

A Thesis Submitted for the Degree of PhD at the University of Warwick

Permanent WRAP URL:

<http://wrap.warwick.ac.uk/151465>

Copyright and reuse:

This thesis is made available online and is protected by original copyright.

Please scroll down to view the document itself.

Please refer to the repository record for this item for information to help you to cite it.

Our policy information is available from the repository home page.

For more information, please contact the WRAP Team at: wrap@warwick.ac.uk

**Professional identity on the high street:
investigating identity work of company
pharmacists, navigating commercial,
professional and public service identities.**

by

Katey Logan

[Catherine B. Logan]

A thesis submitted in partial fulfilment of the requirements
for the Degree of Doctor of Philosophy

Warwick Business School, University of Warwick

February 2020

CONTENTS

Abbreviations	7
Figures	8
Tables	9
Acknowledgements	10
Declaration	11
Abstract	12
1. Introduction	13
Theoretical setting	15
Methodology and research design	16
Empirical and theoretical findings	17
Research benefits	19
Chapter Summary	21
2. Literature Review: identity and professions	23
Chapter Introduction	23
Identity	23
Identity work	25
Professions and professional identity	28
Public service professionals	31
Pharmacy identity	33
Organizational history and identity	38
Visual	40
Humour	42
Chapter Summary	47
3. Methodology and research design	50
Introduction	50
Case study	52
Boots The Chemists	52
Longitudinal research	55
Historiography	56

Periodisation	59
Archives as data source	62
Archival data	62
Archival provenance and integrity	64
Research phasing	68
Research ethics	70
Researcher perspective	70
Research access and protocols	71
Archival ethnography	72
Description and utility of archive sources	76
Primary source data	76
Source 1 – Company magazines	76
Source 2 – Visual sources	83
Source 3 – Annual Reports	85
Source 4 – Statistical records	86
Source 5 – Professional Journals.....	89
Source 6 – Newspaper archives	90
Source 7 – Additional sources.....	91
Methodological process	94
Initial data collection.....	95
Visual analysis	100
Secondary data analysis and theorising.....	103
Chapter Summary	104
4. Visual identity and humour.....	106
Introduction	106
Visualising Boots pharmacists	108
Cartoons and identity	110
Data gathering	112
Cartoon analysis - exemplars.....	115
Cartoon analysis - full dataset.....	125
C1 At Your Service, Jan 1930.....	127
C2 A Little Misunderstanding, Feb 1930	128
C3 First Club Member, Aug 1930.....	129

C4 M(is) P(ronouncing) S(onny), Oct 1930	130
C5 World Renowned Chemist, Dec 1930.....	131
C6 Thanking You in Anticipation, Jul 1933.....	132
C7 The Branch Manager Addresses his Staff, Jun 1935	133
C8 A Hit? Are you a chemist?, Sep 1936.....	134
C9 Poor Boy!, May 1939.....	135
C10 Chemist-Manager, Aug 1939.....	136
C11 The Amateur, Dec 1947	137
C12 NHS Christmas, Christmas 1950.....	138
C13 Urban vs. Rural, Christmas 1950.....	139
C14 We've Missed You... Mrs. Jones, Feb 1951.....	140
C15 The Ages of Man, Dec 1952.....	141
C16 Dawn of the 'Shilling-a-form' Era, Christmas 1952	142
C17 In 'Good Company', Christmas 1952.....	143
C18 Automation Comes to the Dispensary, Christmas 1956	144
Cartoon identity content	145
Identity analysis	145
Humour analysis	147
Humour and identity theory	150
Cartoon research insights	153
Chapter Summary	153
5. Identity in the pre-1948 era	155
Introduction to the 1930-1948 era	155
Boots pharmacist identity data	159
Identity tensions	160
Commercial vs. professional identity.....	160
Inter-professional tensions	163
External media perceptions of pharmacy	167
Tactical responses to tensions.....	170
Buffering commercial identity element	170
Buffering professional identity element	175
Identity in transition: commercialising profession	182
Identity in transition: professionalising commerce	186

Identity hybrid: the incubation of a public service identity.....	191
Chapter Summary	195
6. Identity in the post-1948 era.....	199
Introduction to the 1948-1960 era	199
Boots pharmacist identity data	204
Identity tensions	206
Commercial vs. professional identity.....	207
Commercial vs. public service identity	208
Professional vs. public service identity.....	212
Inter-professional tensions	215
External media perceptions of pharmacy.....	221
Tactical responses to tensions.....	223
Buffering commercial identity	223
Buffering professional identity	227
Buffering public service identity.....	230
Bridging identity elements - commercial and public service	232
Bridging identity elements - public service and professional	240
Chapter Summary	243
7. Discussion.....	246
Introduction	246
Pharmacy identity, 1930-1960	248
Insights - professions and professional identities.....	250
Identity work - buffering and boosting	251
Identity work - bridging	254
Identity work - blending	255
Identity work dynamics.....	257
Identity work enablers	260
Space to perform.....	260
Form and tone.....	262
Corporate environment	263
Methodology insights	265
Archival ethnography	265
Visual humour	267

The Case	268
8. Conclusion	270
Theoretical contribution.....	270
Transferability	272
Research limitations.....	272
Research impact and engagement	273
Future research.....	274
9. Appendices	277
Appendix A <i>The Bee</i> – regular article titles, 1930-1948.....	277
Appendix B <i>The Bee</i> – regular article titles, 1948-1960.....	278
Appendix C Statistical report, contents page, 1958.....	279
Appendix D Cartoon details and cartoonists’ biographies	280
Appendix E Archival sources and references.....	283
Boots Archives, Nottingham.....	283
Modern Records Centre, University of Warwick.....	283
British Cartoon Archive [on-line].....	285
British Library, London [on-line]	285
Mass Observation Archive, University of Sussex [on-line]	285
Financial Times Historical Archive [on-line].....	285
Daily Mail Historical Archive [on-line]	286
The Times Archive [on-line]	290
10. Bibliography and references	291

Abbreviations

AGM	Annual General Meeting
BP	<i>British Pharmacopeia</i>
BPDC	Boots Pure Drug Company Ltd
C&D	<i>Chemist and Druggist</i>
COM	Commercial identity
CSR	Corporate (Social) Responsibility
GP(s)	General practitioner(s)
MRC	Modern Records Centre, University of Warwick
NHS	National Health Service
NPM	New Public Management
OTC	Over-the-counter medicines classification
PJ	<i>Pharmaceutical Journal</i>
POM	Pharmacy only medicines classification
PRO	Professional identity
PS	Public service identity
Script(s)	Prescription(s)
TGM(s)	Territorial General Manager(s)
TUC	Trades Union Congress
UK	United Kingdom

Figures

Figure 1.1	Shop Manager, professional gatekeeper, or public servant? Boots pharmacist, 1948	22
Figure 3.1	<i>The Bee</i> Contents page, April-May 1931	79
Figure 3.2	Numbers of prescriptions dispensed at Boots, 1931-1960.....	87
Figure 3.3	Value of prescriptions to Boots, 1931-1960	87
Figure 3.4	Report of Investigation, Boot's Cash Chemists, Men and Women, U.K., J. Walter Thomson, September 1929	91
Figure 4.1	Caricature illustrations of Territorial General Managers, <i>The Mixture</i> , Dec 1931.....	109
Figure 5.1	The most common articles in <i>Daily Mail</i> containing "chemist*" or "pharmacist*", 1930-1948, by topic.....	168
Figure 5.2	Caricature illustrations of Territorial General Managers, <i>The Mixture</i> , December 1931	173
Figure 6.1	Magazine cover, <i>The Mixture</i> , Christmas 1950.....	216
Figure 6.2	The most common articles in <i>Daily Mail</i> containing "chemist*" or "pharmacist*", 1948-1960, by topic.....	222
Figure 6.3	Magazine cover, <i>The Bee</i> , Summer 1948.....	225
Figure 6.4	Swansea store drug counter, 1953	229
Figure 6.5	Window advertisements for the NHS at Boots branches nationwide. <i>The Bee</i> , June 1948.	234
Figure 6.6	NHS broadsheet, NHS window display and competitions, <i>The Bee</i> , June 1948.	235
Figure 7.1	Elements in company pharmacist identity, 1930-1948.....	257
Figure 7.2	Elements in company pharmacist identity, 1948-1960.....	258

Tables

Table 3.1	Archive source research portfolio	75
Table 3.2	Magazine articles titles relating to emerging identity themes ..	99
Table 3.3	Identity sub-theme coding	101
Table 4.1	How pharmacist identity appears in cartoons 1930-1960: emerging themes and theoretical concepts.	146
Table 4.2	Humour theory as it relates to cartoon dataset	149
Table 4.3	Humour and identity as they relate to cartoon dataset.....	152
Table 5.1	Timeline of historical and structural change, 1930-1948.....	157
Table 5.2	Examples of 'negative' interaction with other professionals..	166
Table 5.3	Exemplar statements that buffer commercial identity	171
Table 5.4	Exemplar statements that buffer professional identity	176
Table 5.5	Identity in transition: shopkeepers with a drugs business	184
Table 5.6	Identity tensions and responses, 1930-1948	197
Table 6.1	Timeline of historical and structural change, 1948-1960.....	203
Table 6.2	Examples of commercial vs. public service identity conflict, 1948-1960.....	209
Table 6.3	Examples of 'negative' interaction with other professionals..	218
Table 6.4	Exemplar statements that 'focus on selling'	226
Table 6.5	Exemplary statements that buffer professional identity.....	228
Table 6.6	Exemplar statements that bridge identity elements	237
Table 6.7	Pharmacist annual bonus payment (shared by approximately 1300 managers)	239
Table 6.8	Commercial vs. Public Service	244

Acknowledgements

Firstly, I gratefully acknowledge ten years of government-funded full time tertiary education. It's a privilege to have been a student in Glasgow and Liverpool the 1980s, for many reasons, and likewise having the chance to study again, thanks to the Economic and Social Research Council grant. I know I am incredibly lucky to have received all the funding.

I would like to thank my trusting supervisors Graeme and Roberta for offering me the PhD, and for making my experience at Warwick happy and supported - great teachers and inspirational scholars; and the Business School and History Faculty and fellow students for generously sharing knowledge and expertise, and helping me to think differently. Also, Sophie, Judith, Hannah and the team at Boots Archives for making the isolating experience of archival research joyful. Archivists are central to the research process, and their knowledge of the historical record allows for the emergence of multi-level interpretation. It is wonderful to work with 'best in class', and I hope I have made a good job of representing the archival ghosts whose voices appear in this work.

I also thank pharmacists Fiona, Gina and Jill for sharing opinion and expertise, and archivist Helen Ford for her help in finding exactly the right material for my research within the rich collections at the Modern Records Centre, University of Warwick.

Finally, my partner Mike, who has had to take up triathlon to compete with the obsessive self-absorption of the doctoral candidate; and Andy and Kirsty, whose GCSE efforts I have successively trumped with my important deadlines and precious writing up. Precious indeed; you carry me.

All photographic images are reproduced courtesy of Boots Archives

Declaration

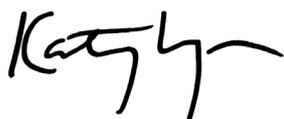
This thesis is prepared and submitted in agreement with the regulations of the University and I declare that it is my own work. This thesis has not been previously published or submitted for any other degree or to any other institution.

I submitted a paper on-line to the European Group for Organizational Studies in 2018 that was accepted and formed the basis of a conference paper delivered in Tallinn, Estonia on 6th July 2018 (below). Some material from my final version thesis, in particular Chapter 4, may have been published on-line (for EGOS members only) in this way.

EGOS conference, sub-theme 08: [SWG] Management, Occupations and Professions in Social Context: The Emergence of New Professions and their Impact on the Established Field.

Title: *Did you hear the one about the pharmacist? : Using cartoons to re-invent professional identity.*

Signature:

A handwritten signature in black ink, appearing to be 'Kathy' with a stylized flourish at the end.

Date: 27th September 2019

Abstract

In my case study, the historical experience of healthcare professionals practising within public and private spheres, extends understanding of identity issues that affect twenty-first century professionals, particularly those positioned within the mixed economy healthcare sector.

My study contributes to professional identity research by providing insight into “high street” professionals, whose identities are infused with a combined ethos of commercialism, professionalism and public service. Specifically, I determine how company pharmacists operating within a corporate framework, use different types of identity work - buffering, bridging and blending - to dissipate tensions that manifest in their changing professional identity and practice. My research also contains a temporal dimension as it investigates long-term identity change in which dynamic mechanisms and outcomes of identity work are visible over a thirty-year period. This reveals a new dynamic within hybrid identity where single aspects of identity are boosted in response to exogenous change.

My research makes a methodological contribution by using visual images, analysed through the lens of humour, as a springboard into my research data; an innovative use of sampling device in research design. Secondly, I use ‘archival ethnography’ to combine the close observational methods of ethnography with the interpretative skill of historical research. This presents a novel method for scholars to use business archives ethnographically, to study issues over the long-term relying not on secondary source material but on primary sources that present protagonists’ ‘real time’ voices. The intra-disciplinary nature of my research with its archival ethnography methodology and its use of cartoons as data sources, also contributes to organizational history by looking at identity through the lens of humour.

1. Introduction

In January 2018 the BBC's current affairs programme *Inside Out* broadcast "Boots: Pharmacists Under Pressure?" attacking the UK's iconic high street pharmacy chain for under-resourcing its professional pharmacists and consequently risking patient health for commercial gain. This appeared within two years of *The Guardian* newspaper's exposé of pharmacists allegedly 'milking' the National Health Service by undertaking non-essential, but NHS-funded, patient medicines' usage reviews (Chakraborty, 2016). In May 2018 *The Pharmaceutical Journal* published news that Boots was "facing investigation after claims of 'overcharging' the NHS for unlicensed medicines" (Wilkinson, 2018). These hostile narratives illustrate the uneasy relationship between high street pharmacists, the professional institution that regulates them, and the NHS, a public institution that pharmacists have necessarily served since its inception in 1948. They illustrate an abiding unease between healthcare professionals and the market; the 'profits vs. ethics' dilemma.

