree of urgency (Table 9).

Table 9. In general, what degree of urgency characterises your work?

	%	N
A great deal	8.7	4
Quite a lot	39.1	18
A moderate amount	41.3	19
A limited amount	10.9	5
Very little	0	0

The great majority felt pressure towards doing more work (Table 10).

Table 10. How much pressure do you feel towards doing more work?

	%	N
A great deal	4.3	2
Quite a lot	50.0	23
A moderate amount	28.3	13
A limited amount	10.9	5
Very little	6.5	3

The majority worried about their work (Table 11).

Table 11. Do you worry about your work?

	%	N
A great deal	13.0	6
Quite a lot	26.1	12
A moderate amount	28.3	13
A limited amount	13.0	6
Very little	19.6	9

A particular worry was not being able to get through the work in the limited time available (Table 12).

Table 12. To what degree do you worry about not being able to manage the work you have to do in the time at your disposal?

	%	N
To a very high degree	8.7	4
To a rather high degree	19.6	9
To some degree	34.0	7
To a small degree	21.7	10
Not at all	13.0	6

There was a strong feeling that the job was very demanding (Table 13).

Table 13. How demanding is your job?

	%	N
Very demanding	63.0	29
Quite demanding	37.0	17
Somewhat demanding	0	0
A little demanding	0	0
Not at all demanding	0	0

There was a tendency towards considering the work very tiring (Table 14).

Table 14. Do you find your work tiring?

	%	N
Not at all	0	0
A little	8.7	4
Somewhat	8.7	4
Quite a lot	45.7	21
Very much	34.8	16

All found the work stressful to some degree, nearly a half finding it very or extremely so (Table 15).



Table 15. How stressful is your job?

	%	N
Not at all stressful	0	0
Mildly stressful	13.0	6
Moderately stressful	37.0	17
Very stressful	23.9	11
Extremely stressful	23.9	11

Role clarity and degree of work control

Goals were generally clear (Table 16).

Table 16. Do you have clear goals in your work?

	%	N
Very clear	41.3	19
Quite clear	34.8	16
Fairly clear	15.2	7
Rather unclear	8.7	4
Very unclear	0	0

The majority felt they could decide how to organise their work (Table 17).

Table 17. How much opportunity is there for you to decide how to organise your work?

	%	N
A great deal	17.4	8
Quite a lot	37.0	17
A moderate amount	26.1	12
A limited amount	17.4	8
Very little	2.2	1

The majority felt in control of work quantity (Table 18).

Table 18. To what degree do you control the quantity of work you do?

	%	N
To a very high degree	15.2	7
To a rather high degree	28.3	13
To some degree	34.8	16
To a small degree	19.6	9
Not at all	2.2	1

Time evaluation

Quality of work was only moderately affected by its quantity (Table 19).

Table 19. To what extent is the quality of your work adversely affected by the quantity of work you have to do?

	%	N
Not at all	4.3	2
To a rather small extent	28.3	13
To some extent	54.3	25
To a rather great extent	10.9	5
To a very great extent	2.2	1

There were, though, conflicting demands on the majority's time (Table 20).

Table 20. To what extent are there conflicting demands on your work time?

	%	N
To a very large extent	13.6	6
To a rather large extent	28.3	13
To some extent	41.3	19
To a rather small extent	8.7	4
To a very small extent	4.3	2

There was also some indication of a sense of not being free to allocate time to what they considered their central work function, that is the academic role (Table 21).

Table 21. How much of your time do you regard as wasted in relation to what you consider the central function of your work?

	%	N
A great deal	6.5	3
Quite a lot	26.1	12
A moderate amount	19.6	9
A limited amount	32.6	15
Very little	15.2	7

#### Administrative work and ancillary support

In general, there was evidence of having to do a large amount of administrative work (Table 22). This could be construed as conflicting in terms of time demands with the time needed for academic work.

Table 22. How much administrative work do you have to do?

	%	N
A great deal	22.2	10
Quite a lot	48.9	22
A moderate amount	20.0	9
A limited amount	8.9	4
Very little	0	0

There was little possibility of delegating this to support staff which is likely to make its demands more onerous as there is little choice about who does it (Table 23).

Table 23. How much of this administrative work can you delegate to others?

	%	N
A great deal	0	0
Quite a lot	2.2	1
A moderate amount	20.0	9
A limited amount	22.2	10
Very little	55.6	25

The majority were dissatisfied with the ancillary support their work organisation provided (Table 24).

Table 24. How satisfied are you with the amount of ancillary help you get?

	%	N
Very satisfied	0	0
Satisfied	18.2	8
Neither satisfied nor dissatisfied	27.3	12
Dissatisfied	34.1	15
Very dissatisfied	20.5	9

#### The effect of work on non-work time

Work tended to impact on non-work time as it was difficult to stop oneself thinking about it (Table 25).

Table 25. When not at work, do you think about work?

	%	N
A great deal	13.0	6
Quite a lot	50.0	23
A moderate amount	17.4	8
A limited amount	13.0	6
Very little	6.5	3

The majority were dissatisfied with the demands of work on what they considered non-work time (Table 26).

Table 26. How satisfied are you with the amount of time your work leaves you for non-work activities?

	%	N
Very satisfied	8.7	4
Quite satisfied	32.6	15
Neither satisfied nor dissatisfied	8.7	4
Rather dissatisfied	41.3	19
Very dissatisfied	8.7	4

Work tended to interfere with leisure and family time (Table 27).

Table 27. Do you feel that the demands of your work interfere at all with the demands of your family and/or your leisure?

	%	N
A great deal	17.4	8
Quite a lot	34.8	16
A moderate amount	23.9	11
A limited amount	19.6	9
Not at all	4.3	2

There was a strong majority desire for more leisure time (Table 28).

Table 28. Would you like to have more leisure time?

	%	N
Very much	41.3	19
Quite a bit	17.4	8
Somewhat	15.2	7
A little	23.9	11
Not at all	2.2	1

To summarize the questionnaire responses: the secondary school teacher's experience of time is most marked by the pace and the intensity of the work. A sizeable minority also found the amount of time work required - the length of the working week longer than they would have liked. The workload is, on the whole, seen as too large with the majority experiencing a large degree of difficulty in getting through the work in the time available. A polychronic use of time as a strategy of maximising time use is

common, another indicator of time pressure. Deadlines are a common experience as is a sense of urgency and pressure to do more work. The work is seen as demanding, tiring and stressful. There was a tendency to worry about work and to worry about not being able to manage the work in the time available. Time pressure, though, was not due to role confusion. Over 90% were clear on their work goals. The majority felt some opportunity to decide how much work they did and how to organise it. Only a small minority felt the quality of the work suffered as a result of time pressure caused by its quantity. A minority felt a more than moderate amount of time was wasted, while a majority felt conflicting demands on their work time. The demands of administrative work were seen as high with little possibility of delegation and the majority were dissatisfied with the amount of ancillary help they got. There was also dissatisfaction with the effects of work on non-working leisure/ family time.

It is illuminating to compare the English teacher's time situation with that of the French teacher as described by Grossin. A superficial comparison of English and French teachers demonstrates the more privileged position of the French. As with German teachers (Dunham) they are less burdened with extra-academic roles such as supervision and control of pupils outside the classroom. The French have a system of "surveillance" staffed by non-academic staff to deal with these matters, leaving the teacher to concentrate on his academic role. Also French teachers possess higher social status, the better qualified ones anyway. Grossin comments on their relative satisfaction with their salaries. Their English counterparts would hardly concur. The French teacher is satisfied with time rather than money going as far as reversing the old adage "time is money" in favour of time. As they have enough money, time becomes more important than more money. Only 23% of

the French teachers agreed that "time is money", 12% were undecided and 65% disagreed. In the British sample, 32.6% agreed, 21.7% were undecided and only 45% disagreed. French teachers seem less obsessed with time as far as this can be judged by their reliance on their watches. 35% consulted their watch very often, 50% rarely, while among English teachers 78% attached great importance to their watch and only 13% little importance. In response to a choice between time and money, extra work hours for extra wages, fewer hours and less wages, and no alteration to the present situation, French teachers were mostly happy with their lot. 73% did not want to alter their present situation, 24% wanted to work less for less wages, while only 3% wanted to work more for higher wages. 51% of the English sample wanted no change, 11% wanted to work less for less wages, while 38% wanted to work more and earn more.

These findings are suggestive of strong differences in attitudes between French and English teachers. English teachers are more concerned with improving their financial situation, the French seem satisfied with theirs. The English teacher seems more concerned with clock time, indicative of more pressure on him in this respect. Dunham's study suggests that the situation of the English teacher is more prone to stress generally than his continental counterparts. In France a higher level of education tends to correlate with the tendency "to liberate oneself from too tight temporal constraints" (Ibid:163). English teachers as a professional group have not yet gained this privilege unambiguously.

### C. Time and the further education lecturer

#### Length, pace and intensity

Average hours worked were 40.8. The range of responses is shown in Table 29.

Table 29. Distribution of further education lecturers' working hours

<u>Hours</u>	<u>%</u>	<u>N</u>
Less than 40	31.4	11
40 - 44	25.7	9
45 - 50	40.0	14
51 - 55	2.9	1

Over 30% thought their working week too long (Table 30).

Table 30. Do you think the length of your working week is long or short

	<u>%</u>	<u>N</u>
Much too long	2.9	1
Too long	28.6	10
About right	68.6	24
Too short	0	0
Much too short	0	0

The majority found the pace of the day too fast (Table 31).

Table 31. Do you think the pace of your day is fast or slow?

	<u>%</u>	<u>N</u>
Much too fast	8.6	3
Too fast	45.7	16
About right	45.7	16
A little slow	0	0
Slow	0	0

There was a tendency towards finding the workload too large (Table 32).

Table 32. What is your opinion of your present workload?

	<u>%</u>	<u>N</u>
Too large	14.3	5
Large	57.1	20
Just right	25.7	9
Small	2.9	1
Too small	0	0

Nearly 75% felt they were engaged on too many activities at work (Table 33).

Table 33. To what extent do you feel you are engaged on too many activities at work?

	%	N
To a very high degree	5.7	2
To a rather high degree	22.9	8
To some degree	45.7	16
To a small degree	8.6	3
Not at all	17.1	6

More than 35% felt a great deal or quite a lot of difficulty in getting through the amount of work required of them in the time available (Table 34).

Table 34. How much difficulty do you experience in getting through the amount of work required of you in the time at your disposal?

	%	N
A great deal	8.6	3
Quite a lot	28.6	10
A moderate amount	34.3	12
A limited amount	17.1	6
Very little	11.4	4

Over 80% adopted a "polychronic" approach to time, working on several tasks simultaneously (Table 35).

Table 35. To what extent do you work on several tasks simultaneously in order to accomplish more?

	%	N
To a very large extent	14.3	5
To a rather large extent	40.0	14
To some extent	28.6	10
To a rather small extent	8.6	3
To a very small extent	8.6	3

Time pressure

Deadlines were a common experience (Table 36).



Table 36. To what extent does your work impose deadlines on you?

	%	N
To a very large extent	31.4	11
To a rather large extent	42.9	15
To some extent	25.7	9
To a rather small extent	0	0
To a very small extent	0	0

For the majority the work was characterised by a sizeable degree of urgency (Table 37).

Table 37. In general, what degree of urgency characterises your work?

	%	N
A great deal	5.7	2
Quite a lot	45.7	16
A moderate amount	40.0	14
A limited amount	8.6	3
Very little	0	0

The majority also felt a great deal or quite a lot of pressure to do more work (Table 38).

Table 38. How much pressure do you feel towards doing more work?

	%	N
A great deal	5.7	2
Quite a lot	48.6	17
A moderate amount	17.1	6
A limited amount	17.1	6
Very little	8.6	3

Over 35% worried about work more than a little (Table 39).

Table 39. Do you worry about work?

	%	N
A great deal	2.9	1
Quite a lot	34.3	12
A moderate amount	31.4	11
A limited amount	25.7	9
Very little	5.7	2

Over 25% experienced a great deal or quite a lot of worry about managing to do their work in the time available? (Table 40).

Table 40. To what degree do you worry about not being able to manage the work you have to do in the time at your disposal?

	%	N
To a very high degree	2.9	1
To a rather high degree	22.9	8
To some degree	42.9	15
To a small degree	22.9	8
Not at all	8.6	3

Nearly 90% found the job very or quite demanding (Table 41).

Table 41. How demanding is your job?

	%	N
Very demanding	25.7	9
Quite demanding	62.9	22
Somewhat demanding	2.9	1
A little demanding	8.6	3
Not at all	0	0

Nearly 50% found the work more than a little or somewhat tiring (Table 42).

Table 42. Do you find the work tiring?

	%	N
Not at all	2.9	1
A little	20.0	7
Somewhat	31.4	11
Quite a bit	45.7	16
Very much	0	0

Over 60% found the work moderately, very or extremely stressful (Table 43).

Table 43. How stressful is your job?

	%	N
Not at all stressful	2.9	1
Mildly stressful	26.5	9
Moderately stressful	38.2	13
Very stressful	29.4	10
Extremely stressful	2.9	1

Role clarity and degree of work control

There was, overall, a clarity about the goals of the work they were involved in (Table 44).

Table 44. Do you have clear goals in your work?

	%	N
Very clear	31.4	11
Quite clear	34.3	12
Fairly clear	20.0	7
Rather unclear	11.4	4
Very unclear	2.9	1

Only a small group felt less than a moderate to great deal of opportunity to decide how to organise their work (Table 45).

Table 45. How much opportunity is there for you to decide how to organise your work?

	%	N
A great deal	20.0	7
Quite a lot	57.1	20
A moderate amount	8.6	3
A limited amount	11.4	4
Very little	2.9	1

Nearly 75% felt a moderate to very high degree of control over their workload (Table 46).

Table 46. To what degree do you control the quantity of work you do?

	%	N
To a very high degree	28.6	10
To a rather high degree	20.0	7
To some degree	25.7	9
To a small degree	17.1	6
Not at all	8.6	3

### Time evaluation

Quantity of work was felt to adversely affect its quality to a rather or very great extent by more than 45% of respondents (Table 47).

Table 47. To what extent is the quality of your work adversely affected by the quantity of work you have to do?

	%	N
Not at all	5.7	2
To a rather small extent	17.1	6
To some extent	31.4	11
To a rather great extent	37.1	13
To a very great extent	8.6	3

More than 50% felt a rather large or very large degree of conflict over demands on their time (Table 48).

Table 48. To what extent are there conflicting demands on your work time?

	%	N
To a very large extent	11.4	5
To a rather large extent	40.0	14
To some extent	34.3	12
To a rather small extent	11.4	4
To a very small extent	2.9	1

37% felt that quite a lot of their time was wasted in relation to what they considered their central work function (Table 49).

Table 49. How much time do you regard as wasted in relation to what you consider as the central function of your work?

	%	N
A great deal	0	0
Quite a lot	37.1	13
A moderate amount	20.0	7
A limited amount	31.4	11
Very little	11.4	4

### Administrative work and ancillary support

In education administration is often felt to interfere with the main educational role. Over 60% had a great deal or quite a lot of administrative work to do (Table 50).

Table 50. How much administrative work do you have to do?

	%	N
A great deal	22.9	8
Quite a lot	40.0	14
A moderate amount	28.6	10
A limited amount	8.6	3
Very little	0	0

Possibilities of delegating this work were limited (Table 51).

Table 51. How much of this administrative work can you delegate to others?

	%	N
A great deal	0	0
Quite a lot	2.9	1
A moderate amount	25.7	9
A limited amount	22.9	8
Very little	48.6	17

60% were dissatisfied or very dissatisfied with the degree of ancillary help available (Table 52).

Table 52. How satisfied are you with the amount of ancillary help you get?

	%	N
Very satisfied	2.9	1
Satisfied	11.4	4
Neither satisfied nor dissatisfied	25.7	9
Dissatisfied	42.9	15
Very dissatisfied	17.1	6

The effects of work on non-work time

When not at work thoughts about work were still common for the majority (Table 53).

Table 53. When not at work do you think about **work?**

	%	N
A great deal	14.3	5
Quite a lot	54.3	19
A moderate amount	30.0	7
A limited amount	8.6	3
Very little	2.9	1

The sample was fairly evenly divided in terms of satisfaction with the amount of time they had for non-work commitments. (Table 54)

Table 54. How satisfied are you with the amount of time your work leaves you for non-work activities?

	%	N
Very satisfied	6.7	2
Quite satisfied	37.1	13
Neither satisfied nor dissatisfied	17.1	6
Rather dissatisfied	31.4	11
Very dissatisfied	8.6	3

Similarly, there was a fairly even split between those who felt that work demands interfered with family and leisure time and those who did not. The majority experienced some degree of interference (Table 55).

Table 55. Do you feel that the demands of your work interfere at all with the demands of your family and/or your leisure?

	%	N
A great deal	14.3	5
Quite a lot	31.4	11
A moderate amount	22.9	8
A limited amount	25.7	9
Very little	5.7	2

40% expressed a strong desire for more leisure time (Table 56).

Table 56. Would you like to have more leisure time?

	%	N
Very much	22.9	8
Quite a lot	17.1	6
Somewhat	25.7	9
A little	22.9	8
Not at all	11.4	4

The majority, though, preferred no change in their present work situation when offered the choice between working longer or shorter hours for more or less wages. They did not want more free time if the cost was to lose money (Table 57).

Table 57. If you had to choose between the following possible alternatives to your present work situation which would you choose?