Boots dominance of UK retail pharmacy and its historic relationship with nationalised healthcare provision make it a unique and important case through which to study professions and professional identity. My thesis combines the research agenda of Warwick Business School with the Centre for the History of Medicine (Humanities), investigating formation and transition in professional identity through an historic lens. The advantage of my intra-disciplinary approach is twofold. Firstly, it enables unique observation of identity change and identity work over the long-term, in this case a thirty-year period; and secondly it contributes to the 'historic turn' in organization studies by demonstrating the ability of primary source material from the past to impact and potentially drive current scholarship.

This study comprises a historical, or longitudinal case study of professional pharmacists as they navigate the seismic market and cultural changes between 1930 and 1960 - the impacts of a nationalised health service, commercial instability of war and peacetime economics, and the introduction and mass marketing of drugs, such as 'golden bullet' antibiotics. Against this backdrop, it provides a better understanding of the actions and

behaviours of professionals working under pressure in a changing environment, and the identity work they enact in response to identity tensions.

Research on identity shows it to be “contingent, fragile and ... more amenable to reconstitution” than previously thought (du Gay et al., 2000:2). Within this context, the study of multiplicity in the expression and performance of identity offers a valuable opportunity to increase understanding of professional identity, in this case of professionals subject to relatively little research attention. Understanding more about professional identity and how professionals behave in the workplace is useful particularly since occupations, in general, seek to attain the ‘prize’ of professional status to self-differentiate and promote their skills-set (Abbott, 1988; Bynum, 2006). In addition, traditional barriers between private and public sector loci break down as private sector professionals work within their institutions on public sector contracts or contrastingly are contracted into public sector institutions. Just how professionals respond when the culture of their working environment is subject to acute change is central to my empirical study and forms the basis of theoretical analysis.

My research shows how nascent professionals edging towards formalised qualifications but operating in the commercial sector use established tactics of bridging, buffering and blending identity elements to avoid conflict and diminish tension as their working environment changes. With the benefit of rich data that spans a thirty-year period I am able to observe further change as the professionals are tasked with public sector work. While I expected them to find public service work an extension of their identities as altruistic healthcare professionals, my study shows that the introduction of NHS work constituted a near-crisis event; not least as it was laborious and demanded high throughput, in this case an initial 500% rise in ‘public’ medicine dispensing. These professionals were profoundly challenged and, somewhat counter-intuitively, I find that they used their commercial identity (‘who they are’ and ‘what they do’ in the private sector) to help them succeed with public sector work. In addition, I observe that in the post-NHS era, the pharmacists through identity work ‘boost’ the commercial

element of their hybrid identity in response to the critical economic challenges of the post-war market.

Theoretical setting

My literature review (Chapter 2) focuses on professions and professional identity, with specific reference to the healthcare sector, and pharmacy. Drawing on the literatures of professions and professional identity I look at collective identity contextualised by physical and social environment (Stryker, 1968; Tajfel and Turner, 1979, 1986; Kenny, Whittle and Wilmott, 2011; Bothma et al, 2015); the socialisation of actors (Nicholson, 1984); identity construction, formation and legitimising (Ibarra, 1999; Chreim et al., 2007; Goodrick and Reay, 2010, 2011, 2016); identity transitioning (Pratt et al., 2006); identity hybridity (Llewellyn, 2001; Currie and Croft, 2015, Croft et al., 2015); and identity work (Creed et al., 2010; McGivern et al., 2015; Goodrick and Reay, 2016; Brown, 2015, 2017, 2019). Studies of professional identity within pharmacy have focused on de-skilling and role change (Harding and Taylor, 1997; Edmunds and Calnan, 2001; Quirke, 2015; Anderson, 2015), and identity work (Curchod and Reyes, 2017).

The intra-disciplinary nature of my research is reflected in review of 'historic turn' organizational literature and business history (Hatch and Schulz, 2018, Blagoev, 2018; Suddeby et al., 2010, 2018; Bucheli and Wadhvani, 2014; Oertel and Thomas, 2018, Decker, 2014; Rowlinson et al., 2014; McKinlay 2002, 2013; Heller and Rowlinson 2019, Ravasi et al. 2019; Sasaki et al. 2019). I also utilise the related field of history of medicine for further historical context (Carr, 1961; Latour and Woolgar, 1979, 1986; Brandt, 1991; Jenkins, 1997; Iggers, 2003; Huisman and Warner, 2006).

In addition, my use of primary archive sources that are visual and humorous draws in further literatures that examine how visual cues, artefacts and materiality contribute to identity formation (Meyer et al., 2013; Shorrt and Warren, 2012; Boxenbaum; 2018) and multi-modal sense-making (Hollerer et al., 2018). The creation of cartoons and humorous illustrations by Boots' pharmacists demonstrate agency (Alvesson et al., 2008) as well as deliberately eliciting emotion (Kemnitz, 1973; Knoblauch, 2014). Finally, the

literature on humour within organizations shows how humour has been used in the formation of collective identity and co-construction of professional identity (Melucci, 1995; Forminaya, 2007; Angouri and Marra, 2011).

Together, these literatures situate professional identity at the centre of workplace culture and show how identity change and transition can alleviate, or indeed exacerbate conflict. They demonstrate that professionals have agency and can self-determine identity, and adopt hybrid or multiple identities in complex work environments. However, many identity studies reflect an interest limited to public and private sector identity clashes, particularly in healthcare where the UK 'market' is increasingly stratified. They often investigate professionals working in a nationalised health service under pressure to commercialise. Also, as identity is difficult to observe over the long-term or with large research samples, theoretical insight tends to reflect transitory and localised situations.

My research takes a broader approach to professional identity by examining protagonists whose profession is situated squarely in the commercial sector - in high street shops owned by a large corporate entity - but whose identities also encompass professional healthcare provision and NHS public service. By investigating professional identity in this commercial setting, my research asks how they tolerate and navigate the commercial, professional and public service pressures that their jobs present, especially in periods of change? What are the mechanisms through which they instigate and disseminate changes in their identity? What identity work strategies can they adopt to dissipate tensions in the workplace? And in terms of longevity of outcomes, what does professional identity change look like when observed over the long-term?

Methodology and research design

My methodology and research design chapter (Chapter 3) introduces the Boots case study; the longitudinal nature of the research; the reasons for the specific periodisation; and the integrity of the Boots Archives as a reliable source for social science research. As I am using archives as the primary source of my data I acknowledge issues of integrity and utility (Jenkinson,

1922; Shellenberg; 1956; Cook, 2001; Harris, 2002; Cook and Schwartz, 2002), and also describe each of my key sources in terms of its provenance and data content. I provide an historical narrative, derived from qualitative and quantitative analysis of sources, to contextualise the research and facilitate its comparable use.

I discuss the methodological process - sampling, data selection, collation, and coding - as well as the mixed methods of analysing data from visual, humour and discourse perspectives. I also explain my ethnographical approach to the historical sources (Evans, 1999; Thomas and Linstead, 2002; Rowlinson, 2014; Rowlinson et al., 2004; Decker, 2013, 2014, Esler, 2017; Basque and Langley, 2018), which allows me to research identity as it has been personally experienced and expressed by the protagonists over three decades. This mix of historical and ethnographic methods creates a unique encounter with professional identity; showing what it looks like through the 'wide-angle lens' of close observation, across a significant temporal period.

Empirical and theoretical findings

My first empirical chapter (Chapter 4) uses visual and humour analysis to elicit identity themes in the discourse of pharmacists over the thirty-year research period. The data are drawn mainly from cartoons about pharmacist identity, which the Boots pharmacists themselves submitted to staff magazines for publication. By investigating how pharmacists literally depicted themselves and their relationships in the cartoons, I am able to see manifestations of their identity work throughout the research period, and by linking the visual data with humour analysis - analysing and coding the genres of humour and their effects - I am able to identify trends in the presence of identity elements, and the conflicts or tensions among them.

This preliminary analysis acts as a springboard into the extensive documentary archives. In my succeeding chapters (Chapters 5 and 6) I focus on mapping identity over two time periods, 1930 to 1948 and 1948 to 1960. These periods are distinct in terms of the professional, commercial and

cultural environment in which the pharmacists work and are subject to the socio-economic change and aftermath of the 1939-45 World War.

My analysis of the evidence from the first time period, 1930 to 1948 (pre-NHS), shows how identity issues are raised and dealt with, with specific interest in conflicts and transitions. The data show that commercial and professional identities do counter each other, but that the pharmacists use techniques to protect and promote aspects of their identity, in effect re-framing their professional identity to alleviate identity tensions. For example, there is evidence of the commercialising of professional practice and the professionalising of commercial practice; and evidence of hybridisation and de-hybridisation of identity elements. In the second time period, post-1948, pharmacists have a new legal and regulatory obligation to dispense free medicines in their shops to NHS patients. Here the data show additional complexity as tensions among commercial, professional and public service identities manifest, and once again are addressed through the protagonists' tactical identity work.

A discussion chapter (Chapter 7) pulls the empirical data together and further develops theoretical insights. Firstly, it shows the dynamics of identity change and transition over a long period of time; an identity landscape spanning thirty years. Secondly, it not only identifies the identity conflicts and tensions felt by the company pharmacists but shows their tactical responses to them both by defending and promoting individual identity elements, and also by transitioning to a more or less hybrid identity. The multi-faceted response of buffering, bridging, blending and boosting identities demonstrates the agency of these protagonists in shaping professional identity while operating within a corporate framework.

My thesis makes a contribution to identity theory in two ways. Firstly, the *longue durée* investigation allows for the observation of professional identity over a prolonged time period. Combining historical method with ethnography ensures rich data in the professionals' own voices, so I am able to identify different identity elements, different types of identity work, and over time, the situations in which they are used. This makes visible the dynamics and complexity of identity work amongst a large population of

professionals. Specifically I observe the temporary 'boosting' of the commercial element of hybrid identity in response to external pressure, but without denigration of professional identity. The theoretical relationships between different identities (professional, commercial, public service) and different types of identity work (buffering, bridging, blending and boosting) are novel and induced from the data. My contribution thereby extends knowledge of professional identity conceptualization, identity work practice and the dynamics of identity transformation within an organizational population of professionals that is rooted in the private sector but delivers a public service role.

My thesis also makes a methodological contribution. Firstly, the research uses visual images, in this case analysed through the lens of humour, as a springboard, or pilot, into the heavily voluminous un-digitised documentary archive. This is an innovative use of sampling device in research design. Secondly, I present a method for organization scholars to use business archives ethnographically to study identity over the long-term. By taking an archival source that spans several decades and studying it ethnographically in a condensed research timeframe, I effectively offset the temporal schism between researcher and subjects. I deliver a long-term study that relies not on secondary source material but on the professionals' 'real time' voices. Finally, I extend the conversation in organizational history research by using analyses of cartoons to investigate identity through the lens of humour.

Research benefits

What makes the study of professional pharmacists insightful for modern management studies is their unique setting in retail shops, in full view of a consuming public. Unlike the private settings of clinics, lawyers' chambers, on-line consults, surgeries, or the private offices and meeting rooms of office-bound professionals, the pharmacist's work is on display at the pharmacy counter. With the retail space as backdrop, medicines are handed out in 'white paper bags' or over-the-counter. My study is able to trace this consummate commercial-professional duality not only in its

formative years but also across decades of change as the three elements of commercial, professional and public service evolve and transition over time.

The study shows the changing nature of professional identity, responding and adapting to external structural and economic change; with professionals' agency and identity work central to it. I demonstrate that commercial and professional identities need not be oppositional and that in the hands of professionals who have designated space or forum to communicate, professional identity is subject to negotiation and change.

During my research period I shared preliminary findings with the Director of Pharmacy at Boots and his team who represent today's professionals, similarly challenged by external political and market forces and a financially-deplete NHS. While in the 1940s retail chemists had to face down the threat of a suggested nationalised dispensing service, now they face antagonistic media coverage on ethical and dispensing practice as well as the 'existential' competition of on-line pharmacy. It is important to me that my research can have impact on today's debates, and I am pleased that the company has green-lighted a proposal to take the research findings to the public as part of an outreach programme in selected stores.

In addition, my research gives a voice to pharmacists as professional medical experts in a history of medicine that is dominated by doctors and to a lesser extent pharmaceutical companies. Of all healthcare workers, community pharmacists are closest to the modern material science of medicine, advising and directing patients in relation to the medicines and self-care practices that improve and sustain life. They are key facilitators of medical self-care in the UK, and they represent both complementary and competing influences in the "jurisdiction" of the medical profession (Abbott, 1988). Using an intra-disciplinary approach to understand how their role played out in the twentieth century creates a rich picture of medical care in society in general, and a better view of medical futures.

Finally, I demonstrate that business archives are not the preserve of heritage marketing, but represent a key strategic asset which companies are beginning to release into academic hands for analysis and interpretation. This is an opportunity and relationship that business schools should nurture.

As a former consultant and employee archivist, and having worked on a national strategy for business archives¹, I am eager to promote the exploitation of archives as sources for academic learning as well as company utility. My thesis unlocks the potential of a specific collection of source material and in doing so embraces and invigorates the 'historic turn' (Booth and Rowlinson, 2006) in organization studies, demonstrating how archives can contribute to current theory.

My study uses a relatively narrow range of sources, yet the volume and variety of extant business archives across most commercial sectors is huge, as is the potential to work with archivists to deliver substantive research gains. The UK is a leader in corporate record-keeping, has a formidable bulk of untapped organizational records and a network of professional archive practitioners able to help access them. However, private archives are also subject to somewhat mercurial investment, and sustainability is not a given. For this reason, the academic community should approach such archives proactively in order to take advantage while opportunities exist.

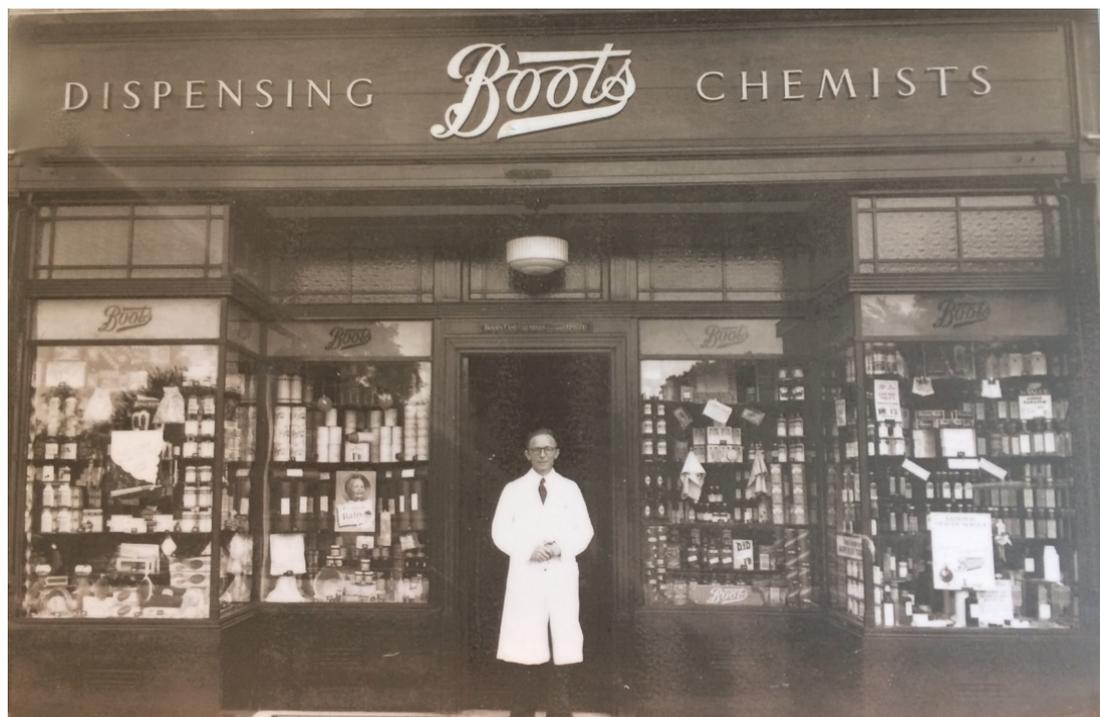
Chapter Summary

Unlike other medical professionals, pharmacists have predominantly inhabited a retail space in which they practise and consult. It is this special position on the high street that makes retail pharmacists such interesting professionals to study, as they physically and structurally embody a hybridised commercial and professional identity. While for many other professional groups, a 'profits vs. ethics' dilemma causes conflict and reputational damage, *somehow* the pharmacist-shopkeeper remains relatively unaffected by the close association of commerce and profession. Explicating this paradox and discovering the tactics behind this striking achievement is the basis of my thesis.

¹ National Strategy for Business Archives (England and Wales). [on-line] Available from: https://www.businessarchivescouncil.org.uk/materials/national_strategy_for_business_archives.pdf

Using Boots as a singular and exceptional case, I take the opportunity to contribute to the literature on professional identity and the sociology of work, namely that of professions. Boots' presence in pharmacy, in both professional development, and as an employer, retailer and producer makes it an important site for pharmacy research and the unparalleled access to the company's records gives this research study the unique potential to contribute to both business management and the history of medicine. For scholars of contemporary 'mixed economy' healthcare, as well as healthcare policy-makers (Sheard, 2017), it is important to broaden understanding of how actors work with, sustain and navigate multiple identity pressures; objectified as they are by distinct user populations. My research offers insights, begs questions, and enables new professional voices to participate in the identity conversation.

**Figure 1.1 Shop Manager, professional gatekeeper, or public servant?
Boots pharmacist, 1948**



2. Literature Review: identity and professions

“Professionalism... the bread and butter on which the jam of commerce must be spread very sparingly.”

The Bee, Jun 1937:153

Chapter Introduction

This chapter reviews the literature on identity, specifically professional identity in the workplace. My review starts with generic identity studies and the extent, through identity work, that protagonists can control or influence their identity. I then focus on professions, the “closed-collegial, self-regulating, expert occupations” that operate with relative autonomy and provide their actors with status and an “exclusive identity”, (McGivern, 2015:412). I look at professionals working across public and private sectors, the tensions this mixed environment brings and how protagonists respond and manage their professional identity as a result. I then focus on pharmacy identity, and the ‘company pharmacists’, who are uniquely positioned as ‘high-street’ healthcare professionals.

As my intra-disciplinary research relies on the interpretation and analysis of historical sources I also review the intersection of identity and history in organizational studies. I look at the literature around rhetoric history, the commercial exploitation of their past by companies, and the work of academics who use history as method in approaching organizational phenomena, such as identity. Finally, to contextualise the use of visual sources, specifically cartoons, I review the literatures on visual and humour theory and their intersection with identity.

Identity

Identity at work includes the affiliations people feel for their employer and colleagues, as well as how work relates to their personal sense of self. Identity is characterised in management literature as ‘who I am and what I do’, encompassing the individual’s personal identity, their occupational role (Ashforth et al., 2008) and their relations with others (Pratt et al., 2006). Identity is increasingly valued as a research lens through which to study

performance and effectiveness in organizations at both individual and group level, as it can connect people, give “emotional significance” (Tajfel, 1978:63) to workplace settings and relationships; and less productively, be the source of tension between groups and departments and individuals.

With regards the latter, Ashforth and Mael state that the multi-faceted nature of identity creates tension not because identities *per se* conflict, but because the “values, beliefs, norms, and demands inherent in the identities” conflict (1989:29). These elements have been investigated in research on multicultural and bi-racial identities (Rockquere and Brunnsma, 2002; A. Toomey et al., 2013), gender (Toomey et al., 2013), education (Adler and Adler, 1987), organizational identity (Foreman and Whetten, 2002), relational identities (Sluss and Ashforth, 2007), occupational communications (Van Maanen, 2010) and hybrid healthcare identities (McGivern et al., 2015).

Identity has been defined as “how a person makes sense of themselves in relation to others, and how others conceive of that person.” (Kenny, Whittle and Wilmott, 2011:3). This move away from identity as individually centred, or bounded, was conceptualised in Tajfel and Turner’s social identity theory (1979, extended 1986), a social psychological framework that privileges both the individual actor and their social group, and is often applied in organizational studies. Bothma extends this by suggesting that “identity develops through the interaction between an individual and specific social foci or life spheres...” leading to “a set of behavioural and cognitive outcomes” (Bothma et al, 2015:24).

Identity literature is complex and contentious where it debates to what extent individuals act with agency to control and shape their identities, or are the product of myriad social or organizational influences that bestow, or indeed enforce, identity upon them. That is, perspectives are often polarised between beliefs that people can have the “creative capacities to act reflexively and purposefully in relation to themselves and others” or are “socially constructed... by virtue of education, occupation, generation, religion, sex, nationality, ethnicity and so on” (Webb, 2006:15). These conceptual understandings of identity in the workplace (Caza et al. 2018) are, in relation to my study, rooted in the above-mentioned social identity

theory which focuses on group and collective identity (e.g. Tajfel and Turner, 1979; Alvesson, 2000); identity theory which focuses on occupational roles and relations (e.g. Stryker, 1968; Sluss and Ashforth, 2008); and critical theory which in this context examines organizational control (e.g. Alvesson and Wilmott, 2002; Brown and Lewis, 2011).

As debates develop, researchers discover more nuanced and complex sets of behaviours and experiences where people do not comply with the stark theoretical 'active agent' or 'passive pawn' stereotypes. In addition the dynamics of identity have become more theorised, specifically around the interplay of identity construction (Ashforth and Kreiner, 1999; Sandberg and Weir, 2002; Pratt, 2012), identification and identity transition (Alvesson et al., 2008), socialisation (Katz, 1980) and identity conflict (Fiol et al., 2009).

Identity work

Scholars of identity have tried to unpick how people act and carry out their roles and relate to each other in the workplace. It is a work dynamic that can change or transition depending on a host of external factors. For example a study of early-career physicians demonstrates their ability to develop new identities as they progress through the hospital residency process (Pratt et al, 2006). This study attempts to show the process of creating identity. The authors emphasize the difference between *being* a professional and *doing* professional work citing that any mismatch between these two states - termed work-identity integrity violation - results in action to change identity through identity 'work'. This suggests that identity is a state of 'becoming' rather than anything stable or static, and through "identity work" can be altered or manipulated by the actor (Sveningsson and Alvesson, 2003:1165).

In 2008, the journal *Organization* published a collection of identity studies that encouraged scholars to examine identity construction - both how and why actors undertake identity work, and the nature of their agency. The realisation that an actor's identity work could be a key to change behaviour and therefore outcomes is powerful for organizational theorists. The

construction of identity was found to be complex and variable - and while some studies show that it is a continuous process (Simpson and Carroll; Carroll and Levy, 2008), others show that it is prevalent when critical events happen (Beech; Lutgen-Sandvik, Wilson, 2008) such as job change, relocation or company takeover. This supports Ibarra's earlier work on the identity construction carried out by professionals taking on leadership roles where she notes that "people select and discard" versions of their identity (Ibarra, 1999:779).

Lepisto et al. (2015) conceptualise a general model of identity work, drawn from extant literature, in which they identify its key elements as: "motives, triggers, tactics, process and outcomes" (2015:17). Brown (2015) similarly describes the actions and dynamics that help construct singular identities, whether it is a process of social or professional identification, or the boundary dynamics of the individual's position in relation to their identification with an organization (Kreiner et al., 2006). In doing so, Brown (2015) contests that the identity work concept is profoundly affected by context, which acts both as a constraint and as an enabler to people's agency and the processes in which they engage.

Caza et al. summarise the literature on identity work undertaken in organizations and occupations in their 2018 paper. They cite the conceptual developments of Snow and Anderson (1987), Sveningsson and Alvesson (2003), Alvesson and Wilmott (2002) and Watson (2008) in establishing a view of identity work as a range of activities that create, present, sustain, form, maintain, strengthen and revise identities. They emphasise the dynamics of identity construction (Alvesson et al., 2008; Pratt, 2012; Lepisto et al., 2015) and also outline the elements that trigger identity work such as changes in the work environment, tensions and challenges.

Adding to existing theory they introduce the concept of "modes" of identity work, describing the modes as using self-reflection or sense-making (cognitive), crafting through clothing or uniforms and materials (physical), using actions and interactions (behavioural) and deploying narratives, humour and conversation (discursive), to achieve the desired identity work agency and outcome. Their more comprehensive definition of identity work

(quoted here), builds on the original: “Identity work in occupations and organizations consists of the *cognitive, discursive, physical and behavioural activities* that individuals undertake with the goal of forming, maintaining, strengthening, revising or rejecting *collective, role, and personal self-meanings* within the boundaries of their social contexts.” (Caza et al., 2018:901). Their research also confirms that “tensions around roles ... initiate identity work” in the workplace (Caza et al., 2018:909), that is, identity work is undertaken to change identity dynamics and identity itself.

Three constructs are used to describe how identity change happens. They are processes, in effect, through which tensions or conflict can be mediated and dissipated, namely ‘buffering’, ‘bridging’ or ‘blending’. While used as theoretical constructs, they each retain their literal meaning. In a study of bicultural identity negotiation, buffering is described as a protection strategy, used when protagonists’ identity is threatened (A. Toomey et al., 2013). Similarly, academic scientists enacting an entrepreneurial role in technology transfer are “mindful of preserving certain cherished values associated with being an academic” (Jain et al., 2017:930). Here the academic identity is buffered against commercialising forces, suggesting that buffering is a strategy to ring-fence a particular identity. Cross et al. in their study of a racially stigmatised group, describe buffering as taking a “reactive stance” to protect self-esteem and self-concept (2017:8).

The concept of bridging often appears alongside buffering in the literature. It is used to describe the two-way process by which identity elements converge, where there is “intentional use of connection and integrative strategies to reach out to diverse groups” (A. Toomey et al., 2013:116). It suggests a degree of compatibility, perhaps “transcendent quality” (Cross et al., 2017:11). For example, where two identities or identity elements exist sympathetically, bridging is “both the object of connection and the process of connecting” (Grimmett and Chinnery, 2009:126). Bridging is a converging dynamic between identities or identity elements in studies of racial-ethnic identity (Cross et al., 2017), multiple social identities (Kiang et al., 2008), and professional and managerial identities (Glynn, 2000, 2006).

The concept of blended identity is used when two or more identities merge to form a new hybrid identity. Rockquerre and Brunnsma in their 2002 study of bi-racial people, identify actors' blended identities to be unique and separate from the individual racial identities of their parents. They cite Daniel's (1996) description of "blended identity" as having the "ability to hold, merge and respect multiple perspectives simultaneously" (Rockquerre and Brunnsma, 2002:337) in this case with reference to the cultural and racial identities of individuals.