	%	N
Extra work hours and extra wages	22.9	8
Fewer work hours and less wages	17.1	6
No alteration to your present situation	48.6	17

To summarize these responses: FE lecturers do not experience their working week as particularly long even though a majority find the workload large or too large and think that they are over-engaged in work activities. A majority feel the pace of the work is excessive, find some difficulty in getting through the work in the time and adopt a polychronic approach to time. They had a sense of working against time and the majority felt a large degree of pressure to do more. The work was seen as demanding but only a minority found the work tiring and nobody found it very tiring. The majority found the work moderately or more stressful and more worried about the work a lot than a little. There was some worry about not being able to do the work in the time available. Goals were generally clear and most felt in control of the quantity and the organisation of their work. A large minority felt that the quality of their work was adversely affected by its quantity and a majority felt conflicting demands on their work time. There was some evidence of a feeling of work time being wasted. Opportunities to delegate a large amount of administrative work were limited, a source of dissatisfaction. A large minority were dissatisfied with the amount of time work left for other activities and a majority felt it interfered with leisure/ family demands. Nearly 30% would do more working hours for more pay, though the majority prefer the present situation.

## D. Time and the GP

### Length, pace and intensity

Average hours worked per week were 55.5. Table 58 shows how these were distributed.

Table 58. Distribution of GPs' working hours

<u>Hours worked</u>	<u>%</u>	<u>N</u>
Less than 40	0	0
40-44	9.6	7
45-50	17.8	13
51-55	13.7	10
55-60	11.0	8
60 plus	47.9	35

It is not clear what percentage of these hours were hours on call. Information gathered in the interviews and comments on the questionnaire suggested that hours on call were not included as hours actually worked. Some single-handed GPs were on call all the time. It seems likely that if on call commitments had been included then the vast majority would have reached 60+ hours. Being on call does not mean that these hours are actually worked but it does mean that freedom to use that time as desired is seriously curtailed by the need to be available to take calls. On-call commitments that were itemised ranged from 12 to 60 hours per week. One single-handed GP wrote:

"I am on call daily. This means that after morning surgery I go home at about 1.30 p.m. after finishing home visits. I am on call for the afternoon. Then evening surgery, back home, on call till morning surgery."

Another wrote that his average working week was between 40 and 42 hours.

"[This] includes actual work. Time on call is more - 65 hours a week - and if on call at weekends 108 hours per week. As this is a five-man



practice I have a weekend on every 5 weeks". He added that during holiday periods the working hours were longer as colleagues' leave had to be covered with extra surgeries.

Over 65% thought their working week too long or much too long (Table 59).

Table 59. Do you think the length of your working week is long or short?

	%	N
Much too long	16.4	12
Too long	52.1	38
About right	31.5	23
Too short	0	0
Much too short	0	0

Over 70% found the pace of their work too fast or much too fast (Table 60).

Table 60. Do you think the pace of your day is fast or slow?

	%	N
Much too fast	8.2	6
Too fast	63.0	46
About right	28.8	21
A little slow	0	0
Very slow	0	0

The work is marked, therefore, by both pace and length. These combine to create a workload that is considered large or too large by over 84% (Table 61).

Table 61. What is your opinion of your present workload?

	%	N
Too large	27.8	11
Large	56.9	41
Just right	15.3	20
Small	0	0
Too small	0	0

Over 80% felt they were engaged in too many activities to some or a greater degree (Table 62).

Table 62. To what extent do you feel that you are engaged in too many activities at work?

	%	N
To a very high degree	4.3	3
To a rather high degree	22.9	16
To some degree	44.3	31
To a small degree	12.9	9
Not at all	15.7	11

Only 30% experienced a great deal or quite a lot of difficulty in getting through the amount of work required in the time available (Table 63).

Table 63. How much difficulty do you experience in getting through the amount of work required of you in the time at your disposal?

	%	N
A great deal	9.7	7
Quite a lot	22.2	16
A moderate amount	40.3	29
A limited amount	20.8	15
Very little	6.9	5

The vast majority, though, tended towards a polychronic use of time of a more or less marked kind (Table 64).

Table 64. To what extent do you work on several tasks simultaneously in order to accomplish more?

	%	N
To a very large extent	9.7	7
To a rather large extent	27.8	20
To some extent	29.2	21
To a rather small extent	12.5	9
To a very small extent	20.8	15

#### Time pressure

All felt they were working against deadlines to some extent - nearly 80% to a rather large or very large extent (Table 65).

Table 65. To what extent does your work deadlines on you?

	%	N
To a very large extent	20.5	15
To a rather large extent	38.4	28
To some extent	31.5	23
To a rather small extent	1.4	1
To a very small extent	5.5	4

Over 60% felt that their work was marked by a great deal or quite a lot of urgency (Table 66)

Table 66. In general, what degree of urgency characterises your work?

	%	N
A great deal	20.5	15
Quite a lot	42.5	31
A moderate amount	27.4	20
A limited amount	8.2	6
Very little	1.4	1

Nearly three-quarters felt pressure towards doing more work, over half a great deal or quite a lot (Table 67).

Table 67. How much pressure do you feel towards doing more work?

	%	N
A great deal	17.1	12
Quite a lot	37.1	26
A moderate amount	20.0	14
A limited amount	15.7	11
Very little	10.0	7

Over 40% worried about their work a great deal or quite a lot (Table 68).

Table 68. Do you worry about your work?

	%	N
A great deal	18.1	13
Quite a lot	25.0	18
A moderate amount	20.8	15
A limited amount	16.7	12
Very little	19.4	14

A quarter experienced a very high or rather high degree of worry about not being able to get through the work in the time available (Table 69).

Table 69. To what degree do you worry about not being able to manage the work you have to do in the time at your disposal?

	%	N
To a very high degree	12.5	9
To a rather high degree	12.5	9
To some degree	29.2	21
To a small degree	26.4	19
Not at all	19.4	14

Over 90% found the work very or quite demanding (Table 70).

Table 70. How demanding is your job?

	%	N
Very demanding	50.0	36
Quite demanding	41.7	30
Somewhat demanding	8.3	6
A little demanding	0	0
Not at all demanding	0	0

Less than 10% found the work very tiring (Table 71).

Table 71. Do you find the work tiring?

	%	N
Not at all	2.8	2
A little	21.1	15
Somewhat	31.0	22
Quite a lot	35.2	25
Very much	9.9	7

One-third found the work very or extremely stressful (Table 72).

Table 72. How stressful is your job?

	%	N
Not at all stressful	2.8	2
Mildly stressful	12.7	9
Moderately stressful	50.7	36
Very stressful	22.5	16
Extremely stressful	11.3	8

Role clarity and degree of work control

91% had clear goals in their work (Table 73).

Table 73. Do you have clear goals in your work?

	%	N
Very clear	35.6	26
Quite clear	26.0	19
Fairly clear	31.5	23
Rather unclear	5.5	4
Very unclear	1.4	1

Over 50% felt they had quite a lot or a great deal of opportunity to decide how to organise their work (Table 74).

Table 74. How much opportunity is there for you to decide how to organise your work?

	%	N
A great deal	21.9	16
Quite a lot	31.5	23
A moderate amount	27.4	20
A limited amount	13.7	19
Very little	5.5	4

The majority felt they controlled the quantity of work they did, at least to some degree (Table 75).

Table 75. To what degree do you control the quantity of work you do?

	%	N
To a very high degree	13.7	10
To a rather high degree	13.7	10
To some degree	30.1	22
To a small degree	24.7	18
Not at all	17.8	13

#### Time evaluation

Over 35% felt the quality of their work was strongly affected by the quantity of work they had to do (Table 76).

Table 76. To what extent is the quality of your work adversely affected by the quantity of work you have to do?

	%	N
Not at all	9.6	7
To a rather small degree	16.4	12
To some extent	38.4	28
To a rather great extent	28.8	21
To a very great extent	6.8	5

Over 80% felt conflicting demands on their work time (Table 77).

Table 77. To what extent are there conflicting demands on your work time?

	%	N
To a very large extent	11.3	6
To a rather large extent	22.5	17
To some extent	47.9	34
To a rather small extent	9.9	5
To a very small extent	8.5	4

Over a quarter felt that quite a lot or a great deal of their time was wasted in relation to their central work function (Table 78).

Table 78. How much time do you regard as wasted in relation to what you consider as the central function of your work?

	%	N
A great deal	8.3	6
Quite a lot	20.8	15
A moderate amount	31.9	23
A limited amount	23.6	17
Very little	15.3	11

Administrative work and ancillary support

Over 60% felt they had a great deal or quite a lot of administrative work to do (Table 79) and the same percentage felt they could get a fair amount of help with this (Table 80).

Table 79. How much administrative work do you have to do?

	%	N
A great deal	22.9	16
Quite a lot	34.3	24
A moderate amount	25.7	18
A limited amount	15.7	11
Very little	1.4	1

Table 80. How much of this administrative work can you delegate to others?

	%	N
A great deal	8.6	6
Quite a lot	27.1	19
A moderate amount	28.6	20
A limited amount	20.0	14
Very little	15.7	11

The vast majority were satisfied with the amount of ancillary help they got (Table 81).

Table 81. How satisfied are you with the amount of ancillary help you get?

	%	N
Very satisfied	17.1	12
Satisfied	57.1	40
Neither satisfied nor dissatisfied	17.1	12
Dissatisfied	7.1	5
Very dissatisfied	1.4	1

The effect of work on non-work time

When they were not working over 40% thought about work a great deal or quite a lot (Table 82).

Table 82. When not at work do you think about work?

	%	N
A great deal	16.9	12
Quite a lot	25.4	18
A moderate amount	21.21	15
A limited amount	23.9	17
Very little	12.7	9

The majority were dissatisfied with the demands of work on non-work time (Table 83), the majority finding that work demands interfered with family/leisure demands a great deal or quite a lot (Table 84).

Table 83. How satisfied are you with the amount of time your work leaves you for non-work activity?

	%	N
Very satisfied	2.7	2
Quite satisfied	19.2	14
Neither satisfied nor dissatisfied	26.0	19
Rather dissatisfied	37.0	27
Very dissatisfied	15.1	11

Table 84. Do you feel that the demands of your work interfere at all with the demands of your family and/or your leisure?

	%	N
A great deal	30.1	22
Quite a lot	32.9	24
A moderate amount	24.7	18
A limited amount	11.0	8
Not at all	1.4	1

There was a strong desire for more leisure time (Table 85).

Table 85. Would you like to have more leisure time?

	%	N
Very much	40.8	29
Quite a bit	26.8	19
Somewhat	23.9	17
A little	4.2	3
Not at all	4.2	3

There was also some indication that GPs would like to work less and have more time while being prepared to pay for this with less wages (Table 86).

Table 86. If you had the choice between the following possible alternatives to your present work situation which would you choose?

	%	N
Extra work hours and extra wages	4.7	3
Fewer work hours and less wages	43.8	28
No alteration to your present situation	51.6	33

One noted that what was needed was the opportunity to commit more time to a reduced amount of work: "I would like less work, done better, at my pace, for the same return".

To summarise the questionnaire responses: a large majority of GPs found their working week long, the pace too fast, the workload large or too large and felt that they were engaged in too many activities. Yet less than one-third found much difficulty in getting through the work in the time. They were fairly evenly divided between those who tended to work polychronically to a marked extent and those who did not. A sense of urgency and of deadlines was common as was a feeling of pressure towards doing more work. They were fairly evenly divided between worriers about work and non-worriers. The work was generally seen as demanding and moderately or more stressful although not extremely tiring. Most were clear about their work goals, felt free to decide how to organise their work and that they controlled the quantity of work they did. Only one-third felt that quantity of work adversely affected quality to a rather or very great extent. There was some evidence of conflicting demands on their work time and of a sense of some of their time being wasted. The majority were satisfied with the



possibilities of delegating their administrative work. The majority were dissatisfied with the effects of work on their leisure/ family time and expressed a strong desire for more leisure time. Over 40% would choose a reduction in work hours even at the cost of less wages.

#### E. Intergroup comparisons

##### Statistical assumptions

The comparison of the responses of the three groups to the questionnaire gave rise to issues concerning the appropriate level of statistical testing if something other than a purely descriptive presentation of the data was to be undertaken. Given the exploratory nature of the research it was decided that parametric testing was most useful despite the fact that the data might not satisfy the strong assumptions this kind of testing is seen as requiring by statistical purists. Recourse to the literature on practical statistical applications gives the researcher a fair degree of confidence in the robustness of parametric tests even in situations where their assumptions are violated. The view that statistics appropriate for interval measures are inadmissible with ordinal data is, anyway, controversial in statistics (McKennell, 1977: 218). Pragmatism also indicates their use. Attitude scales can be given numeric values without distorting their underlying properties (Kim & Mueller, 1978a: 73-74). Questionnaire items can be assumed to possess the properties of interval data for factor analytic purposes (Youngman, 1979: 80). Parametric tests were, therefore, used for their convenience to examine general trends in the data because

"By taking a stronger view of the data, access is gained to the world of measurement of the psychometrician" (McKinnell, 1977: 218).

Responses to the questionnaire were scored from 1 to 5 so the group scores could be compared using analyses of variance (ANOVA). In the interpretation of the results conventional limits of statistical probability were used. A significant result is one with a probability lower than 0.05 and a highly significant result one with a probability of less than 0.01. Like the t-test the ANOVA procedure tests that group means are equal. It is used when more than two groups are being compared. If significant it indicates only that there are differences between the groups, not where the differences lie. To investigate this, a posteriori multiple comparison procedures have to be applied. Of these Scheffe's test is the most conservative and LSD the most powerful. In general Scheffe's test was used so the differences discovered are strong ones. In the few cases where the Scheffe test did not pinpoint differences LSD was used. An advantage of these tests is that they are both exact for unequal group sizes (Nie et al., 1975: 427). The differences between groups were further explored and compared using factor analysis. All analyses were performed using SPSS (Statistical Package for Social Scientists, Nie et al., 1975) as implemented on the Harris computer interactive system at the University of Aston.

#### F. Inter-group differences

##### Length, pace and eventfulness

GPs report themselves as working longer hours than the teachers or FE lecturers (Table 87).

Table 87. Length of working week

<u>Group</u>	<u>Hours worked per week</u>
FE lecturers	40.8
Teachers	50.0
GPs	55.5

The differences between the groups were tested and were found to be highly significant ( $p > 0.0001$ ), there being significant differences between all three groups at the 5% level.

GPs experience their working week as longest of the three occupational groups (Table 88).

Table 88. Do you think the length of your working week is long or short?  
(1 = Much too short; 5 = Much too long)

<u>Group</u>	<u>Mean score</u>
FE lecturers	3.34
Teachers	3.46
GPs	3.85

(There were significant differences between GPs and the other two groups.)

Teachers tended to work more on several tasks simultaneously - a polychronic use of time (Table 89).

Table 89. To what extent do you work on several tasks simultaneously in order to accomplish more?

(1 = To a very small extent; 5 = To a very large extent)

<u>Group</u>	<u>Mean score</u>
GPs	2.93
FE lecturers	3.43
Teachers	3.87

(There was a significant difference between teachers and GPs.)

Although no group found time dragged very much at work GPs found it dragged most (Table 90).

Table 90. To what extent does time drag at work?  
(1 = A great deal; 5 = Very little)

<u>Group</u>	<u>Mean score</u>
GPs	4.56
Teachers	4.83
FE lecturers	4.86

(There were significant differences between GPs and the other two groups.)

GPs also found their work more routine than the other groups (Table 91).

Table 91. How much of your work do you think of as routine?  
(1 = Most; 5 = Almost none)

<u>Group</u>	<u>Mean score</u>
GPs	2.36
Teachers	2.87
FE lecturers	3.20

(GPs differed significantly from the other groups.)

Time pressure

Teachers found their work most demanding with significant differences between them and the other two groups on this variable (Table 92).

Table 92. How demanding is your job?  
(1 = Not at all demanding; 5 = Very demanding)

<u>Group</u>	<u>Mean score</u>
FE lecturers	4.06
GPs	4.42
Teachers	4.63

Teachers also report the greatest pressure of deadlines (Table 93) and that their work was the most stressful and tiring (Tables 94 and 95).

Table 93. To what extent does your work impose deadlines on you?  
(1 = To a very small extent; 5 = To a very large extent)

<u>Group</u>	<u>Mean score</u>
GPs	3.70
FE lecturers	4.06
Teachers	4.18

(Teachers and GPs differed significantly.)

Table 94. How stressful is your job?  
(1 = Not at all stressful; 5 = Extremely stressful)

<u>Group</u>	<u>Mean score</u>
FE lecturers	3.03
GPs	3.27
Teachers	3.60

(Teachers and FE lecturers differed significantly.)

Table 95. How tiring is your job?  
(1 = Not at all; 5 = Very much)

<u>Group</u>	<u>Mean score</u>
FE lecturers	3.20
GPs	3.28
Teachers	4.09

(Teachers differed significantly from the other two groups.)

## Role clarity and degree of work control

There were no significant differences in clarity concerning goals of work or the roles the job entailed. GPs, though, thought they had least opportunity to decide what work to do each day (Table 96).

Table 96. How much opportunity do you have to determine what work to do each day?

(1 = A great deal; 5 = Very little)

<u>Group</u>	<u>Mean score</u>
FE lecturers	2.69
Teachers	2.76
GPs	3.36

(GPs differed significantly from both the other groups.)

GPs felt they had most control over the quantity of work they had to do (Table 97).

Table 97. To what degree do you control the quantity of work you do?

(1 = To a very high degree; 5 = Not at all)

<u>Group</u>	<u>Mean score</u>
FE lecturers	2.57
Teachers	2.65
GPs	3.19

(GPs differed significantly from FE lecturers here.)

## Time evaluation

There were no inter-group differences relating to the way the groups evaluated their time.

Table 98. When you begin a working week how much of what you will actually do during the week can you predict?

(1 = Most; 5 = Almost none)

<u>Group</u>	<u>Mean score</u>
Teachers	1.79
FE lecturers	1.96
GPs	2.36

(GPs differed significantly from the other two groups.)

GPs perceived the most (Table 98).

## Administrative work and ancillary staff support

GPs expressed the most satisfaction with the amount of ancillary help they received (Table 98) perhaps because they had the greatest possibility of delegating work (Table 99).

Table 98. How satisfied are you with the amount of ancillary help you get?  
(1 = Very satisfied; 5 = Very dissatisfied)

<u>Group</u>	<u>Mean score</u>
GPs	2.19
Teachers	3.57
FE lecturers	3.60

(GPs differed significantly from teachers and FE lecturers.)