A separate literature has developed around the process of identity blending in work roles, where new hybrid identities are created through combination and compromise in relation to extant identities. Hybrid roles are often evident where professionals operate within organizations or public sector institutions, and need to balance their professional identities with either the demands of commercial targets, for example corporate lawyers (Faulconbridge and Muzio, 2008) and accountants (Carter and Spence, 2014) or the demand to be more 'managerial', where they must perform as both corporate managers and professional practitioners (McGivern et al., 2015). This leads me to discuss the specific research on professions and professional identity which is the focus of my empirical study.

Professions and professional identity

My starting point in discussion of professional identity is a key text in the sociology of professions, Abbott's *The System of Professions*, published in 1988. Abbott used a fairly conventional definition of professions which he attributed to Carr-Saunders and Wilson (1934) namely, "organised bodies of experts who applied esoteric knowledge to particular cases" with "elaborate systems of instruction and training, together with entry by examination and other formal prerequisites" such as codes of ethics (Abbott, 1988:4).

However, *The System of Professions* challenged theories that had developed over decades in the social sciences, from Carr-Saunders and Wilson in the 1930s, Millerson and Wilinsky in the 1960s, and Larson and Freidson in the 1970s and 1980s. These scholars had produced work that was politically and theoretically diverse as would be expected across a

significant time period, but Abbott believed they privileged process and structure in the development of professions, citing organising associations, specialist education, legislative legitimacy, and so on, as the drivers of development from mere 'occupation' to status-imbued 'profession'. Although acknowledging the diversity of theoretical positions, Abbott judged that together they took a similar "synthetic theory" approach (Abbott, 1988:10); and, in contrast, he devised a "systems theory", suggesting that professions inhabited a closed "inter-dependent system" (1988:2) in which they competed explicitly and implicitly with other occupations and neo-professions to carve out unique jurisdictions of influence. In theorising his system of professions, Abbott's focus was on the practice of professional work, that is, what professionals actually did in their roles, rather than on institutions and organizations bestowing professionalism.

Although research on professions and professional identity stretches back decades, it remains prevalent because of the growth of occupations that aspire to professional status and to carve out new jurisdictions of influence. Deploying an historical and institutional lens, Goodrick and Reay (2010) investigate the formation and legitimising of a 'new' professional identity for nursing. They chart American nurses' development over a forty-year period from doctors' assistants to "independent practitioners" by analysing discourse in professional textbooks (Goodrick and Reay, 2010:56). They find that the process of legitimising professional identity is slow, because of the inherent conservatism and resilience of professions, and that a range of rhetoric strategies needs to be deployed to enable identity legitimacy. In my study of UK pharmacy, over thirty years, I look comparatively at the pace of identity formation and transition, with this nursing study in mind.

In addition to the well-established, 'traditional' professions such as medicine and the law, there are a tranche of professional occupations emerging, attracted to the enhanced economic and social status that professionalization brings (Larson, 1977). The new professions, often situated in global companies, are dominated less by restrictive practices and self-regulating autonomy, and more by emphasis on expert labour, market

knowledge and entrepreneurship (Faulconbridge and Muzio, 2008; Muzio et al., 2011). Professionals such as data scientists, management consultants, IT managers, project managers, HR managers, are beholden to and affected by their corporate setting. For example, Karreman and Alvesson (2004) reveal that organizational control in 'high-intensity' management consultancies predicates construction and reconstruction of powerful professional identities. Similarly, Evetts shows that companies can use professionalism itself as a "discourse of control" (Evetts, 2006:140) to advocate and direct a wider range of employees' behaviours and work practices; viewing professionalism as a form of corporate authority.

This inter-relationship between organization and 'professional' employee is interesting, as the point at which control and/or autonomy moves between individuals and their companies appears to be dynamic, and potentially a source of conflict. For example, the power of the corporate setting raises ethical and moral questions in a study of the tobacco industry. Professional reputations were tarnished at British American Tobacco when both company lawyers and company scientists "compromised professional standards" in a conflict of interest that had profound social and economic effects (Donaldson, 2000:85). Other corporate scandals such as the bankruptcy of Enron, have focused scholarly debate on how far organizational professionals retain autonomy of practice and decision-making while working within large corporations.

Finally, the intersection of professional and managerial practice is also regarded as problematic for some professionals who regard engaging in financial or commercial practices as a form of 'dirty work' that tarnishes reputation or creates stigma for the profession (Hughes, 1951; Ashforth and Kreiner, 1999; Thomas and Hewitt, 2011). Worried about this aspect of their work, they have responded by adopting tactics to normalise commercial practice, or embed it or realign it within their professional work, or indeed dismiss it (Huisin, 2015).

Public service professionals

While professionals working in the private sector may experience conflicts of interest and identity tensions, as financial imperatives are foregrounded in their workplace, those in public service are not immune to problematic identity issues and tension in the practice of professional work. For example, studies of public sector lawyers (Hanlon, 1999) and UK tax professionals (Currie et al., 2016) show that a more commercial focus in work practice or a customer orientation and discourse, respectively, can create change in public service ethic and, by default, professional identity.

Identity tension is also evident for British healthcare professionals working in a nationalised system of healthcare. One of the philosophical cornerstones of the study of healthcare professionals dates from the eighteenth century Scottish Enlightenment, which celebrates medical humanitarianism and then “separates [it] from the world of commerce” (Cooter, 2007:16). From this point onwards, the assumptions about ‘moral impropriety’ of commercial dealings dominate historical narratives, and indeed medical rhetoric, to the extent that social history of medicine is imbued with a moral loading and a deeply held conviction that altruism, not profit, should identify professionals (Cooter, 2007). This has particular resonance in Britain after 1948, when the NHS heralded a system of free universal healthcare for a ‘deserving’ post-war population. And it partially explains why efforts to commercialise the NHS today are met with hostility as some professionals distance themselves from commercial and managerial aspects of mixed economy healthcare delivery.

In Britain, by the late twentieth century, medical professionals’ authority was challenged by professional managers recruited into the NHS. Since the 1990s an imposed modernising neo-liberal managerial movement dubbed ‘new public management’ (NPM), a movement that has pervaded public sector services worldwide, positioned professional managers in the hospital setting (Hood, 1991; Ferlie, 1996; MacKillop et al., 2018). NPM introduced into the professional world a new tranche of non-clinical managers who by means of financial measures and performance targets began to challenge the practices of clinicians, and latterly their autonomy. In

such an operating environment under increased economic and managerial scrutiny, the clinicians' "enduring commitment to professional identities and cultures" (Currie and Croft, 2015:855) became a source of conflict and disharmony (Ahmad and Broussine, 2003). They responded to the new environment by defensively protecting their professional interests from managerial intrusion (Fitzgerald and Ferlie, 2000). Subsequent studies showed complexity in response to NPM from hospital clinicians (Doolin, 2002), for example, highlighting a "blurring of managerial and professional jurisdictions" within hospitals (Waring and Currie, 2009:755). Meanwhile general practitioners were similarly challenged by the newly negotiated 1990 GP contract which promoted a culture of entrepreneurship for these 'business owner' community doctors (Cohen and Musson, 2000).

The professional hybrid in healthcare research is the working embodiment of a role compromise between specialist medical professionals, increasingly supported by professional advisory bodies and patient advocacy groups (Mold, 2010), who pursue medical excellence with ever-increasing financial investment from the UK State; and the NPM professionals introduced into the health service in the 1990s to redress a perceived power imbalance and economic instability within it (Hood, 1991; Ferlie et al., 1996).

In healthcare, hybrid professionals "retain the 'patient first' focus in supporting medical outcomes", embodied in the 1948 World Medical Association's Declaration of Geneva (Jackson, 2014), but have a wider field of vision in terms of hospital and resource management, using a managerial perspective to help shape decision-making. Hybrids, then, are professionals whose roles are altered by taking on managerial responsibility in addition to clinical responsibility. Such roles were regarded as a solution to the problem of clinicians' resistance to the NPM modernisation (Ahmad and Broussine, 2003), and latterly marketization in the NHS, since the composite hybrid role was believed to potentially reduce clinical and managerial tensions.

Hybrid identity research is extended in a study of public sector medical professionals in hybrid positions (McGivern et al., 2015) where they act either to maintain the *status quo* as temporary managers but with professional sympathies, or they willingly pursue a managerial agenda

undertaking regulatory and audit functions in relation to colleagues but on their own terms, creating new elite professional groups of professional-managers. This distinction between “incidental and willing hybrids” (McGivern et al., 2015:412) and indeed “progressive or regressive professionalism” (Currie and Logan, 2020:539) further confuses a view of hybrid professionals as singular entities, comfortable in their roles, and the saving grace of NHS modernisation.

However there is evidence that casts doubt on the success of hybrid roles as instrumental in breaking the cultural and professional conflict in public health institutions. Blomgren’s (2003) study of nurses in Sweden postulates that the caring, feminised work of nurses could be irreconcilable with the masculine rationality of managerial performance, while in the UK research has shown that many nurse managers experience a high degree of identity conflict, and are neither “representative or credible” nor effective in these roles (Croft et al., 2015:391). This study proposes that the nurses’ social and cultural inferiority to professional doctors, exacerbated by predominantly female gender, had a bearing on this failure, a result sympathetic to Battilana’s evidence supporting status as a factor impacting identity (2011). Croft’s research is significant because the majority of so-called hybrid professionals in the UK healthcare system are nurses not doctors.

Pharmacy identity

The concept of hybrid identity is particularly apt for pharmacy professionals working in private sector community pharmacy. My study focuses specifically on ‘company’ pharmacists, who work as employees of a large multiple-retailer with a nationwide network of shops. For these practitioners, pharmacy is “on the boundary between... shop-keeping and a professional activity” (Berridge, 2011:59). Positioned firmly on the high street with a history of commercial freedom, company pharmacists have, by definition, a hybrid clinician-manager identity. These professionals’ commercial grounding in the retail sector has the potential to offer a new slant on hybrid identity research, particularly as they adapt to public service identity pressure in undertaking NHS work. Indeed, their positioning between

“a regulated activity of delivering prescription medicines and a liberal activity of selling a range of products more or less related to healthcare” (Curchod and Reyes, 2017:21) puts retail pharmacists in a potentially compromised or difficult position in terms of professional practice and behaviour.

Extant literature on pharmacy as a discipline covers scientific and technical issues faced by the whole profession working in hospitals and in community pharmacy. Such literature includes a plethora of papers published in specialist journals including the *Journal of Medical Ethics*, the *British Medical Journal*, *Social Science and Medicine*, and the *Journal of Epidemiology and Community Health*. Articles cover diverse subjects such as ethics research (Cooper et al., 2007, 2008), professional subordination to doctors and the isolation of shop settings (Cooper et al., 2009), interactions with customers (Banks et al., 2007), patient adherence to new medicine regimes (Waring et al., 2015), and professional development from dispensing to diagnosis (Richardson and Pollock, 2010). In addition, some of the ‘profits vs. ethics’ tensions appear in published research on the history of community pharmacy development (Hibbert et al., 2002; Anderson, 2007; Weindling, 2015; Quirke, 2015; Slinn, 2015), exploration of pharmacists’ attitudes to their professional role (Edmunds and Calnan, 2001; Gilbert, 1998), pharmacy regulation in the UK (Resnik et al., 2000; Cooper et al., 2009) and in other regulatory settings such as America/Italy/Sweden (Nicolini et al., 2016), France (Curchod and Reyes, 2017), and South Africa (Gilbert, 1998).

The abiding tension in professional / commercial settings is also a socio-political issue investigated by journalists in the public domain (*The Guardian*, 2017; *BBC Inside Out*, 2018), as they examine private/public partnerships within the contemporary NHS specifically in relation to Boots the Chemists pharmacists. This inspection of professional identity, ‘from the outside in’, extends the debate on identity beyond the introspective analyses and posturing of the profession itself, and outwards ‘in the public interest’, to a public place shaped more by public expectation of NHS services, and the public taxation that funds it.

A study of French independent owner-manager pharmacists, albeit operating in a different regulatory sphere, suggests that pharmacist identity

comprises four facets - medicines experts, local health specialist, owner-managers and trades people; the latter referring to the need for pharmacist to buy product and negotiate prices across wholesale and retail markets. Curchod and Reyes' study specifically calls for research into company chemists working for multiple chains, for whom they assume identity tensions are more acute because "brand identity, strategic decisions and profit-driven orientations are set from above and imposed upon those who exert their profession within the organization" (Curchod and Reyes, 2017:23). This is a good comparative study for me since my research addresses this gap by investigating a differentiated commercial identity within the pharmacy profession. Unlike those in the French study, Boots pharmacists are not risk-taking independent owner-manager pharmacists but are supported financially by the corporate entity, and are subject to its organizational reach.

Abbott called for the "histories of jurisdictions - who served them, where they came from, how the market was, how conflict shaped participants" (1988:325). If Abbott's assertion about professional systems is valid here, then my research data should support it: firstly, where private sector community pharmacy is fundamentally challenged by its contract in 1948 to provide free dispensing of NHS scripts; secondly in the pharmacists' new relationship with doctors, who likewise were pulled into nationalised public medicine and whose dispensing work was consequently decimated²; and thirdly, in the relations between the company pharmacists and their 'independent' chemist competitors.

Describing the Boots pharmacists (1930 to 1960) as 'professionals', or 'becoming' professionals, or even if the name 'pharmacist' rather than 'chemist' or 'druggist' is an appropriate descriptor is potentially contentious and depends on an understanding of the historiography of professional development and the role of the pharmacist. Certainly in the period pre-NHS, the British Medical Association believed that pharmacists were "auxiliaries", not able to work independently of the doctors' diagnostic and treatment skills

² Correspondence of Miss L. Mitchell, Secretary of Medical Services Guild (MSG) of COSHE, 1943-1953. Modern Records Centre, MSS.229/6/C/CO/3/10

(BMJ, 1938)³, while in the public domain, the word ‘chemist’ was displayed on the shop-front and would have been the descriptor of choice for customers.

In addition to potential jurisdiction jostling between professional groups, there is evidence in the literature of ‘systematic’ retraction and expansion of jurisdictions as a result of the introduction of new practices and technologies in pharmacy work. Harding and Taylor (1997) argue that the post-war mass production and pre-packaging of medication, and later the use of IT systems, threatened the professional status of pharmacy despite pharmacists’ unique and expert knowledge of pharmacology and the science of medicine. This was exacerbated by the targeting by pharmaceutical companies of “mass markets for drugs” (Quirke, 2015:161), such as that created in 1948 by the NHS. In addition the efficacy of medicines improved and as the antibiotics era dawned, previously fatal diseases were cured by pills (Moberg and Cohen, 1990). Together these factors nearly eradicated the pharmacists’ centuries-old ability to make medicinal compounds and heal the sick (Harding and Taylor, 1997) in a process that Edmunds and Calnan describe as “de-skilling” (2001:947).

So how do company pharmacists navigate in commercial, public sector and professional spheres with fluidity, while other healthcare workers are apparently constrained by professional demarcation or commercial targets that causes conflict and mistrust? I want to learn from the voices of the Boots pharmacists what tensions exist in pharmacy and how they are accommodated in the formation or transformation of their professional identity over time. That is, look for evidence of how pharmacists, through their engagement with each other, the company, and their customers, undertake identity work (Sveningsson and Alvesson, 2003; Brown, 2015; Reay et al., 2017) to define, form, and change their professional identity.

The three separate jurisdictions, elements or identity constructs - the commercial/managerial identity, the professional identity, and the public

³ *British Medical Journal*, 30 Apr 1938, publishing the government committee report on a medical service for the nation. Modern Records Centre, MSS.292/847/1/60

service identity - are commonly used in organization studies literature. Their interplay has already been cited elsewhere in this chapter with reference to the professions, and professional 'hybrids', and the identity work. The identity elements can be framed at this stage as 'ideal types' (Weber, 1968) deduced from extant literature. However in terms of my overall research study the ideal identity is solely an indicator that helps bridge to the empirical data from which fuller, more nuanced, identity descriptions are induced. This is because an ideal type in today's research is bound to be different from that found in the relatively distant past; and secondly, because my case study focuses on a specific type of pharmacist - in the corporate sector but not at head office, an independent shop manager, but not an independent shop owner. Nevertheless in investigating professional identity, in this case sourcing data from archives, it is helpful to start with established typology.

Firstly, the traditional and well-cited 'professional identity', is the baseline descriptor commonly used in professions' literature (Larson, 1979; Abbott, 1988; Freidson, 1999), and is depicted as erudite, self-governing expert. The second type of identity attributed to professions is public service identity, which foregrounds altruism and patient services and positions the professional as public-spirited with "moral commitment to a fairer society" (Webb, 2006: 84). The third type of identity is commercial identity which, as demonstrated in this chapter, encroaches on both professional and public service identities by introducing either a more profits-driven agenda (Donaldson, 2000) and/or a more managerial focus, both of which can foster tensions and create hybrid identities (McGivern et al., 2015; Currie and Croft, 2015, Currie et al., 2016).

The Boots pharmacists' identity will encompass these aspects of professional identity but will emerge from their unique physical, organizational and market position. My research aims to provide a greater understanding of company pharmacist identity producing new knowledge that can be applied to other retail pharmacists, healthcare professionals, or professionals generally, who work across public and private boundaries and jurisdictions.

Organizational history and identity

There has been a welcome spate of management research in recent years that recognises the value of history methods and historical contexts in framing certain aspects of organization research, including organizational change (Ybema, 2014) and organizational identity (Kerridge, 2016), as well as a wider plea for “incorporation of history into the study of organizations” (Bucheli and Wadhvani, 2014:5).

This use of history and archival sources in investigating organizations and organizational phenomena is captured by organizational or business history, a disciplinary field in which scholars work to understand what happened in the past but also how that past, or insights from that past, can be utilised today and in the future. There is a growing canon of research with this latter focus. For example, the articles published in a special issue of *Organization Studies* in 2018, “Uses of the Past in Organization Studies”, answered a wide range of theoretical questions via the medium of archival investigation. Research studies on rhetorical history, that is, narratives used by organizations as a “persuasive strategy to manage key stakeholders” (Suddeby et al., 2010:157) impact fields such as organizational memory (Rowlinson et al., 2014; Decker, 2014; Blagoev et al. 2018) and organizational identity, including ‘founder’ narratives (Basque and Langley, 2018; Oertel and Thomas, 2018).

Hatch and Schulz (2017) describe a process of “organizational historicising” whereby organizations find utility in archives, making historical authenticity a strategic focus, in this specific case relating to Carlsberg’s repurposing of historical materials for brand marketing of handcrafted beer. They argue that the historicising activities of “rediscovering, re-contextualising, reclaiming, renewing, and re-embedding” an artefact from history in new product development, give authenticity to the branding strategy, from both customer and employee perspective (Hatch and Schulz, 2017:657). On a wider scale, organizational identity itself is the subject of Sasaki et al. (2019) articles on the use of historical ‘identity statements’ as a means of maintaining status and promoting cultural reproduction in traditional Japanese family firms. Similarly, in a study of Italian design companies

(predominantly in the automotive sector), the companies are found to “invoke history to maintain collective identity” (Ravasi et al., 2019:1525) as they engage with material memory through their corporate museums. This intersection of history and identity frames my own research which seeks to use the archive not as a lens into the past but as a site, albeit historical, where research participants engage actively and unassumingly in identity work, demonstrating the processes and circumstances of identity change.

Understanding the processes at play in identity formation and transition for pharmacists situated in a significantly complex setting, UK healthcare from 1930 to 1960, is enabled by my use of uniquely positioned archival source materials. Although the pharmacists work in relative professional isolation in their high street shops and do not form a head office ‘collective group’ such as those that have been the subject of previous identity studies (Grey, 1998; Fournier, 1999; Huber and Brown, 2017; Pratt et al., 2006), they use the Boots retail magazine *The Bee* as a conduit for communication. *The Bee* acted as a collective identity forum or device for their discourse; just as the discourse of the Pharmaceutical Society and retail pharmacy institutions reached the Boots pharmacists through the journals *Pharmaceutical Journal* and *Chemist and Druggist*, respectively. In this way the magazines offered the pharmacy professionals a place of ‘imagined’ collective identity. This concept, introduced by Anderson (2006) in relation to the concept of a political nation created by newspaper propaganda, has been used to describe the imagined corporate community of businesses (Heller and Rowlinson, 2019). In my study the concept extends to experience of professional identity, where pharmacists working in relative isolation in mid-20th century shops (bereft of daily telecommunications nor the advantages of today’s internet and social media) used the magazines to connect and influence each other’s identity. In this way *The Bee* is a site where amongst a plethora of articles, opinions and debates, the pharmacists’ collective identity is shaped, tested, adapted, and even risked.

The contributory nature of *The Bee* magazine offered Boots pharmacists the opportunity to contribute their discourse, opinions, and reported actions to each other. The magazine was not therefore a tool of

coercion or “instrumentalist control of workers” (Heller and Rowlinson, 2019:5) but rather acted as a site of agency and identity work. It was a relational space (Kellogg, 2009) where they could project their ideas or versions of professional identity as well as reinforce, validate and mirror or confront each other’s discourse (Hatch and Schultz, 2002). It is interesting to examine identity “negotiated and (co-) constructed discursively” (Schnurr and Zayts, 2011), whether through interpretation of text, or visual analysis of cartoons; to the researcher the magazines are a gift to investigate “the role of micro-processes in the production of micro-consequences” (Brown, 2017:297).

Visual

Visual sources are not “transparent windows onto the world” but they do “interpret... display... and represent it” (Rose: 2016:2). A key aspect of my methodology relies on analysis of visual material present in the archival data. This final section of my literature review seeks to clarify how the visual has been incorporated in organizational studies. Critically, visual materials have been theorised as conveying complexity (Rose, 2016; Shorrt and Warren, 2012), critiquing managerial bureaucracy (McKinlay, 2002, 2013), having agency in sense-making (Hollerer et al., 2018) and identity formation (Melucci, 1995; Forminaya, 2007; Angouri and Marra, 2011; Meyer, 2013).

The use of the visual as a research tool within organization and management science is increasing as academics recognise that both verbal and visual ‘modes’ construct and promote understanding of meaning, and that words alone can be “inadequate when it comes to communicating embodied, sensory knowledge such as those that arise in interactions between people and things” (Shorrt and Warren, 2012:21). Borrowing from communications and linguistics scholarship, Meyer suggests that a “focus on visuals can further illuminate the ways in which organizational, professional, and personal identities are formed and communicated” (Meyer et al., 2013:492).

Shorrt and Warren’s study of hairdressers’ identity uses “respondent-made” photographic images to generate data, showing the “importance of

materiality in identity-forming processes” (Shorrt and Warren, 2012:18). These subjects’ agency in choosing what was included or excluded in their photos is similar to the Boots pharmacists in my study who are deliberate and calculating in their selection of objects for inclusion in their illustrations or cartoons about pharmacy work and the pharmacist at work. For example, in cartoon composition, the presence of the sales counter, the immaculate work clothing or white coat, the pestle and mortar or the sales till, are carefully chosen and symbolic inclusions and therefore imbued with the pharmacists’ own construction of identity.

More common in sociology, (art) history and communications studies, visuality is incorporated into management studies of advertising and marketing and is acknowledged by Boxenbaum et al., in the 2018 *Organization Studies* special issue, as approaching theoretic “turn” status in business and management research. They suggest that “complex ideas are defined, made sense of, transported and stabilized through words but also through visual and material artifacts” (Boxenbaum et al., 2018:598). Further research by Hollerer et al., in their study of media response to the 2008 global financial crisis, explains that “verbal and visual grammar” together create multimodal sense-making (Hollerer et al., 2018:624).

In my study of Boots workplace cartoons, there is a strong association between a performative effect of cartoon visuals, and the agency of actors engaged in identity work (Alvesson et al., 2008), as the cartoonists were themselves professional pharmacists, that is, the research subjects. Not only is identity represented by speech and language of cartoon protagonists, but also their physical appearance - clothing, demeanour, pose and interaction with others - provide rich data on self-identification, self-worth, and self-parody. By examining cartoon images of pharmacists at work and at leisure over the whole research period, there is good opportunity to watch for consistencies and changes in the physicality of the ‘people’ proffered as typical (and in some cases untypical) embodiments of professional pharmacists. The “spatially anchored conceptualisation of self-hood” (Shorrt and Warren, 2012:30), a literal ‘picture of identity’ is provided by the settings

and materials of the cartoons - and show 'who we are and what we do' at work.

However the insight garnered from studying the visual is finely counterbalanced by the inherent problem of the visual - its ambiguity and complexity in terms of interpretation. Meyer et al. discuss the different approaches to the visual and the ability to follow several analytical pathways (Meyer et al., 2013) while Rose's critical visual methodology stresses the importance of the audience perspective in understanding visual cues and subjects (Rose, 2012). Similarly Halgin et al. (2018) show that there is ambiguity not only in visual meanings but also in the feelings and emotions that they evoke. They cite the importance of marrying visual with textual analysis as a means of understanding or certainly capturing the "paradoxical tensions" within organizations, specifically organizational agency (Halgin et al., 2018:648).

As became clear as I began my research, the voluminous data available to me in a thirty-year run of company magazines was almost impenetrable as a non-digitised data source. Utilising the wealth of visual cues - in published cartoons and illustrations - as signposts to the relevant rich data, made it possible to draw out key themes from the wider data, by focusing on the pharmacists' use of the illustrated cartoon as a means of sharing their professional identity aspirations and irritations.

Humour

This final section of my literature review looks at both humour theory, and its intersection with identity and history. The enactment and communication of humour is pervasive, purposeful and multi-faceted behaviour. Whether humour is generated consciously by the comedian, cartoonist or in written communication and presentations, or more spontaneously in conversation, it has sophisticated and diverse social impacts. My research interest in cartoons lies in the use of humour to highlight issues around identity - specifically professional identity - and the roles of pharmacists as they conducted their daily work. Cartoons provide a medium for the pharmacists to show themselves acting and speaking with

each other and their customers in a representational form that is both familiar and accurate and at the same time exaggerated and dissonant. The implicit honesty of the portrayal is its ultimate success criteria and therefore makes it a powerful, if amusing, representation of the Boots pharmacist identity.

Cartoons are funny, visually and intellectually accessible, “provide particularly concise representations of discursive positions” (Meyer et al., 2013:510), and are absolutely pertinent to their audience zeitgeist. As Boots pharmacists themselves create the majority of cartoons published in this study, there is authenticity in the published voice. In an iconic and accessible format, they encapsulate thoughts, feelings and opinions through either situation or slapstick comedy, or more thought-provoking irony and satirical humour.

Writing about using cartoons as a historical source, Thomas Kemnitz points to their emotional content, in particular their ability to capture emotional depth, as a defining and important feature, usually absent from more formal historical source material. Cartoonists are “skilled in the art of communication” (Kemnitz, 1973:82) and expose the researcher’s gaze to a more personable view of the past. Emotional engagement is further developed by Knoblauch who argues that the strength of the cartoon lies in its ability to reduce “complex arguments into a more palatable visual form” so as to emotionally engage the reader (Knoblauch, 2014:228). In her study of propaganda, she suggests that cartoons’ pervasiveness was so great that it could be difficult to overcome even with facts and ‘rational’ social research.