Table 99. How much administrative work can you delegate to others?  
(1 = A great deal; 5 = Very little)

<u>Group</u>	<u>Mean score</u>
GPs	3.07
FE lecturers	4.17
Teachers	4.31

(GPs differed significantly from FE lecturers and teachers.)

## Work patterns

GPs' work schedules were the most flexible (Table 100).

Table 100. How flexible are your work schedules?  
(1 = Very; 5 = Not at all)

<u>Group</u>	<u>Mean score</u>
GPs	3.16
FE lecturers	3.57
Teachers	3.93

(GPs differed significantly from teachers.)

The GP's week was the least predictable (Table 101).

Table 101. When you begin a working week how much of what you will actually do during the week can you foresee?

(1 = Most; 5 = Almost none)

<u>Group</u>	<u>Mean score</u>
Teachers	1.78
FE lecturers	1.86
GPs	2.96

(GPs differed significantly from the other two groups.)

GPs workload varied the most (Table 102).

Table 102. To what extent does your workload vary?  
(1 = To a very small extent; 5 = To a very large extent)

<u>Group</u>	<u>Mean score</u>
Teachers	2.63
FE lecturers	3.03
GPs	3.12

(GPs differed significantly from teachers.)

The effects of work on non-work time

Teachers tended to take their work home with them more than GPs or FE lecturers (Table 103).

Table 103. Do you tend to take your work home with you?  
(1 = To a very small extent; 5 = To a very large extent)

<u>Group</u>	<u>Mean score</u>
GPs	3.15
FE lecturers	3.63
Teachers	3.87

(Teachers differed significantly from GPs.)

FE lecturers, though, tended to think about work more when not at work (Table 104).

Table 104. When not at work do you think about work?  
(1 = Very little; 5 = A great deal)

<u>Group</u>	<u>Mean scores</u>
GPs	3.10
Teachers	3.50
FE lecturers	3.69

(FE lecturers differed significantly from GPs.)

GPs felt most strongly that work interfered with the rest of their non-work lives (Table 105).

Table 105. Do you feel that the demands of your work interfere with the demands of your family and/or your leisure?

<u>Group</u>	<u>Mean scores</u>
FE lecturers	3.23
Teachers	3.41
GPs	3.79

(GPs differed significantly from FE lecturers.)

GPs most wanted more leisure time (Table 106).

Table 106. Would you like to have more leisure time?  
(1 = Not at all; 5 = Very much)

<u>Group</u>	<u>Mean scores</u>
FE lecturers	3.17
Teachers	3.66
GPs	3.96

(GPs differed significantly from FE lecturers.)

To summarize: GPs perceive their days as longer than the other groups. None of the groups found that time dragged at work though GPs found it dragged more than the other groups, a reflection, perhaps, of the fact that they found the work more routine than the other groups. It will be remembered that in the interviews several GPs complained that much of their general run of work was trivial. GPs score lowest on deadlines, perhaps reflecting the fact that they often work with their clients on a "one-off" basis, dealing with non-urgent problems on one or two separate occasions for the most part, their work usually involving the routinising of what the patient might construe as an emergency. GPs feel most strongly that their work interferes with their non-work time and would most like more leisure time. This reflects the fact that GPs have 24 hour responsibility for their patients' care. GPs feel their work schedules to be the most flexible, again reflecting the impossibility of setting tight temporal limits on their work, but they are more their own bosses in terms of the allocation of their working time despite their commitment to availability and have lesser need to coordinate their work with others so fewer of the time problems this can cause. They can foresee less of their working week, the pattern of their days is not as predictable and their workload fluctuates more so their time commitment patterns will vary more than the other groups, although they have least control over the amount of work they do, their work involving reacting to patients', to some extent, fluctuating demands whereas teachers and lecturers in most aspects of their work tend to be more proactive. GPs, though, can delegate more and are more satisfied with the amount of ancillary help they get. They are also able to concentrate more on the task in hand, less subject to distractions, more masters of their time when the task is under way.



Secondary teachers found their work most demanding, reporting a greater pressure of deadlines and that teaching was the most stressful and tiring. Teachers also feel they take their job home with them more (item 24), reflecting the amount of preparatory work and marking they have to do. They also feel more pressure to work on several tasks simultaneously in order to accomplish more and their work schedules are least flexible. They are least able to delegate administrative tasks. FE lecturers generally emerge as the group for whom time is least problematic. They work the shortest hours by a long way, they are most satisfied with the length of their working week, not surprisingly, as a result and they find time drags least, a reflection perhaps of their finding their work least tiring, least stressful and least routine. They feel their work interferes least with their leisure time—although they do think more about work—and have most control over the work they do. They score highest on the need to coordinate their work with others though this does not seem to have adverse effects on their time perceptions, except perhaps that they are least able to concentrate on one task at a time and are least satisfied with the amount of ancillary help they get, though they do not differ significantly from teachers on these items.

#### G. A factor analytic exploration of the questionnaire data

The results of a range of analyses of variance are difficult to construe as a coherent whole. Factor analysis permits a more succinct picture of the time dimensions of the professional groups to be drawn than the one produced by separate comparisons of scores on 64 variables. Factor analysis permits the reduction of data to its underlying patterns (Youngman, 1979: 97). It is

a multivariate method of analysis for determining the number and nature of summary variables from a large number of measures by extracting common factor variance. Factors are construed as "source variables accounting for the observed interrelations in the data" (Kim et al., 1975: 469). It, thus, permits conclusions about which members of a large group of variables are inter-related and can be subsumed in common factors that reflect similar features of the population under study (Kerlinger, 1973: 659). The patterning of data can be used to construct indices for utilisation as new variables in subsequent analyses. The standard exploratory technique of principal factoring with iterations method was used with a varimax rotation to a final solution using SPSS. Of course, no factor analytic solutions are final. As an analytic method it is indeterminate as a "given matrix of correlations can be factored in an infinite number of ways" (Harman, 1967: 135). The analytic touchstones are statistical simplicity and psychological meaningfulness in the judgement of the appropriateness of various solutions.

There are generally accepted criteria for constructing factors. The factor structure should account for the major part of the total variation in the data, say 60 to 70% (Taylor, 1977: 11). The accepted level for variables loading on a factor is 0.50 or approaching this figure in exploratory research and Thurstone argues that there should be at least three variables loading clearly on each factor (Kim & Mueller, 1978a: 32). These criteria were adhered to except that a final factor composed of only two variables was deemed appropriate for exploratory purposes. First factor solutions need refining and various analyses using 4,5 and 6 factor final solutions after the primary principal components analysis were investigated before accepting a 6 factor "solution" accounting for 23 variables which best demonstrated the underlying data patterns. This meant there was a ratio of

nearly 7:1 cases to variables. The items forming the factors are shown in Table 107 in decreasing order of variance accounted for. The six factors account for 66.8% of the total variance.

Table 107. Loading of factors  
(variable numbers in brackets)

Factor 1

To what degree do you worry about not being able to manage the work you have to do in the time at your disposal? (Var8)  
Do you worry about work? (Var10)  
Do you tend to take your work home with you? (Var11)  
When not at work, do you think about work? (Var12)  
How stressful is your job? (Var21)  
Do you find your work tiring? (Var22)

Factor 2

Do you think the length of your working week is (too long/too short)? (Var2)  
How satisfied are you with the amount of time your work leaves you for non-work activities? (Var13)  
Do you feel the demands of your work interfere at all with the demands of your family and/or your leisure? (Var14)  
Would you like to have more leisure time? (Var15)  
In general, how do you feel about your time? (Var16)

Factor 3

To what extent would you say you made use of every possible working moment? (Var6)  
Do you ever waste time? (Var17)  
Overall, how efficiently would you say you managed your time? (Var23)

Factor 4

Do you think the pace of your day is (too fast/too slow)? (Var1)  
What is your opinion of your present workload? (Var3)  
How much difficulty do you experience in getting through the amount of work required of you in the time at your disposal? (Var4)  
To what degree do you feel that you are engaged in too many activities at work? (Var5)

Factor 5

To what extent do you work on several tasks simultaneously in order to accomplish more? (Var7)  
To what extent does your work allow you to concentrate on doing one thing at a time? (Var19)  
To what extent are there conflicting demands on your work time? (Var20)

Factor 6

How difficult do you find it to plan your time at work? (Var9)  
In general, do you find it difficult to plan your time? (Var18)

Table 108 sets out the Varimax rotated factor matrix.

Table 108		Varimax rotated factor matrix					
	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5	Factor 6	
VAR1	.10	.37	.13	.49	.12	.28	
VAR2	.10	.56	.09	.21	.03	.11	
VAR3	.15	.31	.07	.58	.16	.20	
VAR4	.33	.31	.07	.52	.37	.22	
VAR5	.22	.17	.01	.51	.41	.08	
VAR6	.14	.06	.72	.16	.20	.09	
VAR7	.09	.07	.12	.07	.64	.08	
VAR8	.67	.19	-.07	.21	.15	.21	
VAR9	.27	.15	-.13	.19	.27	.76	
VAR10	.71	.22	-.16	.07	.10	.18	
VAR11	.59	.17	.20	-.02	.24	.12	
VAR12	.66	.11	-.01	.03	.23	.25	
VAR13	.20	.70	.07	.17	.10	.15	
VAR14	.23	.84	.10	.03	.22	.13	
VAR15	.17	.68	.01	.21	.01	-.04	
VAR16	.32	.48	.25	.31	.29	.37	
VAR17	-.04	.12	.75	.09	-.00	-.02	
VAR18	.12	.13	-.08	.11	.04	.74	
VAR19	.22	.03	.03	.24	.55	.05	
VAR20	.32	.20	.07	.09	.49	.14	
VAR21	.50	.17	.02	.26	.10	-.09	
VAR22	.48	.10	.06	.35	.05	-.03	
VAR23	.06	-.05	.65	.08	-.04	.19	
Percentage of total variance	32.9	10.1	7.6	6.3	5.2	4.7	
Percentage of common variance	56.3	15.0	10.1	8.1	5.9	4.6	

The factor matrix demonstrates how certain of the variables cohere to form basic structures of theoretically meaningful sub-dimensions (Kim & Mueller, 1978b: 50). Factor labels are derived from the pattern of loadings according to which variables have the highest loading on the factor (Lemke & Wiersma, 1976: 161). Highest loadings on Factor 1 refer to worry about work associated with worry about getting through the work in the time available. High scores on these items indicate a marked sense of worry about time and work associated with tiredness, stress, an inability to cut oneself off from work and concern about managing to complete work on time. This factor is, therefore, tentatively labelled "experience of time pressure". Factor 2 coheres around the negative effects a long working week has on non-work

time. High scores indicate a sense that work is over long and adversely affects the availability of non-work time. This factor is, accordingly, labelled "pressure on non-work time". High scores on these items indicate a marked sense of work demands impacting negatively on non-work time. Factor 3 concerns the degree to which time use is maximized. High scorers feel they manage their time efficiently so as to use every possible working moment hence the label for this factor "time management ability". Factor 4 brings together items concerning pace and size of workload, how difficult it is to get through and to what extent too many activities are involved. Responses here can be seen as indicating whether "intensity of work" is experienced. Factor 5 indicates that items concerning "polychronic use of time" cluster together and Factor 6 indicates a separate cluster of "time planning ability" items. The factors, then, are tentatively labelled:

- (1) experience of time pressure
- (2) pressure on non-work time,
- (3) time management ability,
- (4) work intensity
- (5) polychronic use of time,
- and (6) time planning ability.

These six factors demonstrate the important underlying dimensions of temporal experience as reflected by clusters of responses to the questionnaire items.

Exploratory factor analysis is the first step in the creation of scales that provide us with convenient "summary measures" (Youngman, 1979: 111). "Summative scales" are created by combining scores on the individual factor items by simple addition and these can be used for sub-group analysis. The scales thus constitute new summary variables and possess a higher order conceptual power than the original variables considered separately. But we have to remember that this status is provisional, at least at this initial stage of their exploration. They need to "hold up" in other studies to

demonstrate their long-term validity and usefulness (Levy & Pugh, 1965: 205).

As Oppenheim argues in his discussion of attitude scales:

"scales are relatively crude measuring instruments and we must not expect too much from them. Their chief function is to divide people roughly into a number of broad groups with regard to a particular attitude. Such scales cannot, by themselves, be expected to provide us with subtle insights into an individual case. They are techniques for placing people on continuum in relation to one another, in relation and not in absolute terms." (Oppenheim 1966, 121)

In this case the scales are a technique for placing groups on a continuum in relation to one another. Before using factors generated by factor analysis to create scales their validity has to be examined. Conceptually the items composing the factors cohere so scaling appears justified on conceptual grounds. It also has to be demonstrated statistically by examining their internal consistency. Internal scale reliability coefficients were measured by Cronbach's alpha and are reported in Table 109.

Table 109. Standardized inter-item reliability scale scores measured by Cronbach's alpha

Scale 1	0.81
Scale 2	0.85
Scale 3	0.76
Scale 4	0.81
Scale 5	0.66
Scale 6	0.82

These are all perfectly acceptable. Mean scale scores for each of the three professional groups were then calculated and these are given in Table 110.

Table 110. Mean scale scores according to occupational group  
(in ascending order of magnitude)

Scale 1 (maximum=30)	
GPs	18.33
FE lecturers	19.29
Teachers	20.84

Scale 2 (maximum=25)	
FE lecturers	16.46
Teachers	17.20
GPs	18.75

Scale 3 (maximum=15)	
FE lecturers	10.89
GPs	11.24
Teachers	11.66

Scale 4 (maximum=20)	
FE lecturers	13.43
GPs	13.84
Teachers	14.53

Scale 5 (maximum=15)	
GPs	8.79
FE lecturers	10.26
Teachers	10.34

Scale 6 (maximum=10)	
Teachers	4.52
GPs	5.25
FE lecturers	5.46

Group differences were examined using analysis of variance. For Scale 1 the differences were significant at the 5% level, GPs and secondary teachers differing significantly using the Scheffe test. Thus GPs and secondary teachers have a differing sense of time pressure. GPs feel less pressurised. FE lecturers feel more pressure in this respect than GPs but less than teachers. On Scale 2, "pressure on non-work time", GPs score most highly and FE lecturers least. The differences between them are significant which is unsurprising given the long hours GPs report themselves as working. On Scale 3, "time management ability", teachers score highest indicating most

problems in this area and FE lecturers lowest. The differences here are not significant. It is possible that the differences here may be tapping personality factors rather than occupational groups' reactions to their work situation. Further research would be necessary to see if this is so. On Scale 4, "work intensity" teachers score highest again and FE lecturers also score lowest again. The differences, though, are not significant. On Scale 5, "polychronic use of time", teachers again are the highest scorers, with GPs lowest. Here the differences are highly significant between GPs and both the educational professions. On the final scale, Scale 6, "time planning ability", there are no significant differences. In toto FE lecturers score lowest on on three scales, highest on one, GPs lowest on two and highest on one, and secondary teachers highest on four, lowest on one. The pattern, therefore, emerges of teachers experiencing most time pressure, feeling their work most intense, feeling least able to manage their time and using time in a polychronic fashion. Perhaps they do not experience the greater pressure on their non-work because they know they have the long holidays for compensation for the intensity of term times. GPs feel most their work intrudes on their non-work time, a reflection of the long hours they work, but they worry least about work and how to accomplish their work in the time available, perhaps because the nature of their work is primarily to react directly to client demand, living therefore more in the present, while the work of the other groups demands more proactive thinking and preparation, planning the future work, getting through the syllabus in a limited time against the pressure of deadlines. For FE lecturers the only major problem is time planning. This is perhaps surprising as their low scores on the other scales would seem to indicate that they should have enough time for planning not to be a problem.



#### H. Age as a factor mediating the effect of occupational group?

Factor analysis further illuminates the effects of professional group membership found in the sequence of univariate analyses and presents us with a clearer picture of how these cluster together. It separates out into these clusters various modes of temporal experience. Quantity of work - the fullness of workload - and pace of work cluster together on two dimensions - factor 2 and factor 4 and these retain their original conceptual import as key determinants of temporal experience. One mediating factor was discovered. Mediating factors were examined by using the scales to see if differences could be found that cut across the occupational divide. Following Grossin's exploration of biographical factors scale scores were compared according to sex and marital status. Sex produced no significant differences but groups did differ by age. The older age group scored lowest on all scales except Scale 2, the younger group highest on all scales except Scale 6. The differences were significant between the older and younger groups on Scales 1 and 5 ( $P < 0.05$ ). Referring back to Table 110 we see that on Scale 1 there were significant differences between GPs and secondary teachers and on Scale 5 between GPs and both teachers and FE lecturers. A confounding effect of age seems possible here. The GP sample was proportionately more highly composed of members of the older age group (see Table 111) which gives rise to the suspicion that of a strong age effect on these two scales at least, that is, in worry about work and time allocation problems.

Table 111. Age profile (Number and percentage of occupational group in different age categories)

(1 = younger, below 30; 2 = middle-aged, 30 to 50; 3 = older, over 50)

	(1)	(2)	(3)
ST	13 (28.3%)	31 (67.4%)	2 (4.3%)
FE	6 (17.1%)	23 (65.7%)	6 (17.1%)
GP	0	39 (53.4%)	31 (42.5%)

With age, it could be argued, professionals in general worry less about their work and have fewer conflicts about allocating their time. Within the restrictions of the present sample an attempt was made to examine this possible age effect by excluding the older and then the older and younger groups from the analysis and then comparing occupational groups. The group means minus the older respondents are shown in Table 112. Those excluding both older and younger groups, i.e. for the middle-aged group only, are shown in Table 113.