Cartoons have been used as a unit of analysis in previous organizational history studies, for example, McKinlay’s (2002, extended 2013) study of emerging meritocratic career structure and managerial bureaucracy in banking. The “hidden narrative” of bank clerks resisting governmentality (2013:149) is drawn from McKinlay’s analyses of secretly circulated cartoons which depict bank managers as ‘Napoleon’ figures and illustrate, graphically, a career path enabled only by climbing the “stepping stones of our own dead selves” (2002:611). The centralised staff files used as source material in this study provide evidence that bank employees were not only directly supervised in terms of technical ability and performance, but

were scrutinised in terms of conformity to behavioural norms, and in effect subject to self-regulation on an unprecedented scale. These documentary sources provide rich and illuminating data, but it is the secretly stashed cartoons (purposely hidden by bank clerks) that provide an unexpectedly precious site for investigating the link between governmentality and identity.

Cartoons have also been used in organizational research (Collinson, 1988; Rodriguez and Collinson 1995; Hatch 1997) and in histories of public sector healthcare settings (Bivins 2017; Knoblauch 2014), but the Boots cartoons address professional identity at the intersection of public and private healthcare where the private retail chemist organization is contracted to provide public service healthcare dispensing. And they address it in an engaging and direct way, providing pictorial evidence of changing concepts of identity, yet imbuing them with layers of ambiguity that conceal whether the images reflect, mask or constitute the pharmacists' reality (Preston et al., 1996).

Organizational humour has been described by management consultants as a positive force enhancing outcomes, cohesiveness, communication, solidarity and even "improving group problem-solving and ... enhancing creativity and innovation" (Westwood and Rhodes, 2007:4). But in theorising humour, academics offer a more complex interpretation of the utility and agency of humour, focusing less on the spontaneity of comic gestures, words and cartoons and more on their instrumentality and their effect on people and groups. For example, Thomas Kemnitz argued that cartoons were used by groups "deliberately attempting to shape opinion" (Kemnitz, 1973) and in studies of humour in the workplace, researchers have used humour as a tool to search for and highlight identity issues - negotiation of roles in healthcare teams (Griffiths, 1998), maintenance of professional hierarchy (Cosser, 1960), identity definition through deprecating and self-deprecating humour (Warren and Fineman, 2007), and collective identity formation and co-construction of professional identity (Melucci, 1995; Forminaya, 2007; Angouri and Marra, 2011).

Four key strands of humour theory dominate academic literature: superiority theory, incongruity theory, resistance theory, and relief theory.

While the cartoon humour published in workplace magazines does not lend itself to precise retrospective categorization, there is enough resonance in the Boots case to use the cartoons and their humour as a theoretical lens with which to investigate identity. Superiority theory argues that humour helps establish superiority and / or inferiority of groups, creating boundaries between insiders and outsiders and defining their relative status. This could be prevalent around race, gender, sexuality, and in functional divisions, departments, professions or teams placing themselves by reason of their identity above other groups in the work hierarchy. With antecedents traceable back to classical and Hobbesian views of humour originating at others' expense, contemporary studies of medical students and trainee doctors at London hospitals, St Guy's and St Thomas', show that professional elitism and a sense of collective identity is built "through transgression and exclusion". The subject group denigrated students not attending medical school and 'other' subgroups within the medical profession, using mockery to reinforce their "sense of self" (Simpson and Snow, 2017:85). This insider / outsider dynamic fits well with research about professional identity where the system of professions (Abbott, 1988) has been used extensively to underpin theoretical development.

Westwood (2007) cites incongruity theory as the most dominant in humour literature, where humour is defined as arising from the juxtaposition of surprising or unexpected elements with the mundane, experienced both "cognitively" or "emotionally" by the audience. This is the humour of absurdity and discrepancy that "constructs an alternate world" that in some way challenges our everyday world but not enough to threaten it or "precipitate anxiety or stress" (Westwood, 2007:49). Examples of the incongruous appear in all types of humour from pranks to satire. While incongruity theory explains situational humour and cartoons at their face value, other theories about humour develop an interpretation beyond the visual comedy or word play to identify a more political agenda.

Resistance theory highlights the use of humour to challenge authority and "risk messages that might be unacceptable" (Emerson, 1973:269) where humour is used as a placatory or 'soft' tool of protest. This draws on a

popular history of political satire captured by George Orwell's wartime observation, "Every joke is a tiny revolution" (Orwell, 1945:325), and terrifyingly realised through the experience of cartoonists at Charlie Hebdo satirical magazine in 2015⁴. In 'resistance' cartoons, the characters or caricatures may have exaggerated expressions or opinions but as humorous pictures they make the potentially serious appear superficial. Here, humour is "a way of shielding problematic and potentially offensive statements from criticism (Hollerer et al., 2018:628).

In Griffiths' healthcare study humour is used "as resistance to professional dominance" and to "negotiate roles", suggesting that within hierarchical work situations humour allows "subordinates to signal dissent, short of a serious statement of opposition or withdrawal of cooperation" (Griffiths, 1998:874-5). Forminaya's study of anarchic protest groups taking on left-wing traditionalists in campaigns for social justice illustrates the wide use of humour by young activists challenging the practices predominant in the traditional Leninist-Marxist community. The former make fun of the older, serious-minded 'conservative' membership while the latter regard the seriousness of their political stance undermined by the humorous frivolity of the young activists. In this study humour "is a powerful subversive means of political action" that provides agency to collective identity formation (Forminaya, 2007:246).

Meanwhile, new theoretical interpretation of humour suggests that rather than resisting or challenging authority, humour may be a form of authority, and that while appearing to resist, the actors are in fact engaged in self-censorship, with humour a "disciplining technology" (Godfrey, 2016:164). Huber and Brown contend that "organizational members are complicit in defining discourses, subject positions and appropriate conduct through discursive processes that are distributed and self-regulated" (Huber and Brown, 2017:1107). This links with Ashforth's interpretation of visual material in organizations as having a "manipulative value", or being a form of

⁴ The magazine was subject to terrorist attacks in 2011 and 2015, the latter claiming twelve lives. Source: https://en.wikipedia.org/wiki/Charlie_Hebdo

“propaganda or domination by the elite” (Ashforth et al., 2018); raising the question of whether cartoons such as those in the Boots magazine are ‘speaking to power’ or ‘spoken by power’.

In contrast, relief theory identifies the cathartic quality of laughter suggesting humour is “extrovert” and “amiable” (Hopfl, 2007:39) breaking down barriers between people and promoting more relaxed communication. Here ‘Freudian’ tensions are dissipated both psychologically and physiologically through laughter, “a powerful social contagion” and the articulation of feelings (Kavanagh and O’Sullivan, 2007:244). In a study of AIDS/HIV antenatal counselling in a rural Malawi hospital, researchers cite the positive effects of humour in increasing patient engagement and knowledge share, and in reducing anxiety and facilitating “discussion of sensitive or taboo subjects” (Chimbwete-Phiri and Schnurr, 2017:1). This echoes the beneficial assessment of humour in organizations as the “safety valve” that maintains order (Rhodes and Pullen, 2007:199), and the tool whereby people “coped with the nature of their job” (Simpson and Snow, 2017:86).

These four theories of humour can help explain an interpretation of cartoon images and words beyond their initial superficial meanings. Cartoons have the potential as a communicative vehicle to undermine or challenge the organizational status quo or at least raise subjects that evoke response from readers. By analysing workplace humour that relates specifically to Boots pharmacist identity using this theoretical lens, it is possible to see beyond the initial joke, linguistic or visual play, and identify issues of power and resistance, dissonance and solidarity. Studying the use of historic cartoons in company magazines as a process of publication and dissemination of ideas, with an understanding of the diverse agency of humour, should give insight into identity formation and capture identity work in progress.

Chapter Summary

Company pharmacists exhibit multiple identities: they are agents of professionalism and clinical expertise as they provide healthcare advice from the dispensary and they are beholden to externally regulated professional

codes; they are agents of public service (funded indirectly by tax-payers) as they dispense NHS prescriptions or carry out NHS contract services; and they are agents of commerce, as they promote product sales to support their store and sales targets. In addition they are embedded within a corporate organization - bound by its rules, its codes of conduct and its customer service ethos. Not only do the company pharmacists manage these 'three roles in one', but there is no extant research investigating this or showing how levels of identity 'componentry' inter-relate.

The existing literature shows that identity at work, particularly for professionals, can be problematic because of the dynamic nature of work, the organizational environment, and identity itself; dynamics which can often manifest in workplace conflict and tension. Identity literature helps contextualise the issues and theory around such tensions and with 'identity work' has demonstrated that professionals can manage and control identity issues and their responses to them in a proactive way, while employers, too, can promote their own identity values through identity work. The wide-ranging literature also discusses how identity is actively constructed and changed in response to external influences like marketization, professional jurisdictions, and technological or regulatory changes.

There is continued debate among scholars about how much agency the actor has in shaping his/her identity through identity work, particularly in light of pressure to conform to institutional or organizational-led identity. This touches my research, as the company pharmacists are part of a corporate entity. In light of external structural change, the question arises whether they could determine their own identity or whether the corporate entity, to which they were bound, ascribed identity to them.

Although the identity literature on professions has produced many studies on medicine and healthcare practitioners, particularly in relation to the UK's NHS, the increasing commercialisation of this market is demanding a wider research range. My research addresses a gap that exists in the study of healthcare professionals working between private and public healthcare, specifically those situated in a commercial setting. As my study is based on the market leader in UK pharmacy, it also offers unique insight into employee

chemists working for large retail companies. Furthermore, with reducing numbers of independent chemists in operation, employee chemists now dominate the profession in both pre-registration and post-registration roles so the case is highly representative of the current pharmacy profession.⁵

Due to the methods and designs common to management scholarship, the analysis of professional identity has overwhelmingly focused on short and medium term change in identity, and identity work, looking at nascent identity construction, for example, or identity transition as a response to particular events and triggers. My methodology, discussed fully in the following chapter, allows for the observation of identity work over the long-term utilising historical sources to build research data. This intra-disciplinary approach, using history as method, seeks to extend the growing body of identity research in the fields of organization studies and organizational history.

Finally, I use humour analysis as a fast route into the dense and rich textual sources relating to the Boots pharmacy population. Extant research already provides evidence that the use of humour in work environments can be a form of identity work or indeed a means to express political power or solidarity or to undermine existing authority. By evoking emotional response, whether through slapstick cartoons or biting satire, humour has agency as a weapon of direct challenge as well as gentle suggestion - catharsis and call to arms. Therefore it is tactical for me to use theoretical insight from humour and visual analysis to supplement the empirical analysis of pharmacists' speech and rhetoric as they converse and interact in their professional / retail magazine. This allows for greater interpretative scope and nuance, and I have the opportunity to extend the research conversation by using analyses of cartoons to investigate identity through the lens of humour.

⁵ Approximately three quarters of pharmacists are "employees" and with less than one tenth of pharmacists are "owners". Three quarters of all UK pharmacists work as community pharmacists (i.e. in chemist shops). Source: *Registrant Survey, 2013*, General Pharmaceutical Council. [on-line] Available from: https://www.pharmacyregulation.org/sites/default/files/gphc_registrant_survey_2013_initial_analysis.pdf

3. Methodology and research design

“Archives ... are not passive storehouses of old stuff, but active sites where social power is negotiated, contested, confirmed.”

Cook and Schwartz, 2002:172

Introduction

This is an inter-disciplinary case study that questions theory within social science through the investigative lens of historical research. In line with Sveningsson and Alvesson’s contention that identity studies “can’t be captured by questionnaire or interview, or counted or measured” (2003:1165) due to the complexity and subtlety of identity as a concept, I designed an in-depth longitudinal qualitative research study, using primary and secondary archival sources. By examining the process of identity development over the long-term, I was able to collect rich data and ‘witness’ a lived experience of organizational life. The longitudinal study, covering the period from 1930 to 1960, also supplied the “relevant temporal frame” for studying variation (Friedland and Alford, 1991:242), in this case, the identity issues arising from corporate entity, professional associations, and the regulatory State.

History is “immersion in the sources” (Jordanova, 2004:63) and the process of building an historical case involves an iterative process, moving backwards and forwards between source analysis and theory (Srivastava and Hopwood, 2009: 77). History as a method demands hypotheses *from* the sources, not *before* exposure to them. Within an organization science framework it has been described as “derived from reading sources ‘against the grain’ in order to recover practices and meanings from organizations.” (Rowlinson et al., 2014:5).

Historical sources have no absolute value and need to be mediated by the researcher - selected, interpreted, and translated (Jordanova, 2004). My research was intra-disciplinary in nature in that I was fusing traditional historical research based on privileging “primary sources” with a more theoretically-focused social sciences approach, in particular the sociology of professions, creating a historical truth about how relationships between pharmacists, consumers, institutions of state, and professional bodies

impacted the former's professional identity. This allowed me to look for points of intersection between historical actions, behaviour and discourse, and the contemporary world of healthcare provision.

In the research design, qualitative research predominates over a lesser quantitative element, and I use documentary and visual historical sources to draw out the issues of identity facing the protagonist pharmacists across a thirty-year period. As such, these source materials, like the pharmacists themselves, have an agency that can "change the collective" (Sayes, 2014:138). By understanding the social and cultural context and the materials and practices of company pharmacists I am able to make sense of their professional identity as it develops and transitions over time.