Table 112. Mean scale scores excluding older age group  
(in ascending order of magnitude)

Scale 1

FE	18.689
GP	19.513
ST	20.883

Scale 2

FE	16.172
ST	17.333
GP	18.974

Scale 3

FE	11.172
GP	11.472
ST	11.619

Scale 4

FE	13.000
GP	14.289
ST	14.674

Scale 5

GP	9.179
FE	10.138
ST	10.357

Scale 6

ST	4.545
FE	5.379
GP	5.894

Table 113. Mean scale scores - middle-aged group only

Scale 1

FE	18.043
GP	19.513
ST	20.600

Scale 2

FE	15.667
ST	17.124
GP	18.973

Scale 3

FE	11.167
GP	11.477
ST	11.552

Scale 4

FE	12.708
GP	14.289
FE	14.345

Scale 5

GP	9.179
FE	10.042
ST	10.172

Scale 6

ST	4.767
FE	5.000
GP	5.895

The differences shown in Table 112 - excluding the older age group - are no longer significant for Scale 1 (experience of time pressure) and GPs now score more highly than FE lecturers than when the older groups are not excluded. Scale 2 (pressure on non-work time) differences are in the same direction and GPs and FE lecturers still differ significantly at the 5% level. Scale 3 (time management ability) differences are not significant again but differences on Scale 4 (intensity of work) are now significant and secondary teachers and FE lecturers differ at the 5% level. The differences on Scale 5 (polychronic use of time), though in the same direction, reach only the 10% level of significance, but differences on Scale 6 (time planning ability) are significant at the 5% level between GPs who now score

most highly and secondary school teachers. Scales 2 and 3, therefore, do not demonstrate an age effect, further proof that time management ability might reflect a personality effect. The other scales demonstrate a complex interaction of temporal experience, age and occupation. Experience of time pressure seems to diminish with work experience but we cannot be sure of this effect without larger older groups in the FE and secondary school teachers sample. When the older group is excluded we find a significant difference in perceptions of work overload between teachers and FE lecturers. Younger FE lecturers do not feel this as strongly as older. Older doctors experience less acutely conflicting demands on their time than the other groups though the difference is in the same direction when they are excluded from the analysis, that is, younger doctors still score less than the other professionals. Younger doctors experience greater difficulty in planning their time than older ones but for the other professions this does not alter greatly. The pattern of scores in Table 113 - of the middle-aged group only - is the same as in Table 112 though the levels of significance are slightly reduced. Differences on Scale 2 are still highly significant but on Scales 4 and 6 they are only significant at the 10% level (Scale 4,  $P=0.054$ ; Scale 6,  $P=0.076$ ).

Clearly these differences need further exploration and elaboration. A more complex analysis of variance was not appropriate because of the problems caused by unequal sample cases in different cells of such an analysis. But the effect is likely to be an interaction of age and occupation, not an age effect per se. That is, occupation will set the limits to possible temporal adaptations that experience can bring with time. It is postulated that occupation defines the limits for the mediating effects of experience. Evidence for this can be seen in the teacher

interviews. Older teachers did not give the impression of a group more in control of their time than their younger colleagues. The small number of older respondents to the teacher questionnaire make it impossible to test this further. To examine age effects would require a multi-factorial design with professional groups explicitly stratified by age. But when age is controlled for as far as this is possible within the limits of the present data set we find that the age effect is not a simple one. Age does not mediate the effects of time on all the dimensions studied. Rankings of the scale scores taking age into account are given in Table 114. In table 114(A) all age groups are included, in Table 114(B) the older age group are excluded, and in Table 114(C) both older and younger are excluded.

Table 114. Ranking of mean scale scores of the three professional groups (1=lowest score; 3=highest score)

A.All age groups included

	Scale 1	Scale 2	Scale 3	Scale 4	Scale 5	Scale 6
FE	2	1	1	1	2	3
GP	1	3	2	2	1	2
ST	3	2	3	3	3	1

B.Older age group excluded

	Scale 1	Scale 2	Scale 3	Scale 4	Scale 5	Scale 6
FE	1	1	1	1	2	2
GP	2	3	2	2	1	3
ST	3	2	3	3	3	1

C.Middle-aged group only

	Scale 1	Scale 2	Scale 3	Scale 4	Scale 5	Scale 6
FE	1	1	1	1	2	2
GP	2	3	2	2	1	3
ST	3	2	3	3	3	1

Even when the effects of age are controlled for teachers still score highest on the same four scales (1,3,4 and 5) and FE lecturers score lowest on four (2,3,4 and 5) as opposed to three when all age groups are included. In terms of what might be termed "temporal advantage", the groups range from FE lecturers, most advantaged in terms of pressure on non-work time, time

management problems, work intensity and sense of time pressure, to teachers, least advantaged in time pressure, time management problems, work intensity and the need to use time polychronically. GPs are most advantaged in terms of conflicting demands on time and work intensity but least advantaged in pressure on non-work time which reflects the fact that they work the longest hours. Perhaps, though, it is incorrect to speak in terms of "most advantaged" groups in terms of their time commitments and temporal experience. "Least disadvantaged" might be more a more accurate description as all groups express dissatisfaction with aspects of their temporal situation.

## Chapter 9. Conclusion

### A. Introduction

#### Part 4

This research has examined the temporal situation of four professional groups, focussing on their experience of time and the constraints affecting their time use. Their experience of time has to be set in the context of the factors affecting the management of time in the four institutional contexts in which they work. These contexts, while facilitating their ability to perform their work, also constrain their work possibilities. Constraints have been a key focus in the thesis and these have been related to contemporary ways of thinking about and organising professional work in the public sector. A key factor in the conceptualization of appropriate ways of organising this work is the prevalence of a commodified view of time and the use of the clock as an organising device.

The experience of time-at-work is affected by individual, occupational, organisational and socio-political factors. Individual factors, apart from age, have not been a main focus of this thesis. Individuals have been interviewed as representatives of occupational groups. Occupational groups create solidarity among their members, a key element of which is attitudes and aspirations concerning time. Professionals stress, as part of their occupational ideology, the notions of expertise and autonomy. Because of the knowledge base of their work that only they are adequately trained to understand, only professionals themselves and their associations are competent, they argue, to say how their work should be organised, that is, how time should be apportioned to various work roles. In an ideal world this view might go unchallenged. In the socio-political context of contemporary

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work the claim has become increasingly controversial. Political and economic factors militate against it. In the socio-political arena values conflict. Professional and managerial/ bureaucratic values lead to differing assessments of appropriate ways of organising time. The state as paymaster of these groups has its own definitions of how time should be managed that do not necessarily support those of professionals.

An important element of the context in which these groups work is resource constraint. It is resource constraint that, ultimately, makes the exercise of professional autonomy problematic. Professional services, from the state's point of view, cannot be offered on an unlimited basis. Public sector financing makes this a political impossibility. In a situation of resource constraint, time is a key scarce resource. To the degree that time is in short supply, professionals experience their work as too long, too fast, and too intense. Professional groups share an ideology of self-commitment to work which has tended to see as inappropriate any specification of work commitment in temporal terms by management. There seem though to be moves on the professions' parts towards some form of self-constraint on their willingness to commit time in the way professionalism has traditionally dictated. This is manifested in moves towards the more precise specification of temporal commitments in their contracts.

#### B. Key themes: time, work, accountability and the state

Apart from the further education group the four groups can be said to be characterised by an experience of time of a long duration, a fast pace and intensity. In further education, though, there are signs that duration, pace and intensity may increase to the extent that the Audit Commission's report

(Audit Commission, 1985) has an impact on working practices. Because this is not a longitudinal study it is not possible to say if professionals are working harder/ longer/ faster/ more intensely than previously, but all four groups are being asked to use their time more efficiently in what can be construed as a general "tightening up" on time. The groups are being asked to be more publicly accountable for their time use although all four deny there is any slack to allow them to do this. Slack, though, has been demonstrated in further education by the Audit Inspectorate.

This "tightening up" on time supports proponents of the deprofessionalisation thesis who argue that the professions are in the process of losing their power to define their working practices for themselves (Haug, 1973; Oppenheimer, 1973). Proletarianisation of the professional work situation is seen to be leading to the incorporation of the professional into a wage-labour system, a decline in professional freedom to control his own work and a consolidation of power in employing authorities (Esland, 1980). With the growing fiscal crisis of the state (O'Connor, 1972) accountability is counterposed to autonomy. Freidson contrasts professionalisation and bureaucratisation in terms of control of the work task. What distinguishes the two is whether task performance is defined and evaluated by management as it is in bureaucratic work or by the occupational, professional group itself. The key issue when there is conflict between these two principles of work organisation and division of labour is the degree to which the work can be "rationalised and therefore reconstituted and controlled by management" (Freidson, 1973: 55).

It has been suggested, though, that the distinction between professionalisation and bureaucratisation is not so clear-cut. Ozga and Lawn conclude, in their study of secondary school teachers, that "the concept of

professionalism is an extraordinarily complex one and its different meanings must be located within a specific historical context" (Ozga & Lawn, 1981: 2). The concept can be used as an ideological weapon by management to control professionals by stressing the notion of professional commitment with its corollary of extensive time commitment. The concept can also be used by professionals in self-defence if their professional prerogatives come under attack by management. As strategies both of these are becoming less successful.

The appeal to professionalism by employers is falling on deaf ears within professions as evidenced by industrial action by groups in education and medicine in which there seems to be a move towards contracts on their parts in the sense of a move towards the closure of contracts that are currently open. FE lecturers led the way and there have been similar moves among doctors and teachers. These moves represent a reaction against what they consider the abuse of their professional commitment to provide time. This commitment, they are saying, has limits which need specifying. There is a general social trend towards shorter working hours with a greater emphasis on leisure time and personal as opposed to professional life (Lamour & Chalendar, 1974: 28). This leisure ethos might have penetrated these professional groups. Continuity of care might be a general practice ideal: "But it's just not compatible with modern life and with the other demands on a doctor's time ... it's not practical" (Jeffreys & Sachs, 1984: 270).

The concept of professionalism can also be used by a profession as "a strategy for controlling practice" (Esland, 1980: 340), as a political ploy in the bargaining process over work definition as, for instance, in the profession's claim to "the organisational corollaries of the independent

practitioner" (Green, 1975: 136) in an attempt to protect clinical autonomy. But the use of the notion of professionalism as a device to distance an occupational group from external accountability is also increasingly criticised. There is criticism that professionals are no longer actually acting professionally in their attitudes towards contract. In the consultants' contract dispute, for example, critics of the consultants' new contract argued that specified hours of work were not appropriate to professional commitments. The Royal Commission described it as "unprofessional ... close to an industrial type of contract in which workers are checked in and out of their place of work and paid for overtime" (Royal Commission, 1975: para 14.67), sentiments echoed in various DDRB reports.

Ozga and Lawn (1980) argue that teachers have suffered a degradation of their working conditions. The medical profession have expressed concern that they may be following suit and have attempted, using the contract negotiations, to set the terms for future change. The way they wanted to move was not towards a radical restructuring of work patterns or responsibilities but towards a contract where pay was more directly related to volume of work performed. Deprofessionalisation, from the perspective of those who criticised these moves on the profession's part, is putting money before service and thinking of time only as commodity, the embracing of a "self-orientation" more appropriate to a businessman than a "collectivity-orientation" (Parsons, 1951: 473). The recent growth of unionism among junior doctors, their recourse to strike action in pursuit of pay claims and consultant threats of work-to-rule (work-to-contract) during the contract dispute are seen by some as an "indication of an increasing awareness of the proletarian aspects of medical work" (Esland, 1980: 229-230).

Moves towards a more work-sensitive, "closed" contract can generate unintended consequences. In further education a contract that was welcomed by lecturers in the 1970s as a major improvement of working conditions in fact opened the door in the 1980s to increased control of those working practices by the use of auditing. Here the concept of "delinquent community" developed by Crozier (1964) and applied to the medical profession by Freidson (1975) is useful. Delinquency refers to the rejection of rules imposed on a group and what is construed from outside the group as anomic behaviours. Medical "delinquency" is not a response to a rigid, authoritarian management system as it was in the case of the French schoolchildren to whom the concept was first applied. It is rather as a reaction to the fear of the possibility of the imposition of such a system that the delinquency has evolved in the medical profession. A possible unintended consequence of its defensive stance on this issue is that it might hasten the thing it resists:

"The French schoolchildren were responding to a rigid, authoritarian educational system, but no analogous system, imposed by outsiders, has ever existed for medicine. At best, its delinquent community may be explained by reference to a sense of vulnerability to the possible imposition of such controls: an anticipatory response. The irony is that rather than defending the profession against the imposition of a rigid authority framework, the anticipatory responses of the medical community have created part of the pressure for the institution of such a framework. The failure of the profession to control the availability, cost and quality of the services of its members in the public interest - a failure tied directly to the internal laissez faire etiquette of its delinquent community - has contributed to the development ... of externally imposed requirements that may very well come to be, in the future, what the profession has always feared. It may have created what it has anticipated by the very defences it erected" (Freidson, 1975: 246).

By protesting too much the profession, like Hamlet's Queen, might well have alerted the outside world to the possibility that the protests mask, if not guilt, a failure on its part to rationalise and manage its time use

according to the problems facing the provision of finite health care. The case of the further education college provides a salutary lesson. Teachers are resisting a closed contract which would specify duties clearly while at the same time taking industrial action based on their more stringent reading of their current contract which means they do not commit time to work they do not agree with employers is covered by contractual obligation.

Professional moves to define the time they are willing to commit more exactly is paralleled by moves towards accountability on employers' and the state's parts. It is not clear if the first arose in reaction to the second or vice versa. The professionals are saying they are being asked to do too much without this being recognised in contracts or pay and so the move is to withdraw some of their previous commitment. The state argues that lack of accountability has led to inefficiency in the provision of services. In medicine stronger line management as advocated by the Griffiths Report (NHS Management Inquiry,, 1983) can be interpreted as designed to remove those aspects of the present structure "which can subvert, resist or delay central state policies", for example consensus management teams and the present complex consultative machinery which favour medical power over the decision-making process in the NHS (Cousins, 1984: 28-30). Reaction against consensus management indicates the growth of a new rationality based on the state "using a model of private capitalistic manufacturing industry when looking for a rational means of controlling a health service" (Manson, 1977: 200). The doctor has to learn that, ultimately, he is not an independent practitioner but a member of a team and a servant of the state and as such responsible to that team and the state. Remembering that the medical profession "resisted successfully many of the implications of 'Cogwheel' by claiming that clinical freedom would be undermined" (Manson, 1977: 197) it

remains to be seen how they respond to the more overt managerial emphasis based on strong notions of financial stringency and control.

The concept of clinical autonomy, subsuming as it does temporal autonomy, needs qualification in the light of the fact that routines and compromise agreements operate in an arena where different groups are in conflict, more or less overt, over who controls the work situation. The doctor has been seen, traditionally, as the prototypical professional yet the view of a professional as an individual with complete autonomy can only be sustained if one ignores the wider environment that affects health care provision and concentrates exclusively on the smaller unit of the hospital or district and even in these contexts the view needs empirical verification. Adapting a broader perspective it becomes clear that the relationship between consultants as an occupational group and management "cannot be seen outside a framework of analysis which places health care in a wider context of the sources and variations of power and the role of the state" (Manson, 1977: 211). The way the profession manages and experiences its time can only be fully understood in an analysis that relates this to an evolving power structure in health care and to the salience of the role of the state as paymaster. Evolution in management arrangements marks a "corporatist rationality" gradually coming to terms with its "syndicalist constituency" in which the consultant has reigned supreme (Klein, 1983: 89-90) but without his power ever being absolute. Professional autonomy has always, under the NHS, been constrained by a combination of workload pressures and lack of resources, one of the end results of these being the time pressure that consultants testify to. The incursions of corporatist rationality added to workload and resource constraints means that temporal autonomy needs further qualification. In general practice the doctor enjoys

more freedom because of the generally accepted view that primary care is the most cost-effective way of providing medical services and that the major problem of health care lies in the inefficiencies of the hospital sector, particularly the high-tech acute services. Yet even in primary care there are moves towards greater accountability in regard to prescribing behaviour and the use of deputising services. In education the incursion of a corporatist rationality is more advanced.

A key issue is control. Schlesinger shows how newsmen control the time pressure they experience. In fact, they create the pressure themselves by the way they organise their own work. The "mastery of time pressure" becomes "a way of manifesting their professionalism". "It is professional to be in control of the action rather than victimized by the pace at which it must ... be carried out" (Schlesinger, 1977: 86). The concepts of self-discipline and autonomy have been central to recent work on professionalism (Horobin, 1983) but autonomy is, in fact, more limited than much of this work would indicate. Doctors, for example, may have retained the right to define appropriate forms of work but they have become increasingly subject to economic and political factors:

"doctors collectively have by and large maintained the right to determine what conditions should be deemed 'medical' and ... what treatment any given patient will receive. But they have increasingly had to cede ground to government and to 'administrators' over issues of policy and resource allocation" (Horobin, 1983: 91-92).

This constitutes an important limitation on autonomy. Doctors do not control key economic decisions (Cousins, 1984). Teachers and lecturers have enjoyed a substantial measure of freedom in their work in being able to run schools and colleges as they think fit and a considerable measure of freedom to determine what they teach but this freedom to define appropriate forms of



work is under attack in moves towards a common curriculum. It is the curriculum which determines "much of the formal organisation of educational institutions ... what is to be taught, to whom, where and for how long" (Salter & Tapper, 1981: 71). Salter & Tapper analyse what they consider the "end of the age of the independent teacher justifying his autonomy and control over the curriculum in terms of his competence" and the moves to "illegitimate the decentralised power of the teacher" (Salter & Tapper, 1981: 208-209). Doctors' clinical autonomy, manifested in control of the doctor-patient consultation, remains intact. There are signs that teachers' control over what is taught in schools is dwindling.