My initial exploration is of the identity of (employee) pharmacists belonging to an organizational network of multiple retail chemists. This is a unique but substantial sub-group of the pharmacy profession in the UK that incorporates the following three aspects of role identity at work. My data is analysed with a view to identifying how these elements of identity looked, related and played out over time, taking as a starting point the three 'ideal types' identified in the literature:

- (i) Professional identity - pharmacists as educated and medically trained specialists, allied to professional associations. From extant research, the 'professional' construct implies education and collegiate alliance with fellow professionals, autonomy in decision-making, and expertise (Larson, 1979; Abbott, 1988; Freidson, 1999).
- (ii) Commercial identity - pharmacists as corporate employees, shop managers and customer-service orientated. From the established literature, the 'commercial' construct implies private sector operation, entrepreneurship and/or managerial logic and organizational framing (Donaldson, 2000; McGivern et al., 2015; Currie and Croft, 2015; Currie et al., 2016).
- (iii) Public service identity - pharmacists as public health workers providing NHS services. From the literature, the 'public service' construct suggests public sector employment, altruism, social welfare and justice, ethical professionalism (Hood, 1991; Webb, 2006).

These ideal types act as a theoretical starting point in examining pharmacy identity. However, ideal types are potentially problematic in historical research since they are contingent on both the historical context and the continuous social and cultural changes that distance historical from contemporary settings. In discussing medical professionalism and knowledge, Pickstone suggests “we can try to characterize medicine for a given place and time in terms of combinations or structured interactions of our ideal types” (1993:436). Pharmacy identity is less theorised or aligned with the ideal types in medicine (Porter, 2002, 2004) and indeed is fractured with divisions across public / private sector setting, and entrepreneur / employee status. However the ideal type is a convenient starting point and my empirical historical data proffer the idealised pharmacist whether in the form of the job profile, the identity cartoon, or the representational pharmacist portrayed in a company annual report, advertisement or promotional film [See Chapters 4-6 for empirical detail]. It is in the empirical pharmacist discourse that I uncover how pharmacists navigate between ideal and lived professional identity.

Case study

Boots The Chemists

“In choosing a case, we almost always choose to study its situation” (Stake; 2006:2). The subject of the case study is Boots the Chemists, a community pharmacy chain that grew from a family herbalist business in Nottingham in 1849 to become the UK’s eponymous high street chemist with around 2500 stores. Today Boots is part of global healthcare retailer and wholesaler Walgreens Boots Alliance employing around 380,000 employees in over twenty countries. It ranks as number one on *Fortune* magazine’s 2017 list of Most Admired Companies, Food and Drug Stores Industry (Walgreens Boots Alliance, 2017). The rationale for using this type of case supports general prerogatives that the single case should cover exceptional or complex or “previously inaccessible ... or longitudinal” phenomena (Yin, 2009: 49; Ragin and Becker, 1992). There are four elements that make Boots The Chemists an exceptional case to study:

- (i) Boots' institutional longevity, documented in its extant and relatively unexplored company archive, allows for access on an unprecedented scale to the work of company pharmacists. The archival data document the relationships and communications among Boots pharmacists in the satellite stores and with head office, and due to the institutional setting and implicit staff conformity, their voices are therefore representative of the practice, over decades, of thousands of employee pharmacists. The historical approach therefore allows the rare chance to undertake qualitative research on a very large population sample⁶.
- (ii) Boots was a vertically integrated developer, manufacturer, and marketer of licensed and over-the-counter medicines (Chapman, 1974; Corley, 2003), so its pharmacists were purveyors of their company's own medicines. Thus they retain a real connection with the materiality of medicine supply that other community pharmacists lost as the professional work of preparing medicines was eroded both by the regulatory restriction on handling poisons or "dangerous" drugs, as well as the post-war development of mass manufactured, pre-packaged pills. As a consequence, the company's elite industrial pharmacists' contribution to pharmaceutical research and development is likely to have impacted retail pharmacy practice and the professional identity of its practitioners. In addition, Boots senior industrial and retail chemists move to and from positions in British academia, government, and regulatory and professional bodies, making the voice of Boots pharmacists audible on a wider stage.
- (iii) Boots has a developmental role in the pharmacy profession with its history of serial and unilateral legal challenges to the institutions controlling professional practice, in particular its jurisdictional disputes with the independent community pharmacy sector, for example fighting for the principle of multiple pharmacy ownership, or for self-

⁶ Issues of *The Bee* were distributed to retail staff including around 3000 pharmacists and apprentices; with contributions from (or about) between 100 and 300+ staff per issue. Sources: Boots Statistical records and *The Bee*, 1930-1960.

service in retail chemists. Boots has also an influential history in pharmacy training, providing apprenticeships from as early as 1900 (Chapman, 1974:162). Across my research period, 1930-1960, Boots pharmacists trained around one thousand apprentices annually⁷, though the figures disguise a differential between the 1930-1948 period (average 625) and the 1948-1960 period (average 1260); which in part corresponds to the increase in store network over time, but also the increased dispensing workload, and the consequent demand for more dispensary staff (Boots Archives, WBA/BT/3/8/7/6-35).

- (iv) From mid-twentieth century, the geographic reach of Boots the Chemists in the UK extended from the Orkney to the Channel Islands, from inner city to rural county town (Chapman, 1974) with the company using the strapline “chemists to the nation”⁸. The company pharmacists fully represented a cross-section of UK communities and as a national rather than a regional chain for most of its long history, Boots was representative of community pharmacy practice nationwide. From this period to present day it dominated retail pharmacy through acquisition of competitor chains, and provided the commercial prototype for ‘follower’ corporate chemists within the UK such as Lloyds Pharmacy, Superdrug, and supermarkets Asda, Tesco and Sainsbury’s, making this case interesting for “theoretical not statistical reasons” (Eisenhardt, 1989:537) in context of the multiple retail sector. The pharmacists were also in different stages of career, at different socio-economic class and cultural settings, while the organizational setting was singular. This means that organizational variance is controlled for (Pratt et al., 2006), yet there is variance

⁷ By 1960 some chemists were educated to degree level at the increasingly popular Schools of Pharmacy, established in 1924 at University College London and in 1928 at Nottingham University, but during my research period the majority of Boots retail chemists trained in-house working under a registered pharmacist on an apprenticeship or “pupillage” scheme, while studying and sitting the Pharmaceutical Society’s professional examinations (following a mandatory syllabus from 1919) at approved institutions such as technical colleges (Trease, 1964:250). It was not until 1967 that Pharmacy Society membership and registration demanded university degree entry level.

⁸ Boots Archives, WBA/BT/16/8/43/26

where theoretically relevant, that is amongst the professionals themselves and their heterogeneous sites of practice (Eisenhardt, 1989).

Longitudinal research

Sveningsson and Alvesson (2003) call on researchers to examine the complexity, context, and process of identity construction and I would argue that longitudinal studies offer a unique chance of fulfilling this brief. By choosing to investigate 1930 to 1960 I observe gradual change as well as pharmacists' response to the singular critical events that re-shaped their professional sphere. What is especially gratifying about working with the Boots case is that pharmacists stayed within the company in many instances for a considerable part of the research period. While the protagonists cannot be described as the tight 'cohorts' of a traditional social science longitudinal study, nor the wide-ranging ideal type professionals in a history of medicine *longue durée* study, they deliver both breadth in numbers and historical credibility - allowing me to take advantage of working in the liminal area between the two disciplines.

The advantage of a longitudinal study of professionals is twofold. Firstly I look for patterns and trends free from the extraneous 'noise' that appears in short-term studies of transition or change. Despite Goodrick and Reay's (2010) research on American nurses' professional development from the 1940s to the 1980s and the Nicolini et al. (2016) comparative study of international community pharmacy development between 1800 and 2000 (with an institutional logics rather than professional identity focus), much of the contemporary social science research tends to investigate change over periods of between two and five years, mirroring a speed of personnel change in organizations and also the real time research window of scholars engaging with active practitioners. These studies tend to "promote snapshot images of identity" which Ashforth suggests are unreliable in demonstrating the dynamics of emerging identity (Ashforth et al., 2008). My study offers a different perspective - in addition to moments of dramatic change or crisis, for example the introduction of the NHS and consequent NHS dispensing,

the analysis shows what happens to the pharmacists' identity in the longer term, during and after such crisis points.

Longer term analysis contextualises actions and discourse during critical events and I may for example be able to see identities transition 'backwards and forwards' in a way that is impossible with short-term study design. And as mentioned in my thesis Introduction, the observed experience of pharmacy professionals may provide new knowledge for application in other professions within and outwith the healthcare sector. For example, there has been some distancing in the literature away from conflict and confrontation in studies of healthcare professionals pitting themselves against bureaucratic managers, or engaged in "conspiracies of self-interest" as researchers uncover more nuanced and complex explanations of professional identity (Thomas and Hewitt, 2011:1373).

Historiography

As my research looks at professional identity in formation and transition over time, I need to isolate elements in the data that inform that change. The subjects are not living participants available for interview and questioning, their identity work is analysed from their published in-house discourse. So I need to make the data analysis as comprehensive as possible using the analyses of historic discourse, rhetoric and visual data to help my interpretation. As the data are taken from a historical setting mostly before living memory and certainly pre-dating contemporary scholarship, I need to contextualise that setting by understanding the impact of the historiography of medical history.

Historiography examines how history is written - its methods, its use of sources, the development of the academic field over time - and it is important for me when drawing on organizational studies literature in my research to be aware of and reflect on how history methods have been used and adapted in this management field to date. The narrative or the story about how a company developed in the past, how it was structured and how it acted has produced a growing canon of research. Organizational history reflects

companies' parallel interest and investment in the commercial exploitation of their histories and archives.

While located in separate institutional faculties, history research and the qualitative research of social science (as pursued in Humanities and Business Schools, respectively) are similar. Both need to make academic contributions, and both use a research process that is valid and credible, with findings that are produced from critical interpretation of evidence. History method starts with an "open-ended question ... that gets revised and refined in light of the data, allowing unexpected insights to emerge from empirical data" (Yates, 2014:272); a parallel method to the wholly inductive research methodology grounded theory, and its derivatives, in social science (Glaser and Strauss, 1967; Strauss and Corbin, 1998; Charmaz, 2006).

Growing interest in organizational history research reflects the wider proactive and real-time utilization of history and heritage management within the business community itself to promote reputation, brand, and CSR initiatives; and the increase particularly since the 1990s in direct company investment in internal archive and museum collections, both for external public and investor relations, and internal employee, information and communications management (Logan, 2017). Regardless of brand or corporate longevity, "Our (Hi)Story" is a staple of company websites and on-line marketing.

The historiography of the history of medicine reflects research assumptions and discourses about medical and healthcare professionals from a temporal and retrospective perspective. It was initially closely aligned with the intellectual and philosophical development of the history of science, and in the course of the twentieth century each discipline provided an academic tradition in line with and challenging the philosophical claims of the day. While radical proponents of postmodernism proclaimed that history was a construction of mere opinion, without foundation (Jenkins, 1997), historian and historiographer Georg Iggers, also writing in late twentieth century, believed that "ideas deriving from postmodernist thought and from the 'linguistic turn' are reflected today in a great deal of historical writing, although these ideas originate not directly from postmodernism as such but

from related developments in historical thought and practice” (Iggers, 2003:150). Iggers championed a research approach which turned away from the macro-histories espoused by historians like Marx and Weber and focused on “the lives ... the experiences of little people” (ibid.).

This is important context for this study of the Boots pharmacists, not least as they were embedded in an organization which not only was at the forefront of retail pharmacy but also through its industrial research and development pioneered scientific innovation in chemistry, pharmacology and pharmaceuticals in the fields of human and veterinary medicine, agricultural and general household chemicals, as well as toiletries, cosmetics and beauty preparations. The “therapeutic potency of basic science” which was appropriated firstly by physicians who “brought forward claims about scientific expertise as a new foundation for professional identity” (Warner, 1991:469) was easily adopted by Boots pharmacists. For example, in the mid-twentieth century period, Boots programme of scientific research developed methods to mass produce penicillin, brought Soltan suncare and No7 cosmetics brands to market, and began a sixteen year research project that discovered the anti-inflammatory ‘wonder drug’, ibuprofen⁹.

At this historic point of scientific development, when modernity evoked a continuous scientific progress towards eradicating many common diseases, Boots retail chemists, by association with their industrial collaborators, gained increased credibility and a modern ‘scientific status’. This harnessing of science to achieve authority and status mimics physicians’ pursuit of “occupational dominance” and “disciplinary independence” (Sturdy, 2011:742). While real health benefits included Boots manufacture and distribution of penicillin in the 1940s, the science expertise was capitalised upon by a sales and marketing effort dating from the 1930s that emphasised the company’s investment in research and development and the resultant quality, purity and efficacy of Boots products and medicines in particular. The advertising cachet of a white coat and Bunsen burner, a

⁹ See highlights of Boots history on-line. Available from:

<http://www.boots-uk.com/about-boots-uk/company-information/boots-heritage/>

science professor or government advisor testimonial were taken advantage of in Boots advertisements in the 1930s and 1940s while its executive was drawn from both pharmacy and science backgrounds.¹⁰

Historian E.H. Carr proposed in his lecture “What is History?” that the facts of history were “dead and meaningless” without the interpretation of the historian in what he termed the “unending dialogue between the present and the past.” (Carr, 1961:24). Thirty years later Allan Brandt echoed this view as he suggested that the “study of history is inevitably a dialogue with the present; the study of medical history is inevitably a dialogue with contemporary medicine”. For Brandt, as new generations of historians approach a subject, the “questions inevitably shift...” (Brandt, 1991:201).

Twentieth century historiography therefore changes theoretical assumptions about the history of medicine and science and technology. It is apparent that some ideas including the central relationship between commerce and professional medicine are subject to cultural construction and interpretation over time. Therefore concepts such as actors’ agency flare or dissipate as research trends or indeed paradigms shift. Similarly, the agency of the archive and concept of archival ethnography, permit a theoretical intercourse between the past and the present. This philosophical approach locates my research questions firmly in the twenty-first century but permits past events and eras in Boots pharmacists’ history to address them.