Mardle & Walker (1979) discuss an evolution in professional work from professional autonomy to organisation man, Ozga & Lawn (1981) a trend from professional craftsman to deskilled technician. This can be linked to the development of "trade union" consciousness in these groups. An ideology of professionalism tends towards an open-ended commitment of time to work sustained by professional group membership. "Trade union" consciousness tends towards a clearly defined commitment in terms of specified numbers of hours. The latter can be discerned in the attitudes towards contract of the four professional groups studied. Further education led the way in terms of a closed contract. Pressure for a contract that clearly specifies contractual obligations is clearly discernible in the other three. Industrial action among doctors and teachers has taken the form of "working to contract", the professional version of "working to rule". Zerubavel sees as a key characteristic of contemporary professional organisation "the rigid manner in which professional commitments are temporally defined" (Zerubavel, 1981: 153).

Mardle & Walker (1979) link the trend from autonomous professional towards organisation man with the growth of utilitarian pragmatism in attitudes towards work among professional groups. After Freidson (1970) professionalism has increasingly been examined in the context of a sociology of occupations as a form of instrumental collectivism which professionals are now seen as sharing with other occupational groups. Professionalism, according to this view, is simply the attempt to perpetuate a form of occupational self-control associated with a privileged position in the labour market and the self-definition of occupational situation. Wilding says of Freidson's perspective:

"Implicitly, if not explicitly, Freidson is adopting a conflict or action model, seeing society as an arena in which competing interest groups struggle to secure their own interests. According to such a view, professions are occupations which have come out on top in the struggle" (Wilding, 1982: 5).

Professionalism as an occupational group strategy is the self-interested pursuit of occupational power. The changing nature of the work situation is altering the balance of power away from the profession's favour.

The pursuit of occupational privilege and power raises the question of the structural factors, organisational, social and economic, that define the professional and management contexts in which the four professional groups work and the organisational rules concerning time. These rules structure the possibilities of work organisation. Consultants for example, have to "conform" to a timetable of space usage in the complex organisational context of the hospital. Teachers and lecturers have to organise their time according to timetables, GPs according to appointment systems. The organisational context, therefore, imposes constraints. Organisations differ in the amount of slack they have. Schools, in particular, have minimal

degrees of slack time and have been criticised for this. Teachers have to create time to fulfill their non-academic roles.

The logic of management and external pressures on organisations create pressures on time. The search for efficiency leads to the reduction of slack time and the predominance of clock time although organisations like hospitals have to retain spare capacity for the unexpected so operate, to a certain extent, according to a task as opposed to a routine clock timetable. Time discipline has been largely self-administered among professionals through the internalisation of professional norms during training. There are though increasing moves towards accountability, arising from external pressures on these organisations to make their resource usage more efficient. These are, perhaps, best exemplified in the Audit Commission examination of the use of time in further education.

There is a clash between professional and public expectations and the state's ability to finance services. As technical expertise grows, resources are at best static. In medicine, for example, we are faced with "the insoluble equation that the wants of the patient will always be greater than his needs as seen by the doctor, which will always be greater than the resources provided by the state" (Drury & Hull, 1979: 150-151). The wants of consumers and providers always exceed the needs of the service as assessed by the politicians and, hence, available resources (Fry, 1979). Unless evaluations are made and controls applied expenditure would tend towards the unlimited. Professional autonomy and authority to dictate service availability, therefore, is potentially in conflict with political and economic forces.

The growth of the welfare state came to an abrupt end in the mid-1970s (Gough, 1979). Excessive state expenditure was seen as a major cause of the

state's fiscal crisis as state expenditure rose faster than the means of financing it. This led to a squeeze on public expenditure. Public sector services have since operated in a context of increasing resource constraint and a new managerial impetus has focussed on the goals of efficiency, effectiveness and accountability. Public expenditure has been increasingly subject to the imperative of economic rationality based on a capitalist industrial logic of which a commodified approach to time is a key factor. Commodification aims at the most efficient use of abstract time:

"rationalisation and cost-effectiveness in education and the welfare services demonstrate the concrete spread of capitalist industrial logic to service and public occupational areas... the expansion of these new areas is still basically under the sway of capitalist principles, and in particular the mediation of want through the category of the efficient use of abstract labour. It is not, as is often argued, under the sway of a nascent socialism. Under pressure of cuts in state expenditure we are seeing an even more rapid move to welfare defined as the greatest time social workers can spend with the greatest number of clients for the least cost, and education defined as maximised 'contact time' between staff and students - no matter what actually happens in these unit-costed hours" (Willis, 1977: 134-135).

The state is moving towards a more centralised controlling relationship with its peripheral agencies. In the NHS, for example, commentators have discerned the most managerial and hierarchical of planning systems in the Western world (Gough, 1979). It is the view of private business that much state expenditure has been misdirected (Hill, 1981). Labour reorganisation is an integral part of strategies aimed at reducing the costs of collective consumption (Aglietta, 1979).

The state's ability, though, to establish a more controlling relationship with professional groups varies according to the power of these groups. Professionals have been used by representatives of the state as scapegoats for its resource crisis (Ozga & Lawn, 1981). Teachers, for example, have been criticised for the failure to produce sufficiently

skilled manpower to rescue an ailing economy. But the ability to translate these criticisms into specific controlling practices varies. Doctors have at their command a potent weapon of self-defence in threats to withdraw from the National Health Service. Such a weapon is not available to those in education. Professional mystique varies. Medicine retains its mystery and inaccessibility to the layman. Teaching has been de-mystified by prolonged exposure.

"Teachers will never gain the same level of acceptance for their claims to professional power as doctors because we have all observed them in action for 15000 hours and it is difficult for mystery to survive such a prolonged and debilitating exposure" (Wilding, 1982: 87).

The possibility of rationalisation varies according to the kind of work. Considerations of efficiency and economy might become increasingly dominant in medical management but the impetus towards rationalisation can never fully encompass "the always slightly precarious character of hospital operations, the instant adjustments to variable work loads, and the need to deal ... with uncertainty and critical situations" (Heydebrand, 1973: xxix). Standardisation of hospital work is not possible because of its variability and irregularity. Adjustment to individual cases precludes prescribed formal rules for every case. The hospital, therefore, has to rely heavily for the coordination of its work on the self-discipline and voluntary, informal adjustments of its members (Georgeopoulos & Mann, 1979). But the state view is that professional definitions of self-discipline are no longer adequate. They produce too many local differences of resource consumption. Hence state attempts to redefine the appropriateness of methods of organising medical work, paralleled in its moves to dictate the content of educational work, examples of a shift to managerial from professional logic (Shortell, 1982).

What we are witnessing is an ideological battle concerning institutional values. Some social critics, most notably Weber, have predicted the triumph of the state through the agency of the iron cage of state bureaucracy. An action theory of the state requires the demonstration of the translation of state ideology into an accepted feature of organisational culture by actors in those organisations. It is only in this way that it can come to predominate (Hill, 1981: 241). The state does not have the power to impose its will unilaterally. The state, in fact, according to the action perspective, is the outcome of the decisions of actors which are then translated into practice. The relationship between the centre and the peripheries is problematic and complex. For example, budget cuts imposed centrally, "are translated to the institutions through a complex political and administrative network which can lead to substantially different outcomes in different parts of the country" (Cuthbert, 1982: 2). State policies are mediated, in the case of education and medicine, by local education and health authorities. Klein talks about the "weaknesses in the machinery of professional corporatism within the NHS". He discerns, "under the veneer of disciplined corporatism ... the reality [of] anarchic syndicalism" and "corporatist rationality (in the professional and bureaucratic elites) trying to cope with a syndicalist constituency" (Klein, 1983: 89-90). But state economic policies have certainly begun to impact on individual members of these professions' use of time. The pressures they now feel in these areas might well presage a change in methods of organisation which is more akin to state than professional logic. Autonomy would seem to have been compromised. Paradoxically it may liberate professionals from excessive time pressure. Professionals will no longer tolerate the worst of both worlds: a responsibility that over-commits them to service and a

monitoring of the temporal parameters of that commitment that emphasises accountability.

### C. Working time: a model

Factors affecting the experience of time are individual, occupational, organisational and environmental. Individual factors have not been focussed upon in this thesis apart from the consideration of an age effect on questionnaire response differences. Sex differences were not found in the analysis of the questionnaire. A factor linking occupational and individual factors is commitment.

"human resources of energy and time are flexible. They expand and contract, depending upon very particular systems of commitment that determine availability" (Marks, 1977: 935).

Time becomes scarcer at work to the degree that commitment to occupation increases:

"time does not present itself to us as pre-fabricated scarcity even in modern settings. Like energy it is flexible, waxing abundant or scarce, slow or fast, expanded or contracted, depending upon particular socio-cultural and personal circumstances. ... we need to see the experience of both time and energy as outcomes or productions of our role bargains, rather than assuming ... that they are already constituted for us as scarcities even before our role bargains are made" (Marks, 1977: 929).

The individual has to come to terms with his occupational role and decide the degree to which he will embrace it.

Occupational factors have been explored as a key determining factor in the experience of time. The occupational group has to come to terms with its organisational context. For the professional autonomy and self-control of working practices is an important feature of the work situation.

Professionals aim to control their time but membership of organisations often governed by different temporal concerns limits autonomy and self-control. Only the truly independent practitioner has total self-control. Organisations are influenced by three factors: "the cultural system which sets legitimate goals, the technology which determines the means available for reaching these goals, and the social structure of the organisation in which specific tasks are embedded in such a way as to permit goal achievement" (Perrow, 1965: 959). Different value systems can co-exist and/or clash in organisations. In public sector organisations there seems to be a shift from professional values based on expert knowledge to bureaucratic values based on notions of efficient and rational management. Of course, these have always existed but there is now a consistent move to make them as significant a feature of the dominant ideology as notions of service to clients. A possible mechanism for doing this is to lay the stress on the nature of contractual obligations. We have been particularly concerned with obligations pertaining to time. As management stresses obligation occupational groups stress that obligation can cut two ways. Contractual obligation can be used by employees to define the limits of their temporal commitments.

Organisation theory has moved from an obsession with the improvement of performance to the consideration of organisations in the context of political, economic and social structures (Davies, 1983). The search for rationality and efficiency is not value-free and amenable to pure scientific techniques. It is, in fact, a political exercise. Knight (1980) demonstrates this in the comparability exercises that have been used to assess and, ultimately as political means of depressing, pay in education. The state as paymaster is a key player in this "game". In public enterprises "political

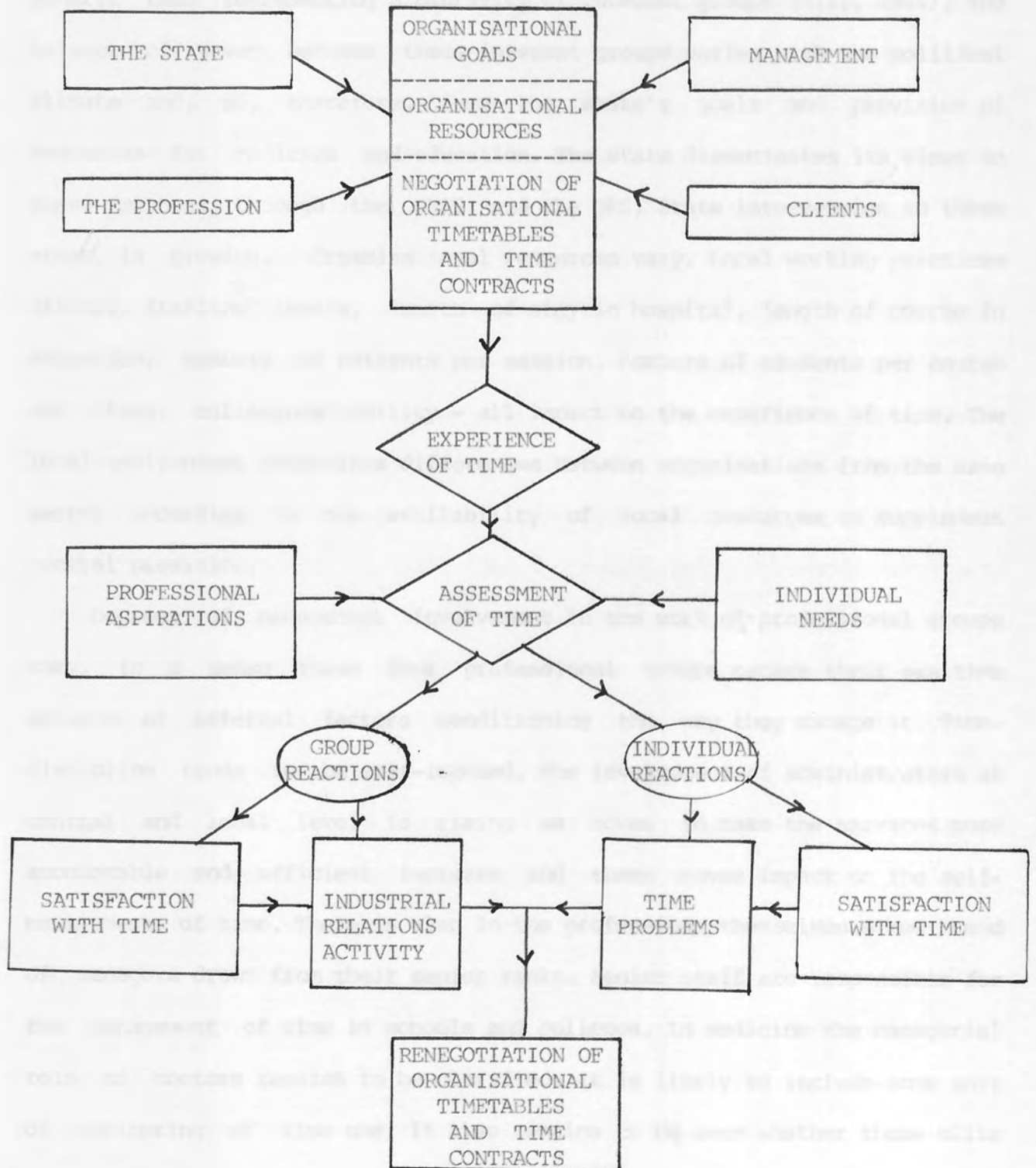


calculations are an inherent rather than a contingent characteristic, reflecting political control over the goals and objectives of the enterprises and their financial arrangements" (Ferner, 1985: 66). There is also the broader social context of cultural attitudes to time. Here leisure aspirations seem most important in their impact on attitudes to time at work. In a sense the directionality here goes contrary to that argued by Grossin (1974). It is aspirations concerning non-work time that impact on attitudes to time at work. This, in part, might explain changing professional attitudes to work commitment. The weight of history also has to be taken into account, institutional inertia and the slow character of change (Pettigrew, 1985). Organisations are, in Giddens' felicitous phrase, "sedimented" in time. Custom and practice often just carry on as in the case of general practice list size or teacher-pupil ratios (Strong, 1979). Norms have remained the same in these two areas and the reasons for the existence of the norms remains unexamined as does the effect on time, for example, the contribution of list size to the general practitioner's six minute consultation.

Individual and group behaviour is constrained by three factors: individual and group aspirations, the functional demands of the organisational situation and historical contingencies (Etzioni, 1969). These relate to the three planes of temporality: the temporality of individual experience (Bergson's duree - Bergson, 1910), the temporality of Dasein (linked by Schutz - Schutz & Luckman, 1977 - to the creation of interpersonal projects), and the longue duree of institutional time (Giddens, 1979; 1981). The complexity of the factors affecting time can be represented schematically (Figure 1). This illustrates schematically the

factors governing the negotiation and experience of time in professional work.

Figure 1. The "negotiation and experience of time cycle" in professional work



Organisational goals are an outcome of "dialogue" between professionals working in organisations and institutional sectors, the state which finances them, local interest groups (part of the local environment), and management at the central and local levels. The state is not monolithic. It is a generic term representing a plurality of interest groups (Hill, 1981). The balance of power between these interest groups varies with the political climate and, so, therefore, does the state's goals and provision of resources for medicine and education. The state disseminates its views on these matters through the DHSS and the DES. State intervention in these areas is growing. Organisational resources vary. Local working practices differ. Staffing levels, length of stay in hospital, length of course in education, numbers of patients per session, numbers of students per course and class, colleagues' ability - all impact on the experience of time. The local environment determines differences between organisations from the same sector according to the availability of local resources to supplement central provision.

Degrees of management involvement in the work of professional groups vary. In a sense these four professional groups manage their own time unaware of external factors conditioning the way they manage it. Time-discipline tends to be self-imposed. The involvement of administrators at central and local level is rising as moves to make the services more accountable and efficient increase and these moves impact on the self-management of time. There is also in the professions themselves a new breed of managers drawn from their senior ranks. Senior staff are responsible for the management of time in schools and colleges. In medicine the managerial role of doctors remains to be clarified. It is likely to include some sort of monitoring of time use. It also remains to be seen whether these elite

groups continue to identify with the aspirations of the professions or take on a more general management outlook. In the negotiation process the power of the professional groups varies. In education teachers have been less effective than further education lecturers in getting the time that they want, though this might change in the wake of the further education audit exercise. In medicine, GPs with their independent contractor status have been less subject to the aims of non-medical groups than consultants.

Clients have had little power in any of the four sectors to determine the organisation of time. Their power is particularly low in secondary schools. In medicine, though, there is a rising tide of consumerism accompanied by what Crossman called the "revolution of expectations" concerning health care (Crossman, 1972: 12). What was once seen as the preserve of the privileged is now expected and even demanded by the majority as a right. With the removal of the economic barrier to health care and the scientific revolution in drug therapy and new developments in other medical technologies which for the first time in history actually enable doctors to offer more than palliatives (Lewis, 1985) demand for services has risen with the new possibilities of therapeutic efficacy. It is a demand that there is no possibility of satisfying (Maxwell, 1974: 7). In this respect the medical profession is a victim of its own success. Supply creates demand and health assumes a dominant social value as society is increasingly medicalised. Patient demand and patient expectations have increased inexorably.

The client's most common criticism of the service has been of the "withholding of information and avoidance of communicative interaction" by the doctor (Freidson, 1970: 138-139). A vocal and growing minority demand change (British Medical Association, 1982). What they most want is more time. The most frequent patient complaint is that their time is wasted in

long waits for consultations and that when they see doctors they are not given enough time. It is particularly difficult to gain time on the agenda for questions they want to ask and anxieties they want to air. Doctors as patients have the same problem (Greene, ed., 1971; Sacks, 1984). Sacks writes of "the reduced status" of the state of patienthood (Sacks, 1984: 122). The very word "patient" implies enduring time. Sacks complains that doctors who have not suffered illnesses themselves are unable to understand or help the patient structure his experience of time which is radically affected by the anxieties of illness. Roth (1963) and Calkins (1969-70) show how patients themselves go about structuring their time in the absence of medical help in this area. Patients who insist on discussion of their view of the situation are considered difficult. Educated patients are particularly problematic. Patients do not understand the criteria according to which time is "doled out to them" (Strong, 1977: 45). Patients complain of depersonalisation in large hospitals, of being processed as if they were passing through some giant factory. Freidson describes the often alien and alienating quality of time spent in institutions where much of the routine is unexplained to the patient:

"Experience is mysteriously meaningless when it includes long waits for something unknown to happen ... being awakened for apparently trivial reasons, being examined by taciturn strangers who enter the room unannounced, perceiving lapses in such routines as medication and feeding without knowing whether error or intent is at issue" (Freidson, 1970: 140)

Criticism has been particularly vocal in the case of childbirth (Kitzinger, 1978) and care for the terminally ill (Kubler-Ross, 1970; Stoddard, 1979) and, as a result, a more patient-orientated type of care without some of the rigid time-rules that affect other sectors of hospital care has been introduced in maternity wards and hospices.

Group reactions to the experience/ assessment of time have been talked of in terms of industrial relations activity at the level of the professional group generally. Local groups can negotiate/ renegotiate local time practices in the absence of national norms. The central problem is, once again, control - who is powerful enough to impose what interpretation of social reality and thus gain control of organisational resources (Greenfield, 1975). Organisations are loci of ideological struggle. Recent studies of organisations emphasize the importance of organisational culture (Peters & Waterman, 1982) and of the political processes that underpin it (Pettigrew, 1973). National and local power structures are important. Political intervention aiming at the rationalising of resource usage may be a fact of public sector management but the form and content of any changes this might occasion are defined, at least to a certain extent, locally. External factors establish constraints. They do not rule out organisational choice by occupational groups or management which are manifested in a variety of strategies for coping with these constraints. One, perhaps unintended, consequence of the rise in attempts at external control has been the reaction of an end to self-policing by the professions demonstrated in the move from internal to external contract.

#### D. Unanswered questions

The multiplicity of factors raises the problem of the relationship of the different levels of analysis - a major current problem of social theory (Giddens, 1984). Individuals are often unaware of the macro-factors shaping their experience and constraining their actions. Zerubavel (1979) demonstrates among hospital staff a lack of awareness of how the various

parts and groups of staff are coordinated in terms of time, an example of the Durkheimian notion of social facts that lie outside of the consciousness of individual members of collectivities. As Giddens expresses it: "social systems have structural properties that cannot be described in terms of concepts referring to the consciousness of agents" (Giddens, 1984: 171). This is not a prescription for determinism though. An action approach attributes a limited freedom of action to individual agents.

Given that "there exist a number of aspects of social relationships which are 'closed' to the participants" (Gleeson & Mardle, 1980: 135) a primary purpose of this research has been to analyse how organisational contexts set the agenda for occupational group action "not so much in terms of some all-embracing constraint which the organisation places on members' activities, but as a scenario within which the activities of members can be understood" (Gleeson & Mardle, 1980: 42-43). The causal relationship between organisation and the actions of its members requires further study of the pathways according to which organisational programmes impact on individual activity.

Naville argues that time is the central problem of contemporary work (Naville, 1969). Time is a phenomenon that is imperfectly understood. It is to be hoped that this study has added to our understanding of how working time works, how it is structured and structures the possibility of action at work. A key area for future research is the relationship between occupational solidarity, in this case studied under the guise of professionalism, and the process of managerial rationalisation. Freidson (1973) argues that this relationship will be a key factor in the shaping of post-industrial society. The emergent forms of time examined in this research seem to indicate the predominance of a rationalised form of time at

work, a core work time, in the process of reduction via tightening up, and an expanded time free from work as a reaction to pressure on work time. Different rules pertaining to time are taking shape. Or, rather, principles of time previously only applied to lower level work, emphasising commodified time and the clock as organising device, are being generalised upwards. These principles have been imperfectly examined. We barely understand, for example, the reasons that determine the legal and the actual duration of work (Grossin, 1969). Cross-cultural comparisons might help us expand our understanding. Freidson (1975), for example, demonstrates different methods of regulating doctors' time in the American setting. Americans generally structure their time more tightly than Europeans because, Hall argues, they value activity more than human relations (Hall, 1959). The schedule is more important than the human interaction and people are fitted into time-slots. One might argue that Europeans are tending in the same direction.

This research has generally dealt in what might be seen as "ideal" types of time of four professional groups. This was its main purpose. Professional ideologies and aspirations were examined in the context of the roles demanded by occupational and organisational membership. Further research in the area of the dimensions of time would be appropriate to further our understanding of our temporal experience and extend our knowledge beyond duration, pace and intensity if possible. Further research of a longitudinal kind is now possible using the present research as the baseline to examine, for example, developments in medicine post-Griffiths with such new organisational innovations as information systems and clinical budgetting, and in education new curriculum initiatives. A longitudinal analysis would help us answer the question: is time pressure increasing as predicted by the economists of time, especially Linder (1970).



The main purpose of the questionnaire element of the research was to compose a picture of how professional groups experience their time and to look at inter-group and, to a lesser extent, intra-group differences. Following Grossin (1974), representative sampling was not deemed appropriate but later research could profitably sample occupational groups more rigorously. The present sampling has some shortcomings in terms of statistical rigour but it was felt that too highly a designed piece of research would be premature at the present exploratory stage of research into temporal experience. Further research could now be more explicitly designed and more specifically representative. For example, a stratified sampling procedure could be adopted on the basis of age, sex, marital status and years in a profession. Teachers and lecturers could be stratified by size of school or college or subject taught, GPs by practice arrangements. It would be of value to see if truly representative groups presented the same profiles as discovered here and if the same structures of temporal experience emerged. Investigation of the factoring of time attitudes is in its infancy. Indeed, far greater depth of analysis of the present data is possible, given the variety and volume of data collected and the indeterminacy of factor analysis as a technique. Further analysis will be reported elsewhere.

The questionnaire reported here could now be further refined and its possible applications tested in other studies. A further questionnaire aimed specifically at consultants is now possible incorporating parameters appropriate to different medical specialties and forms of hospital organisation and a long-term aim would be to synthesize the separate forms of the questionnaire in a trans-occupational form suitable for a wide range of work. It would then be possible to see if the factor scales held up in

the analysis of other kinds of work. If so they would be suitable for use in further research as scales per se and this would obviate the need for the inter-relating of results drawn from the analysis of a wide range of questions. The time scales could then be used in parallel with other measures devised to examine the experience of work - Cook et al. (1981) present a useful study of these - and their relationship to these other scales could be examined to broaden our understanding work experience. Further cross-cultural analysis would be appropriate.

A major aim must be to further elaborate the dimensions of temporal experience at work. Six dimensions have been studied here. Factor analytic solutions to questionnaire studies need elaboration. Factor analyses should be part of an ongoing research process if their utility is to be maximised. They need replication if instruments extracted from them are to be used confidently. The strength of instruments is greatest when they can be inputs into hypothetico-deductive research. It may be possible to refine the factors isolated in this study, generating other appropriate items to supplement any deficiencies that their further use brings to light. Further interviews could focus on the dimensions already isolated which would have to be further examined in terms of content validity - what domains of temporal experience, for example, do they not tap? - and construct validity - how do they relate to other measures "consistent with theoretically derived hypotheses concerning the concepts" (Carmines & Zeller, 1979:23)? The structure discussed here is suggestive of the parameters of certain aspects of temporal experience. It represents the form of the clustering of the data into certain areas of experience. The interaction of this experience with other salient factors like age suggests other potentially fruitful research perspectives. The relation of age to temporal experience

could be of importance in studies of career development and life-span developmental psychology (Goulet & Baltes, 1970).

Further research could also be undertaken with other members of the same professional groups. A unitary perspective has been used here. In fact, occupational groups are not likely to be totally homogeneous in their attitudes or in their time aspirations. There are likely to be intra-professional differences. A prime factor here is likely to be career stage and aspiration. A junior teacher/ lecturer, for example, might be motivated by strong career drives and thus devote more time to work. The older teacher/ lecturer might disengage from too close an identification with work goals. The older doctor might orientate himself more towards management than clinical matters as might the consultant in a non-clinical specialty. Consultant attitudes are likely to differ according to part-time commitments and speciality differences. Younger recruits to the professions might well display more militant attitudes towards temporal negotiations and be more committed to other life careers, such as their families. Career stage in education might be an important factor. Those on lower grades but with strong career aspirations would be expected to display stronger time commitments to work. These factors have not been examined. Personality factors could also be explored and their interaction with occupational factors to produce a more complex picture of occupational worlds.

Organisation differences, such as size, might have significant effects. The size of school, college, hospital and general practice could be examined, also regional differences, levels of ancillary support and local and regional authority funding. Organisational factors could be further elaborated particularly from the point of view of the temporally constraining effects of organisation. A taxonomy of time constraints dealing

in terms of looseness/ tightness seems a profitable way to proceed. The key role of timetablers has been looked at in the thesis but there is much scope for examination of this neglected key group. Their role is likely to have increased strategic importance in the future. In education, for example, Ozga & Lawn (1981) talk about the "reskilling" of a small group of teachers with management ideologies and control strategies. In medicine we see small groups of doctors who are taking on key strategic managerial, such as general management, positions. The balance between the professional and the bureaucratic/ managerial is in constant evolution and some members of the professions have a key role to play in it.

Little has been said in this thesis about the role of the client. In general the client is the least powerful agent in the negotiating of the time structures that ultimately are geared to serving his needs. Different client groups have differing powers. Schoolchildren are the least powerful, those who pay for further education courses the most in the four situations considered. The rationalisation of services impacts on the client's time as a chronic search for cost-effectiveness will affect the quality of services and his experience is the ultimate measure of quality. The emphasis on inputs and resource measures needs to be balanced with a concern for the service output. The views of clients could be profitably examined.

The research also has practical implications. It has been used as an input to training workshops for consultants in which they examine the relationship between work and time problems. In these workshops time problems are dealt with at an individual and organisational level. The latter leads into the vexed area of organisational change, a major barrier to which is the reorganisation of temporal structures. Another major issue, often neglected, is the overcoming of the chronic professional problem of

updating professional skills. An important goal for practical work is the improvement of person-environment fit by analysing time use and priorities in terms of individual and organisational goals. A goal of the practitioner working on time must be the facilitation of optimal time experience, optimal degrees of duration, pace and intensity, and a reduction in time pressures and stress. Stress in middle-class occupations is intimately linked to habits of time use. A major cause of type-A behaviour, itself a major factor in coronary heart disease (Friedman & Rosenman, 1974), is that individuals place themselves under too much time stress. Here it is the pace and intensity rather than the duration of work by itself that creates stress problems. Often it is occupational as well as individual personality factors that cause this.

Underpinning many of these questions and the issues raised in the research is the role of "the workings of the market economy as an allocation mechanism of human time: 'Does the market system apportion time to the uses best fitted to satisfy human needs, as economists argued that it apportioned land, labour and capital?'" (Carlstein et al., 1978: 244). The logic of a market system geared to the maximisation of resource usage is to increase pressure on time, the ultimate scarce resource, through its commodification and its recourse to the discipline of the clock. Temporal experience tends, therefore, to be marked by duration, pace and intensity. The groups studied in this thesis work in a mixed economy situation where the relationship between the market system and the apportionment of capital to the satisfaction of private and public need is complex. It is the complex nature of this relationship that should provide the agenda for future research.

APPENDICES THE INTERVIEW SCHEDULES

APPENDIX A. THE INTERVIEW SCHEDULES (Used with secondary school teachers)

1. What subject do you teach?
2. Do you hold a scale post?
3. How long is your working day?
4. How much work do you do for school outside of the time you are actually at school?
5. Do you think the time you have to work is too long, too short or about right?
6. Would you say you experienced a good balance between work and leisure?
7. Do you take the job home with you?
8. How much energy does your job require? Does it leave you tired at the end of the day?
9. Are the demands of your work constant throughout the year? If NO, in what way do they fluctuate?
10. How is your working day organised?
11. Does the way in which it is organised cause any particular time problems?
12. When you are at work do you feel you are being pressed for time or do you feel you have plenty of time to do the things required of you?
13. If you feel pressed for time what features of the job cause this?
14. Would you say the pace of the teacher's day is too fast? Does this vary from teacher to teacher or from subject to subject?
15. Does the quantity of work required affect its quality at all?
16. Is there a conflict between the various roles you have to perform? For example, between academic and pastoral roles? Do these various roles lead to problems of how best to allocate your time?

Time and the secondary school teacher (Used with secondary school teachers)

1. What subject do you teach?
2. Do you hold a scale post?
3. How long is your working day?
4. How much work do you do for school outside of the time you are actually at school?
5. Do you think the time you have to work is too long, too short or about right?
6. Would you say you experienced a good balance between work and leisure?
7. Do you take the job home with you?
8. How much energy does your job require? Does it leave you tired at the end of the day?
9. Are the demands of your work constant throughout the year? If NO, in what way do they fluctuate?
10. How is your working day organised?
11. Does the way in which it is organised cause any particular time problems?
12. When you are at work do you feel you are being pressed for time or do you feel you have plenty of time to do the things required of you?
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14. Would you say the pace of the teacher's day is too fast? Does this vary from teacher to teacher or from subject to subject?
15. Does the quantity of work required affect its quality at all?
16. Is there a conflict between the various roles you have to perform? For example, between academic and pastoral roles? Do these various roles lead to problems of how best to allocate your time?



17. Could your teaching day be better organised? If YES, how?
18. How does teaching compare with other jobs in terms of its time demands?
19. Does time drag at all when you are at school?
20. Do you think that teaching is a stressful occupation? If YES, what measures could be taken to alleviate stress?
21. In general, how do you feel about the demands made on your time? Would you say you always feel rushed, sometimes feel rushed, or rarely feel rushed?
22. Do you ever have free time on your hands that you don't know what to do with?
23. When you feel you have wasted time, do you find this annoying? Or do you never waste time?
24. Are there any other points you would like to raise?

Time and the further education lecturer

1. What is your lecturing grade?
2. How many contact teaching hours do you have a week?
3. How many of these hours do you teach Flexastudy?
4. What, in your opinion, are the benefits of Flexastudy from a teaching point of view?
5. What, if any, are its drawbacks?
6. How does Flexastudy compare with more traditional forms of teaching? (Is it, for example, more or less demanding of time and, if so, in what way(s)?)
7. Does it entail teaching skills which more traditional forms of teaching do not? If so, what skills and how does one acquire them?
8. Would Flexastudy be an appropriate teaching method for any other courses you teach? Please give reasons.
9. Would you like more or less of your teaching to involve a Flexastudy approach?
10. Are there any points you would like to raise?

Time and the general practitioner

1. Is time scarce? If YES, how scarce?
2. Does this mean there are things you would like to do but do not have the time for? If, YES, what things?
3. Are you happy with the pace you have to work at?
4. Are you happy with the length of your working week, your working hours?
5. What factors generate scarcity of time?
6. Is there much/ any slack time?
7. Could you briefly outline your working routine?
8. Does your workload vary or is it constant throughout the year?
9. To what degree do you feel you are in control of your time or do demands on your time control you?
10. Is your time situation typical of GPs?
11. To what degree do you have to coordinate your time with others? With whom?
12. How satisfactory is the coordination?
13. How much of your work can you delegate? What? To whom?
14. Would you like to delegate more?
15. Can you think of ways of organising your time more effectively?
16. Is time becoming more pressurised?
17. Do you feel any outside pressures on the way you use your time? [Probe: for example: pressures towards accountability, resources cuts?]
18. To what extent does your work affect your non-work time?
19. Are you happy with the balance between work and non-work?
20. Are there any other issues you would like to raise?

### Time and the consultant

1. Is time scarce? If YES, how scarce? [PROBE: experience of pace/ length.]
2. What factors generate scarcity?
3. Is there any slack time?
4. To what degree are you in control of your time?
5. How much of your work fits into set routines?
6. How adequate are these routines?
7. Where do these routines come from? Did you inherit or create them?
8. How predictable is your timetable?
9. Is there such a thing as a typical week?
10. How far is it necessary or possible for you to plan ahead
11. Is there enough time for self-monitoring and future planning? Or does the routine predominate?
12. Is your situation typical of consultants in your specialty?
13. Is time becoming scarcer, more pressurised? If YES, how, why?
14. Can you think of ways of improving your time situation?
15. What possibilities are there of delegating work?
16. How well does your work coordinate with the time of others? [Probe: for example, other consultants, junior doctors, nursing staff, administrators, secretaries.]
17. What do you think of the balance between your clinical and managerial roles? Do they mesh happily? Is there time for everything?
18. What are your major management functions?
19. To what extent does work impinge on your non-work time?
20. What would you like more time for?,
21. Are there any other points you would like to raise?

APPENDIX B. INTERVIEW SCHEDULES - SENIOR COLLEGE AND SCHOOL STAFF <sup>for further</sup>  
educational staff.

1. Please briefly describe your timetable?
2. It has been said that the major management problem facing secondary education is the need to come to terms with management for contraction? What are the major management issues facing FE?
3. Is there evidence of moves towards more careful monitoring and control of the use of staff time by FEs and pressure towards its more efficient use?
4. What might be the effect of such moves be in terms of existing conditions of service?
5. Is there slack in the present system?
6. How important is innovation in FE?
7. What are the factors militating against change?
8. Are new educational skills necessary? If YES, which ones?
9. Are there moves towards greater flexibility of time practice?
10. Open learning systems seem an attractive idea for expanding the possibilities of FE provision?
11. Could open learning achieve the same goals as elements of the existing system but more efficiently and more cost effectively?
12. How far is it preferable, necessary or possible for you to plan ahead?
13. Do you envisage any major impending changes in FE?
14. What do you feel about the FE lecturer's workload?
15. Is it [workload] increasing?

The management of time in further education. (Used with senior further education staff.)

1. Please briefly describe your timetable?
2. It has been said that the major management problem facing secondary education is the need to come to terms with management for contraction? What are the major management issues facing FE?
3. Is there evidence of moves towards more careful monitoring and control of the use of staff time by LEAs and pressure towards its more efficient use?
4. What might the effect of such moves be in terms of existing conditions of service?
5. Is there slack in the present system?
6. How important is innovation in FE?
7. What are the factors militating against change?
8. Are new educational skills necessary? If YES, which ones?
9. Are there moves towards greater flexibility of time practice?
10. Open learning systems seem an attractive idea for expanding the possibilities of FE provision?
11. Could open learning achieve the same goals as elements of the existing system but more efficiently and more cost effectively?
12. How far is it preferable, necessary or possible for you to plan ahead?
13. Do you envisage any major impending changes in FE?
14. What do you feel about the FE lecturer's workload?
15. Is it [workload] increasing?

16. In general, do staff feel they have enough time to do the job properly?

[Probe: length, pace of work?]

17. To what extent does the routine day-to-day leave time for self-monitoring and future planning?

18. Could time be organised differently to make its use more efficient?

19. Are there any other points you consider important?

20. How satisfied are you with this year's timetable?

21. What do you consider its strengths and weaknesses?

22. Do you consider that the timetable adequately reflects the school's objectives?

23. Are there any constraints that prevent you from implementing the type of timetable you would ideally wish for?

24. How scarce is time in schools?

25. Is there enough slack in the timetable?

26. Can it (the slack) accommodate the unexpected?

27. Are there ways of creating more slack?

28. How is the timetable constructed?

29. How much general staff involvement in the timetable is there?

30. Is there a specific format/process for staff involvement?

31. Is there enough time for adequate staff involvement?

32. It has been said that the timetabler is often isolated in relation to the rest of the staff. Would you agree?

33. What degree of conflict is there over the timetable?

34. How satisfied are staff with the final outcome?

35. What are the final touchstones of time allocation? What are the ultimate priorities?

The management of time in secondary schools. Interview 1. (Used with senior staff in secondary schools.)

1. Please briefly describe your timetable.
2. How established is the timetable pattern? To what extent does it change from year to year?
3. How satisfied are you with this year's timetable?
4. What do you consider its strengths and weaknesses?
5. Do you consider that the timetable adequately reflects the school's goals?
6. Are there any constraints that prevent you from implementing the type of timetable you would ideally wish for?
7. How scarce is time in schools?
8. Is there enough slack in the timetable?
9. Can it [the slack] accommodate the unexpected?
10. Are there ways of creating more slack?
11. How is the timetable constructed?
12. How much general staff involvement in the timetable is there?
13. Is there a specific forum/ process for staff involvement?
14. Is there enough time for adequate staff involvement?
15. It has been said that the timetabler is often isolated in relation to the rest of the staff. Would you agree?
16. What degree of conflict is there over the timetable?
17. How satisfied are staff with the final outcome?
18. What are the final touchstones of time allocation? What are the ultimate priorities?



19. Would you say that staff in general are aware of the timetabler's problems?
20. How do you see the relationship between timetable and curriculum?
21. What is the average teaching contact ratio?
22. What principles govern this ratio?
23. What is your opinion of the teaching load? [Probe: length, pace of work?]
24. Is the timetable becoming more difficult to construct?
25. Would you say your timetable considerations/ problems are typical?
26. Are there any other issues you would like to raise?

The management of time in secondary schools. Interview 2. (Used with senior staff in secondary schools.)

1. Would you agree that the major management problem facing secondary education is management for contraction?
2. What problems does this pose?
3. How important is change in secondary schools?
4. What are the factors militating against change?
5. Is there evidence of moves towards more careful monitoring and control by LEAs of staff time and pressure towards its more efficient use?
6. Is the workload increasing or likely to increase?
7. Does the school work in terms of explicit time norms for subjects? (For example, an English "O" Level course requires 6 periods of teaching per week over a two year period; a pupil will study X hours of Maths during the course of his/ her school career?)
8. In general, is there enough ancillary support in schools? If NO, what is lacking and what difference(s) would its provision make?
9. Are there any changes in school time structures which could make schools easier to organise or more efficient?
10. How far is it preferable, necessary or possible for you to plan ahead?

APPENDIX C. THE FLEXASTUDY QUESTIONNAIRE

The Flexastudy questionnaire. (Distributed to further education lecturers)

1. What is your lecturing grade?
2. How many contact teaching hours do you have a week?
3. How many of these hours do you teach Flexastudy?
4. What, in your opinion, are the benefits of Flexastudy from a teaching point of view?
5. What, if any, are its drawbacks?
6. How does Flexastudy compare with more traditional forms of teaching? (Is it, for example, more or less demanding and, if so, in what way(s)?)
7. Does it entail teaching skills which more traditional forms of teaching do not? If so, what skills and how does one acquire them?
8. Would Flexastudy be an appropriate teaching method for any other courses you teach? Please give reasons.
9. Would you like more or less of your teaching to involve a Flexastudy approach?
10. Are there any other comments you consider relevant?

APPENDIX D. THE QUESTIONNAIRES DISTRIBUTED TO SECONDARY SCHOOL TEACHERS,  
FURTHER EDUCATION LECTURERS AND GENERAL PRACTITIONERS

TIME AND THE TEACHER

1. Which of the following applies to the way you work?

- I work a lot faster than others
- I work a little faster than others
- I work at the same speed as others
- I work a little slower than others
- I work a lot slower than others

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2. How often do you try out on your own a better or faster way of doing your work?

- Very often
- Often
- Sometimes
- Rarely
- Never

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3. What is the average length of working night?

- Less than 10 hours
- 10-17 hours
- 17-25 hours
- 25-33 hours
- 33-41 hours
- 41-50 hours
- 51-55 hours
- 56-60 hours
- More than 60 hours

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TIME AND THE TEACHER

1. Does your working day seem long or short?

- Very long
- Rather long
- Neither long nor short
- Rather short
- Very short

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2. Do you think the pace of your day is:

- Slower than fast
- Too fast
- About right
- A little slow
- Very slow

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3. How much responsibility is there for you in deciding your own pace of work?

- A great deal
- Quite a bit
- A moderate amount
- A limited amount
- Very little

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4. The work effort you give does when you are at work?

- Very little
- A little effort
- A moderate amount
- A great deal

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8. Do you think the length of your working week is

- Much too long
- Too long
- About right
- Too short
- Much too short

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9. How regular are your working hours?

- Very regular
- Quite regular
- Somewhat regular
- Quite irregular
- Very irregular

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10. How demanding is your job?

- Very demanding
- Quite demanding
- Somewhat demanding
- A little demanding
- Not at all demanding

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11. What is your opinion of your present workload?

- Too large
- Large
- Just right
- Small
- Too small

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12. How much difficulty do you experience in getting through the amount of work required of you in the time at your disposal?

- A great deal
- Quite a lot
- A moderate amount
- A limited amount
- Very little

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13. To what degree do you feel that you are engaged in too many activities at work?

- To a very high degree
- To a rather high degree
- To some degree
- To a small degree
- Not at all

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14. To what extent would you say you made use of every possible working moment?

- To a very large extent
- To a rather large extent
- To some extent
- To a rather small extent
- To a very small extent

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15. To what extent does your work impose deadlines on you?

- To a very large extent
- To a rather large extent
- To some extent
- To a rather small extent
- To a very small extent

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16. How often do you feel that you are not getting enough done at work?

- Very often
- Rather often
- Sometimes
- Rarely
- Never

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20. How difficult do you find it to plan your time at work?

- Very difficult
- Quite difficult
- Somewhat difficult
- A little difficult
- Not at all difficult

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17. To what extent do you work on several tasks simultaneously in order to accomplish more?

- To a very large extent
- To a rather large extent
- To some extent
- To a rather small extent
- To a very small extent

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21. How often are you aware of the passage of time at work?

- Never
- Rarely
- Sometimes
- Often
- Very often

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18. To what degree do you worry about not being able to manage the work you have to do in the time at your disposal?

- To a very high degree
- To a rather high degree
- To some degree
- To a small degree
- Not at all

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22. How interesting do you find your work?

- Very interesting
- Quite interesting
- Somewhat interesting
- Not very interesting
- Not at all interesting

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23. Do you worry about your work?

- A great deal
- Quite a lot
- A moderate amount
- A limited amount
- Very little

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19. How much pressure do you feel towards doing more work?

- A great deal
- Quite a lot
- A moderate amount
- A limited amount
- Very little

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24. Do you tend to take your job home with you?

- To a very large extent
- To a rather large extent
- To some extent
- To a rather small extent
- To a very small extent


25. When not at work, do you think about work?

- A great deal
- Quite a lot
- A moderate amount
- A limited amount
- Very little


26. How satisfied are you with the amount of time your work leaves you for non-work activities?

- Very satisfied
- Quite satisfied
- Neither satisfied nor dissatisfied
- Rather dissatisfied
- Very dissatisfied


27. Do you feel that the demands of your work interfere at all with the demands of your family and/or your leisure?

- A great deal
- Quite a lot
- A moderate amount
- A limited amount
- Not at all


28. Would you like to have more leisure time?

- Very much
- Quite a bit
- Somewhat
- A little
- Not at all


29. In general, how do you feel about your time? Do you

- Always feel rushed
- Often feel rushed
- Sometimes feel rushed
- Rarely feel rushed
- Never feel rushed


30. Do you ever waste time?

- Very often
- Often
- Sometimes
- Rarely
- Never


31. If you wasted time, how annoyed would you feel about it?

- Not at all
- A little
- Somewhat
- Quite a bit
- Very much


32. Do you ever have free time on your hands that you don't know what to do with?

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- Very often
- Often
- Sometimes
- Rarely
- Never

33. It has been said that you can never make up for lost time. Do you agree?

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- Strongly agree
- Agree
- Undecided
- Disagree
- Strongly disagree

34. How strongly do you agree with the statement "time is money"?

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- Strongly agree
- Agree
- Undecided
- Disagree
- Strongly disagree

35. In general, do you find it difficult to plan your time?

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- Very difficult
- Quite difficult
- Somewhat difficult
- A little difficult
- Not at all difficult

36. Do you find it easy to relax?

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- Very easy
- Quite easy
- Neither easy nor difficult
- Quite difficult
- Very difficult

37. Do you have clear goals in your work?

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- Very clear
- Quite clear
- Fairly clear
- Rather unclear
- Very unclear

38. How much opportunity is there for you to decide how to organise your work?

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- A great deal
- Quite a lot
- A moderate amount
- A limited amount
- Very little

39. How important is the clock to you in organising your day?

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- Very important
- Quite important
- Somewhat important
- Not very important
- Not at all important

40. How much opportunity do you have to determine what work to do each day?

- A great deal
- Quite a lot
- A moderate amount
- A limited amount
- Very little

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41. To what extent do you feel your time could be better organised?

- A great deal
- Quite a lot
- A moderate amount
- A limited amount
- Very little

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42. How much of your time do you regard as wasted in relation to what you consider as the central function of your work?

- A great deal
- Quite a lot
- A moderate amount
- A limited amount
- Very little

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43. How flexible are your work schedules?

- Not at all
- At little
- Somewhat
- Quite a bit
- Very

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44. To what extent do planned schedules function accordingly?

- To a very large extent
- To a rather large extent
- To some extent
- To a rather small extent
- To a very small extent

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45. To what extent does your work have to be co-ordinated with the work of others?

- To a very large extent
- To a rather large extent
- To some extent
- To a rather small extent
- To a very small extent

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46. How much variety is there in your work?

- A great deal
- Quite a lot
- A moderate amount
- A limited amount
- Very little

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47. How much of your work do you think of as routine?

- Most
- Quite a lot
- Some
- A little
- Almost none

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48. When you begin a working week, how much of what you will actually do during the week can you foresee?

- Almost none
- A little
- Some
- Quite a bit
- Most

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49. How many of your working days follow a similar pattern to one another?

- Most
- Quite a lot
- Some
- A few
- Almost none

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50. To what extent does your workload vary?

- To a very large extent
- To a rather large extent
- To some extent
- To a rather small extent
- To a very small extent

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51. Is one working week much like another?

- Not at all
- A little
- Somewhat
- Quite a bit
- Very much

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52. To what degree do you control the quantity of work you do?

- To a very high degree
- To a rather high degree
- To some degree
- To a small degree
- Not at all

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53. To what extent is the quality of your work adversely affected by the quantity of work you have to do?

- Not at all
- To a rather small extent
- To some extent
- To a rather great extent
- To a very great extent

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54. In general, what degree of urgency characterises your work?

- A great deal
- Quite a lot
- A moderate amount
- A limited amount
- Very little

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55. To what extent does your work allow you to concentrate on doing one thing at a time?

- To a very large extent
- To a rather large extent
- To some extent
- To a rather small extent
- To a very small extent

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60. How much administrative work do you have to do?

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- A great deal
- Quite a lot
- A moderate amount
- A limited amount
- Very little

61. How much of this administrative work can you delegate to others?

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- A great deal
- Quite a lot
- A moderate amount
- A limited amount
- Very little

62. How satisfied are you with the amount of ancillary help you get?

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- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

63. Overall, how efficiently would you say you managed your time?

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- Very efficiently
- Quite efficiently
- Somewhat efficiently
- Not every efficiently
- Not at all efficiently

56. To what extent are there conflicting demands on your work time?

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- To a very large extent
- To a rather large extent
- To some extent
- To a rather small extent
- To a very small extent

57. How stressful is your job?

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- Not at all stressful
- Mildly stressful
- Moderately stressful
- Very stressful
- Extremely stressful

58. Do you find your work tiring?

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- Not at all
- A little
- Somewhat
- Quite a bit
- Very much

59. If you had to choose between the following possible alterations to your present work situation, which would you choose?

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- Extra work hours and extra wages
- Fewer work hours and less wages
- No alteration to your present situation

64. What pace of work is preferable to you?

- Very fast
- Rather fast
- Neither fast nor slow
- Rather slow
- Very slow


65. Are you

- Male
- Female


66. How old are you?

- 20-30
- 31-40
- 41-50
- 51-60
- over 60


67. Are you married?

- Yes
- No


68. How many years have you worked as a teacher?

- Less than one year
- 1-5 years
- 6-10 years
- 11-15 years
- 15-20 years
- More than 20 years


69. How long have you been in your present post?

- Less than one year
- 1-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- More than 20 years


70. What is your present position and grade of post?

- Position
- Grade


71. What subject(s) do you teach?

- Main
- Subsidiary


72. Do you teach predominantly in the upper or lower school?

- Upper (years 4-5)
- Lower (years 1-3/2-3)
- Neither predominates


73. How much of your work involves preparing students for external examinations?

- All
- Three quarters
- Half
- One quarter
- None




81. To what degree are you involved in decisions concerning the planning of courses?

Very involved  
 Quite involved  
 Moderately involved  
 Involved to a limited degree  
 Very little involved

82. Are you under-involved or over-involved in these three areas

Over-involved	Content of courses	Planning of courses	Adminis- tration
Sufficiently involved			
Under involved			

83. How do you feel about the allocation of your time between teaching and administrative duties?

Much too much administration  
 Too much administration  
 About right  
 Too much teaching  
 Much too much teaching

84. Are there any other factors you consider relevant to the issues raised in this questionnaire that you would like to comment on? Please do so below.

Thank you for your co-operation.







8. Do you think the length of your working week is

- Much too long
- Too long
- About right
- Too short
- Much too short

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9. How regular are your working hours?

- Very regular
- Quite regular
- Somewhat regular
- Quite irregular
- Very irregular

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10. How demanding is your job?

- Very demanding
- Quite demanding
- Somewhat demanding
- A little demanding
- Not at all demanding

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11. What is your opinion of your present workload?

- Too large
- Large
- Just right
- Small
- Too small

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12. How much difficulty do you experience in getting through the amount of work required of you in the time at your disposal?

- A great deal
- Quite a lot
- A moderate amount
- A limited amount
- Very little

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13. To what degree do you feel that you are engaged in too many activities at work?

- To a very high degree
- To a rather high degree
- To some degree
- To a small degree
- Not at all

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14. To what extent would you say you made use of every possible working moment?

- To a very large extent
- To a rather large extent
- To some extent
- To a rather small extent
- To a very small extent

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15. To what extent does your work impose deadlines on you?

- To a very large extent
- To a rather large extent
- To some extent
- To a rather small extent
- To a very small extent

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16. How often do you feel that you are not getting enough done at work?

- Very often
- Rather often
- Sometimes
- Rarely
- Never

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17. To what extent do you work on several tasks simultaneously in order to accomplish more?

- To a very large extent
- To a rather large extent
- To some extent
- To a rather small extent
- To a very small extent

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18. To what degree do you worry about not being able to manage the work you have to do in the time at your disposal?

- To a very high degree
- To a rather high degree
- To some degree
- To a small degree
- Not at all

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19. How much pressure do you feel towards doing more work?

- A great deal
- Quite a lot
- A moderate amount
- A limited amount
- Very little

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20. How difficult do you find it to plan your time at work?

- Very difficult
- Quite difficult
- Somewhat difficult
- A little difficult
- Not at all difficult

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21. How often are you aware of the passage of time at work?

- Never
- Rarely
- Sometimes
- Often
- Very often

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22. How interesting do you find your work?

- Very interesting
- Quite interesting
- Somewhat interesting
- Not very interesting
- Not at all interesting

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23. Do you worry about your work?

- A great deal
- Quite a lot
- A moderate amount
- A limited amount
- Very little

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24. Do you tend to take your job home with you?

- To a very large extent
- To a rather large extent
- To some extent
- To a rather small extent
- To a very small extent

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25. When not at work, do you think about work?

- A great deal
- Quite a lot
- A moderate amount
- A limited amount
- Very little

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26. How satisfied are you with the amount of time your work leaves you for non-work activities?

- Very satisfied
- Quite satisfied
- Neither satisfied nor dissatisfied
- Rather dissatisfied
- Very dissatisfied

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27. Do you feel that the demands of your work interfere at all with the demands of your family and/or your leisure?

- A great deal
- Quite a lot
- A moderate amount
- A limited amount
- Not at all

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28. Would you like to have more leisure time?

- Very much
- Quite a bit
- Somewhat
- A little
- Not at all

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29. In general, how do you feel about your time? Do you

- Always feel rushed
- Often feel rushed
- Sometimes feel rushed
- Rarely feel rushed
- Never feel rushed

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30. Do you ever waste time?

- Very often
- Often
- Sometimes
- Rarely
- Never

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31. If you wasted time, how annoyed would you feel about it?

- Not at all
- A little
- Somewhat
- Quite a bit
- Very much

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32. Do you ever have free time on your hands that you don't know what to do with?

- Very often
- Often
- Sometimes
- Rarely
- Never

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33. It has been said that you can never make up for lost time. Do you agree?

- Strongly agree
- Agree
- Undecided
- Disagree
- Strongly disagree

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34. How strongly do you agree with the statement "time is money"?

- Strongly agree
- Agree
- Undecided
- Disagree
- Strongly disagree

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35. In general, do you find it difficult to plan your time?

- Very difficult
- Quite difficult
- Somewhat difficult
- A little difficult
- Not at all difficult

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36. Do you find it easy to relax?

- Very easy
- Quite easy
- Neither easy nor difficult
- Quite difficult
- Very difficult

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37. Do you have clear goals in your work?

- Very clear
- Quite clear
- Fairly clear
- Rather unclear
- Very unclear

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38. How much opportunity is there for you to decide how to organise your work?

- A great deal
- Quite a lot
- A moderate amount
- A limited amount
- Very little

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39. How important is the clock to you in organising your day?

- Very important
- Quite important
- Somewhat important
- Not very important
- Not at all important

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40. How much opportunity do you have to determine what work to do each day?

- A great deal
- Quite a lot
- A moderate amount
- A limited amount
- Very little

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41. To what extent do you feel your time could be better organised?

- A great deal
- Quite a lot
- A moderate amount
- A limited amount
- Very little

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42. How much of your time do you regard as wasted in relation to what you consider as the central function of your work?

- A great deal
- Quite a lot
- A moderate amount
- A limited amount
- Very little

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43. How flexible are your work schedules?

- Not at all
- At little
- Somewhat
- Quite a bit
- Very

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44. To what extent do planned schedules function accordingly?

- To a very large extent
- To a rather large extent
- To some extent
- To a rather small extent
- To a very small extent

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45. To what extent does your work have to be co-ordinated with the work of others?

- To a very large extent
- To a rather large extent
- To some extent
- To a rather small extent
- To a very small extent

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46. How much variety is there in your work?

- A great deal
- Quite a lot
- A moderate amount
- A limited amount
- Very little

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47. How much of your work do you think of as routine?

- Most
- Quite a lot
- Some
- A little
- Almost none

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48. When you begin a working week, how much of what you will actually do during the week can you foresee?

- Almost none
- A little
- Some
- Quite a bit
- Most

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49. How many of your working days follow a similar pattern to one another?

- Most
- Quite a lot
- Some
- A few
- Almost none

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50. To what extent does your workload vary?

- To a very large extent
- To a rather large extent
- To some extent
- To a rather small extent
- To a very small extent

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51. Is one working week much like another?

- Not at all
- A little
- Somewhat
- Quite a bit
- Very much

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52. To what degree do you control the quantity of work you do?

- To a very high degree
- To a rather high degree
- To some degree
- To a small degree
- Not at all

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53. To what extent is the quality of your work adversely affected by the quantity of work you have to do?

- Not at all
- To a rather small extent
- To some extent
- To a rather great extent
- To a very great extent

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54. In general, what degree of urgency characterises your work?

- A great deal
- Quite a lot
- A moderate amount
- A limited amount
- Very little

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55. To what extent does your work allow you to concentrate on doing one thing at a time?

- To a very large extent
- To a rather large extent
- To some extent
- To a rather small extent
- To a very small extent

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56. To what extent are there conflicting demands on your work time?

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- To a very large extent
- To a rather large extent
- To some extent
- To a rather small extent
- To a very small extent

57. How stressful is your job?

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- Not at all stressful
- Mildly stressful
- Moderately stressful
- Very stressful
- Extremely stressful

58. Do you find your work tiring?

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- Not at all
- A little
- Somewhat
- Quite a bit
- Very much

59. If you had to choose between the following possible alterations to your present work situation, which would you choose?

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- Extra work hours and extra wages
- Fewer work hours and less wages
- No alteration to your present situation

60. How much administrative work do you have to do?

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- A great deal
- Quite a lot
- A moderate amount
- A limited amount
- Very little

61. How much of this administrative work can you delegate to others?

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- A great deal
- Quite a lot
- A moderate amount
- A limited amount
- Very little

62. How satisfied are you with the amount of ancillary help you get?

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- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

63. Overall, how efficiently would you say you managed your time?

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- Very efficiently
- Quite efficiently
- Somewhat efficiently
- Not every efficiently
- Not at all efficiently

64. What pace of work is preferable to you?

- Very fast
- Rather fast
- Neither fast nor slow
- Rather slow
- Very slow


65. Are you

- Male
- Female


66. How old are you?

- 20-30
- 31-40
- 41-50
- 51-60
- over 60


67. Are you married?

- Yes
- No


68. How many years have you worked in Further Education?

- Less than one year
- 1-5 years
- 6-10 years
- 11-15 years
- 15-20 years
- More than 20 years


69. How long have you been in your present post?

- Less than one year
- 1-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- More than 20 years


70. What is your present position and grade of post?

- Principal
- Vice-Principal (not head of department)
- Vice-Principal and head of department
- Principal lecturer
- Senior lecturer
- Lecturer II
- Lecturer I


71. What subject(s) do you teach?

- Main
- Subsidiary


72. Do you teach predominantly in the advanced or non-advanced Burnham category work?

- Advanced (e.g., postgraduate, post-diploma, degree, HND, HNC)
- Non-advanced (e.g., OND, ONC, GCE O and A level, City and Guilds)


73. How much of your work involves preparing students for external examinations?

- All
- Three quarters
- Half
- One quarter




81. To what degree are you involved in decisions concerning the planning of courses?

Very involved	
Quite involved	
Moderately involved	
Involved to a limited degree	
Very little involved	

82. Are you under-involved or over-involved in these three areas

	Content of syllabus	Planning of courses	Adminis- tration
Over-involved			
Sufficiently involved			
Under involved			

83. How do you feel about the allocation of your time between teaching and administrative duties?

Much too much administration	
Too much administration	
About right	
Too much teaching	
Much too much teaching	

84. Are there any other factors you consider relevant to the issues raised in this questionnaire that you would like to comment on? Please do so below.

Thank you for your co-operation.

TIME AND GENERAL PRACTICE

3. Which of the following applies to the way you work?
- 1 work a lot better than others
  - 1 work a little better than others
  - 1 work at the same level as others
  - 1 work a little worse than others
  - 1 work a lot worse than others

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4. How often do you try out an idea with a buddy or partner any of doing your work?

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5. What is the average length of working week?

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- Very often
- Often
- Sometimes
- Rarely
- Never
- Less than 40 hours
- 40-42 hours
- 42-44 hours
- 44-46 hours
- 46-48 hours
- 48-50 hours
- 51-53 hours
- 54-56 hours
- More than 60 hours

1. Does your working day make long or short?
- 1 very long
  - 1 rather long
  - 1 neither long nor short
  - 1 neither short
  - 1 very short

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2. Do you think the pace of your day is

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- 1 much too fast
- 1 too fast
- 1 about right
- 1 a little slow
- 1 very slow

3. How much excitement is there for you in doing your day's work?

--	--	--	--	--

- 1 a great deal
- 1 quite a bit
- 1 moderate amount
- 1 limited amount
- 1 very little

4. Do you regard your work as being what you are at work?

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- 1 very little
- 1 limited amount
- 1 moderate amount
- 1 more a bit
- 1 a great deal



8. Do you think the length of your working week is

- Much too long
- Too long
- About right
- Too short
- Much too short

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9. How regular are your working hours?

- Very regular
- Quite regular
- Somewhat regular
- Quite irregular
- Very irregular

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10. How demanding is your job?

- Very demanding
- Quite demanding
- Somewhat demanding
- A little demanding
- Not at all demanding

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11. What is your opinion of your present workload?

- Too large
- Large
- Just right
- Small
- Too small

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12. How much difficulty do you experience in getting through the amount of work required of you in the time at your disposal?

- A great deal
- Quite a lot
- A moderate amount
- A limited amount
- Very little

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13. To what degree do you feel that you are engaged in too many activities at work?

- To a very high degree
- To a rather high degree
- To some degree
- To a small degree
- Not at all

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14. To what extent would you say you made use of every possible working moment?

- To a very large extent
- To a rather large extent
- To some extent
- To a rather small extent
- To a very small extent

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15. To what extent does your work impose deadlines on you?

- To a very large extent
- To a rather large extent
- To some extent
- To a rather small extent
- To a very small extent

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16. How often do you feel that you are not getting enough done at work?

- Very often
- Rather often
- Sometimes
- Rarely
- Never

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20. How difficult do you find it to plan your time at work?

- Very difficult
- Quite difficult
- Somewhat difficult
- A little difficult
- Not at all difficult

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17. To what extent do you work on several tasks simultaneously in order to accomplish more?

- To a very large extent
- To a rather large extent
- To some extent
- To a rather small extent
- To a very small extent

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21. How often are you aware of the passage of time at work?

- Never
- Rarely
- Sometimes
- Often
- Very often

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22. How interesting do you find your work?

- Very interesting
- Quite interesting
- Somewhat interesting
- Not very interesting
- Not at all interesting

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23. Do you worry about your work?

- A great deal
- Quite a lot
- A moderate amount
- A limited amount
- Very little

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18. To what degree do you worry about not being able to manage the work you have to do in the time at your disposal?

- To a very high degree
- To a rather high degree
- To some degree
- To a small degree
- Not at all

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19. How much pressure do you feel towards doing more work?

- A great deal
- Quite a lot
- A moderate amount
- A limited amount
- Very little

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24. Do you tend to take your job home with you?

- To a very large extent
- To a rather large extent
- To some extent
- To a rather small extent
- To a very small extent

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25. When not at work, do you think about work?

- A great deal
- Quite a lot
- A moderate amount
- A limited amount
- Very little

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26. How satisfied are you with the amount of time your work leaves you for non-work activities?

- Very satisfied
- Quite satisfied
- Neither satisfied nor dissatisfied
- Rather dissatisfied
- Very dissatisfied

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27. Do you feel that the demands of your work interfere at all with the demands of your family and/or your leisure?

- A great deal
- Quite a lot
- A moderate amount
- A limited amount
- Not at all

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28. Would you like to have more leisure time?

- Very much
- Quite a bit
- Somewhat
- A little
- Not at all

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29. In general, how do you feel about your time? Do you

- Always feel rushed
- Often feel rushed
- Sometimes feel rushed
- Rarely feel rushed
- Never feel rushed

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30. Do you ever waste time?

- Very often
- Often
- Sometimes
- Rarely
- Never

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31. If you wasted time, how annoyed would you feel about it?

- Not at all
- A little
- Somewhat
- Quite a bit
- Very much

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32. Do you ever have free time on your hands that you don't know what to do with?

- Very often
- Often
- Sometimes
- Rarely
- Never

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33. It has been said that you can never make up for lost time. Do you agree?

- Strongly agree
- Agree
- Undecided
- Disagree
- Strongly disagree

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34. How strongly do you agree with the statement "time is money"?

- Strongly agree
- Agree
- Undecided
- Disagree
- Strongly disagree

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35. In general, do you find it difficult to plan your time?

- Very difficult
- Quite difficult
- Somewhat difficult
- A little difficult
- Not at all difficult

--	--	--	--	--

36. Do you find it easy to relax?

- Very easy
- Quite easy
- Neither easy nor difficult
- Quite difficult
- Very difficult

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37. Do you have clear goals in your work?

- Very clear
- Quite clear
- Fairly clear
- Rather unclear
- Very unclear

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38. How much opportunity is there for you to decide how to organise your work?

- A great deal
- Quite a lot
- A moderate amount
- A limited amount
- Very little

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39. How important is the clock to you in organising your day?

- Very important
- Quite important
- Somewhat important
- Not very important
- Not at all important

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40. How much opportunity do you have to determine what work to do each day?

- A great deal
- Quite a lot
- A moderate amount
- A limited amount
- Very little

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41. To what extent do you feel your time could be better organised?

- A great deal
- Quite a lot
- A moderate amount
- A limited amount
- Very little

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42. How much of your time do you regard as wasted in relation to what you consider as the central function of your work?

- A great deal
- Quite a lot
- A moderate amount
- A limited amount
- Very little

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43. How flexible are your work schedules?

- Not at all
- At little
- Somewhat
- Quite a bit
- Very

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44. To what extent do planned schedules function accordingly?

- To a very large extent
- To a rather large extent
- To some extent
- To a rather small extent
- To a very small extent

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45. To what extent does your work have to be co-ordinated with the work of others?

- To a very large extent
- To a rather large extent
- To some extent
- To a rather small extent
- To a very small extent

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46. How much variety is there in your work?

- A great deal
- Quite a lot
- A moderate amount
- A limited amount
- Very little

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47. How much of your work do you think of as routine?

- Most
- Quite a lot
- Some
- A little
- Almost none

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48. When you begin a working week, how much of what you will actually do during the week can you foresee?

- Almost none
- A little
- Some
- Quite a bit
- Most

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49. How many of your working days follow a similar pattern to one another?

- Most
- Quite a lot
- Some
- A few
- Almost none

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50. To what extent does your workload vary?

- To a very large extent
- To a rather large extent
- To some extent
- To a rather small extent
- To a very small extent

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51. Is one working week much like another?

- Not at all
- A little
- Somewhat
- Quite a bit
- Very much

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52. To what degree do you control the quantity of work you do?

- To a very high degree
- To a rather high degree
- To some degree
- To a small degree
- Not at all

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53. To what extent is the quality of your work adversely affected by the quantity of work you have to do?

- Not at all
- To a rather small extent
- To some extent
- To a rather great extent
- To a very great extent

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54. In general, what degree of urgency characterises your work?

- A great deal
- Quite a lot
- A moderate amount
- A limited amount
- Very little

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55. To what extent does your work allow you to concentrate on doing one thing at a time?

- To a very large extent
- To a rather large extent
- To some extent
- To a rather small extent
- To a very small extent

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56. To what extent are there conflicting demands on your work time?


- To a very large extent
- To a rather large extent
- To some extent
- To a rather small extent
- To a very small extent

57. How stressful is your job?


- Not at all stressful
- Mildly stressful
- Moderately stressful
- Very stressful
- Extremely stressful

58. Do you find your work tiring?


- Not at all
- A little
- Somewhat
- Quite a bit
- Very much

59. If you had to choose between the following possible alterations to your present work situation, which would you choose?


- Extra work hours and extra wages
- Fewer work hours and less wages
- No alteration to your present situation

60. How much administrative work do you have to do?


- A great deal
- Quite a lot
- A moderate amount
- A limited amount
- Very little

61. How much of this administrative work can you delegate to others?


- A great deal
- Quite a lot
- A moderate amount
- A limited amount
- Very little

62. How satisfied are you with the amount of ancillary help you get?


- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

63. Overall, how efficiently would you say you managed your time?


- Very efficiently
- Quite efficiently
- Somewhat efficiently
- Not every efficiently
- Not at all efficiently

64. What pace of work is preferable to you?

- Very fast
- Rather fast
- Neither fast nor slow
- Rather slow
- Very slow


65. Are you

- Male
- Female


66. How old are you?

- 25-30
- 31-40
- 41-50
- 51-60
- over 60


67. Are you married?

- Yes
- No


68. How many years have you been qualified as a GP?

- Less than one year
- 1-5 years
- 6-10 years
- 11-15 years
- 15-20 years
- More than 20 years


69. Do you work in a group practice, in a health centre, or in an individual practice?

- Group practice
- Health centre
- Individual practice


70. If you work in a group practice or health centre, what is the number of doctors in your group?

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71. How many years have you been in your present practice?

- Less than one year
- 1-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- More than 20 years


72. Do you use an appointment system?

- Yes
- No


73. How satisfied are you with the time available for administrative work?

- Very satisfied
- Quite satisfied
- Neither satisfied nor dissatisfied
- Rather dissatisfied
- Very dissatisfied


74. How do you feel about the balance of your time between clinical and administrative tasks?


- Much too much clinical work
- Too much clinical work
- The balance is about right
- Too much administrative work
- Much too much administrative work

75. How many hours a week on average do you allocate to the following tasks?


- (a) Surgery consultation
- (b) Visiting patients at home
- (c) Administrative work/practice organisation (letters, telephoning, etc)
- (d) Clinical work in hospital
- (e) Visiting patients in hospital/nursing home
- (f) Medical reading/study/courses
- (g) Committee work concerning medicine
- (h) Other work

(Please specify \_\_\_\_\_)

76. To what extent is general practice changing?


- A great deal
- Quite a lot
- A moderate amount
- A limited amount
- Very little

77. Do you agree that changes would be a good thing?


- Strongly disagree
- Disagree
- Undecided
- Agree
- Strongly agree

78. To what extent does tradition militate against change?


- To a large extent
- To a rather large extent
- To some extent
- To a rather small extent
- To a very little extent

Thank you for your co-operation.

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