Periodisation

My research investigates the professional identity of pharmacists – what it looks like at given times, for example during moments of market or institutional change, or crisis points. I am interested in how pharmacists experience identity change - whether it is contentious, perhaps caricatured as identity ‘crisis’, or whether it is a gradual process of blending identities against a backdrop of change. However, there is also a likelihood that their experiences entail more complexity or subtlety than this polarisation suggests.

¹⁰ Boots Archives, WBA/BT/11/45/2

It was my intention in picking the mid-twentieth century for this case study to pick a period when change was significant, instantaneous, and established the components or facets of pharmacy identity that are apparent today, despite some very different work practices and inherent complexities in modern healthcare. This made the case study potentially relevant to those managing contemporary conflict or tension or indeed commercial fallout in the corporate sector where differentiated professionalism within the workforce brings diversity of attitudes and practices into an increasingly complex and regulated company culture.

In historical research, “periodization involves the identification of suitable places to start and stop” and as Rowlinson explains this necessitates data collection before and after the research period “in order to identify the period itself” (Rowlinson, 2004:8). To select my periodisation I first read all of the chairman’s statements within the company’s annual reports from 1920 until 2005, as well as browsing the company magazine, *The Bee*, across the same time period from its first edition produced in 1921. With this reading, and having had *a priori* knowledge of company history and archival sources, I chose to research historical periods that captured pharmacy identity in transition - the ‘long decades’ pre- and post- the pivotal date of July 1948. This was the inauguration date, by Act of Parliament, of the National Health Service, an event that committed company pharmacists to nationalised social medicine as contracted providers of an (initially) free dispensing service.

My study focuses on two periods; from 1930 to 1948, and from 1948 to 1960. The start or end of a decade is a common marker in historical research (Jordanova, 2006). In determining my periodization I took account of structural and ‘local’ factors. For example, 1930 marks the first year after the Wall Street Crash, an economic crisis that reverberated across society in the US and the UK, and led to the cessation of Boots’ American ownership. Similarly at structural level, the 1929 Local Government Act disbanded the poor law unions and shifted new powers to local county councils, a change that gave local government the interim healthcare responsibilities that in 1948 were passed to the National Health Service.

At a more localised level, my key archival source, *The Bee* magazine, underwent change by 1930/31; a didactic tone and 'heavier' editorial hand in the 1920s became less significant over time and change is evidenced in the spate of cartoons appearing in the 1930 editions along with increased reader participation, a trend that continued throughout the 1930s under editor H.J. Davis. Significantly, this long-time editor of *The Bee* retired in the early nineteen-sixties which contributed to my decision to stop the research in 1960/1961, so that his tenure was a constant throughout my study period. Having consistency of editorial voice and gatekeeping is beneficial as it removes the variable of editorial contrasts and/or significant change in magazine style and content, from the readership and contributors' perspective, and from the study.

Finally, throughout the research period the majority of Boots chemists trained in-house working under a registered pharmacist in an apprenticeship or "pupillage" scheme, and this training experience is likely to have affected the development of their collective pharmacist identity. While limited degree level education was available, it was not until the 1960s that degrees became commonplace and by 1967 mandatory (Trease, 1964). The focus on internal training throughout the 1930-1960 period, illustrated by the consistent 'apprentice-related' content in *The Bee*, contrasts with the later university path to pharmacy qualification and is another factor in my decision to end the research period in 1960.

The periods before and after July 1948 are very distinct in terms of the professional, commercial and cultural environment in which Boots pharmacists worked. As their role from 1948 became structurally linked to the NHS, not only were they carrying out NHS work – free medicine dispensing – but their relationship with customers underwent change as high street chemists became sites of NHS service provision. They also experienced the seismic socio-economic change and aftermath of the Second World War, a chaotic and formidable trauma for those pharmacists who endured it. Therefore my periodisation covering the 1930s, 1940s and 1950s, but split into two distinct periods, pre- and post-1948, allows me to

compare professional identity over the long-term, retaining close observation at moments of instantaneous as well as gradual change.

Archives as data source

Archival data

The main sources for the research are primary archival data from Boots Archives positioning historical analysis as the primary research method of the thesis. While business records lose commercial sensitivity over time they are particularly valuable because of it, as they retain rich, detailed content that becomes an available resource for scholars.

“No actor, or observer, historian or archivist, is ever neutral or disinterested in any documentary process, nor is any “text” they consult ... or preserve ... a transparent window to some past reality” (Cook and Schwartz, 2002:182). My approach when using archival records is to reflect on this viewpoint and to mitigate against it undermining the validity of research findings by critically analysing my sources and their data. Understanding the nature and power relations of archives is integral to historical research.

Unpublished documentary sources are produced by the company for its own administrative and business use; they are authentic and unique and as their audience is an internal one, they speak directly and with relative openness to practice. That is, archival data are not tailored for a specific external audience, “not made with the intention of revealing the past” (Megill, 2007:29) - they are the ‘working documentation’ of the organization - and can be both formal and informal in structure and content. As an information asset, Boots archive is exploited for its corporate utility; and must be recognised as such by academic researchers.

There are three types of published sources used in my study which are discussed more fully later. The main sources are the privately (or internally) published Boots company magazine, supplemented by the professional journals accessed through registration / membership of the pharmacy profession. Although these published sources had a presumed and sometimes broad audience, they were closed and selective and not ‘public domain’ like the third type, published newspapers (a peripheral source

in this study). Therefore, my main sources together provide authentic idealised representation of pharmacy identity (for external professional audience) as well as self-framed representation of pharmacy identity (for internal Boots audience), with public domain pharmacy identity in newspaper journalism as a point of reference.

The majority of data for my case study of company pharmacists is sourced from Boots archives as my focus is the identity of Boots pharmacists as the dominant players in company pharmacy. However, it is important to contextualise away from this corporate entity by utilising extraneous sources. I consulted archives at the Modern Records Centre [MRC] at Warwick University. It holds governmental and trade union records relating to pharmacy services in the run up to and early implementation of the NHS, which help illustrate contemporaneous perceptions of pharmacists' and other medical professionals' identity. I also identified 'first person accounts' from transcripts and recordings of pharmacists held at the British Library and the MRC, and sourced published information about pharmacy and the role of pharmacists from newspaper articles of the period, thereby providing popular references to pharmacy and pharmacists. Together these sources offered complementary and to some extent triangulated perceptions of professional identity, whilst preserving the "multiple realities, the different and even contradictory views of what is happening" (Stake, 1995:12). They also allowed for public and customer opinion to be gauged from sources that were not Boots-centric and therefore less likely to harbour Boots institutional bias.

In analysing the identity of pharmacists working within the organization I relied on content/theme, discourse and visual analyses of the historical archives to interpret the pharmacists' sense of their working selves, their opinions and behaviours, through identifying in their published correspondence, rhetorical and humorous, those elements of professional and business life that were most important to them at given periods. While this work was predominantly qualitative, specifically interpretive, it was underpinned by some quantitative work to establish commercial and professional context and in text representation and sampling. Sampling was necessary as the primary sources in this research were un-digitised, leather-

bound documentary texts, some of which had a physical fragility that necessitated careful handling.

While some sources had basic indices, in the majority of cases both relevant and irrelevant commentaries needed to be seen and read in order to dismiss the latter from the research data, and none of the main data were digitised. This manual approach to research data-gathering was highly labour-intensive and by necessity increased the need for targeted sampling. This utilises an iterative and reflexive research technique whereby a batch of data is collected from which hypotheses are generated, leading to a more selective collection and testing of fresh data. This allows for a refinement of the original hypotheses into a more complex and nuanced hypothesis for which more data is gathered and ultimately a conclusive description, explanation, interpretation and theory are created. The “visiting and revisiting of data and connecting them with emerging insights” (Srivastrava and Hopwood, 2009: 77) is both a reflexive and iterative analytical process. Thankfully, due to the long historical runs of series of archival sources, the captured data were rich, reliable and temporally comparable.

Archival provenance and integrity

The key theoretical concept of archival research is provenance - an understanding that historical records do not exist in isolation and cannot be taken at literal value but must be viewed as the product of their time and of the organization that created them, so that meanings and ‘facts’ are interpreted in context (Jenkinson, 1922). For example, in this case study the entity producing the archives is a pharmaceutical developer, a manufacturer, a high street retailer, a community employer, and a purveyor of medicines and healthcare advice. The archival sources, for example the company magazines, reproduced the words of individual pharmacists working in and commenting upon their unique Boots experience, mediated through the publications’ editor (himself an pharmacist, a manager, a journalist/author).

My sources communicate the relationships between head office and pharmacists in the diverse geographical communities supported by it. They also communicate relationships between the pharmacists and regulators, the

public, company stakeholders, the media, the profession of pharmacy, and the State. Where archival records are outward facing they are imbued with layers of meaning that influence and shape understanding and policy. The communications are directed and have agency. Where archival records are inward facing they too have agency, communicating strategy, power, company politics, community, and helping deliver sales targets and company growth.

The historical researcher needs to be aware of the complexity and inter-dependency of the sources, understand their literal and contextual meaning, and be able to make sensitive choices in terms of range and depth of primary source data. Terry Cook expresses this as having “postmodern sensitivity and historical perspective” (2001:24), rejecting the archive institution as a neutral repository of facts, and archival sources as the passive “bureaucratic by-products that encompass administrative evidence and public accountabilities” (Cook and Schwartz, 2002:182). Once provenance is established, it is skill in critical reading of sources and placing phenomena in context that distinguishes the historian (Jordanova, 2006) in her/his archival research. For example, there has to be understanding and appreciation of variance between intentioned “imperative invocations” (Basque and Langley, 2018:1697) and casual discourse of protagonists who are “witnesses in spite of themselves” (Lipartito, 2014:290).

Another key concern for the historical researcher is the integrity of the archive - its creation and management. Archives are the institution’s record and as such are representative of the organization on its own terms. The archive is lucidly summed up by South African archivist Verne Harris in his candid reflection on giving evidence to the post-apartheid Truth and Reconciliation Committee between 1996 and 1998, as representative of the National Archives of South Africa:

“...the archive can never be a quiet retreat for professionals and scholars and craftspersons. It is a crucible of human experience, a battleground for meaning and significance, a babel of stories, a place and a space of complex and ever-

shifting power-plays. Here one cannot keep one's hands clean. Any attempt to be impartial, to stand above the power-plays, constitutes a choice, whether conscious or not, to replicate if not to reinforce prevailing relations of power.”

Harris, 2002:85

In facing up to the archive as a political institution it is important for the researcher to reflect on the organizational context of the archive, in this case a corporate entity, and to have awareness of the role of the archivist in creating, managing and maintaining the archive¹¹:

“In the design of record-keeping systems, in the appraisal and selection of a tiny fragment of all possible records to enter the archive, in approaches to subsequent and ever-changing description and preservation of the archive, and in its patterns of communication and use, archivists continually reshape, reinterpret, and reinvent the archive. This represents enormous power over memory and identity, over the fundamental ways in which society seeks evidence of what its core values are and have been, where it has come from, and where it is going.”

Schwartz and Cook, 2005:1

The archive at Boots, the key resource for my research, was created and managed by professional archivists from 1995. Their working principles include managing provenance, understanding organizational structure and supporting the growth and exploitation of the archive in an objective way, but primarily as an internal information asset.

After the formation of the company archive and the commissioning of a corporate records centre in 1999, the archives were assessed, computer-catalogued and securely stored in optimum archival conditions. The allied

¹¹ The author was responsible for creating Boots the Chemists archive; i) theoretically - making the business case, ii) practically - as client for facility design and build, iii) digitally - developing the systems for archive administration and data management.

'modern' records policy identified and brought in substantial annual accessions to the archive from the organization and its subsidiaries as well as the local community and other stakeholders. The move from *ad hoc* to active management of company record-keeping ensured that the integrity of the collections was maintained with the known *proviso* that the archivist acted as "an active mediator in shaping collective memory through archives" (Cook 2001:24).

While the key utility of such institutional archives comes from the controlling ability to manipulate memory or history, through social construction of the archive itself, my research use is confined to an examination of a series of records. I was not a historian trying to create a social memory of pharmacists' identity; rather I am using their specific 'bounded' performance of pharmacist identity - as published on the pages of *The Bee* - to engage with their voices in the archive and experience how they spoke to each other and could speak to us today. Yes, theirs was a 'decent' and censored version of the mid-century Boots pharmacist - there was no mention of social impropriety, mental illness, post-war traumatic stress, addictions or crimes, which must have visited this population and are represented in other sites such as journalism¹². However the clean, perhaps sanitised, version of pharmacy identity was the identity they proclaimed, built, shared, sought and thereby promoted as their professional selves.

This promotion or representation of identity in the magazines has an authenticity linked to the magazines' materiality as data source; firstly the pharmacists knew that the readership in their own shops knew who they were, so their expressed identity had to match perceived identity to maintain their personal credibility; and secondly, by close consideration of their spoken words, across a long timespan, I am able to find, in the texts, Cook and Schwartz's (2002:178) "counter-narratives, even the sub-narratives" regardless if the authors were "cognizant of posterity" at the site of production.

¹² See chapters 5 & 6 for external media perceptions of pharmacy.

Research phasing

As mentioned previously, the raw data are predominantly drawn from the company archives of Boots The Chemists and comprised written, spoken and visual documentary evidence. The data were collected over an extended period of time between 2016 and 2018. The majority of archival research took place *in situ* at Boots Archives where I worked on a two or three-day week basis during data-gathering periods¹³.

The first phase of the research period, September 2016 to December 2016 was spent carrying out an initial scoping exercise at the archives to establish what records series were most pertinent to the research topic, their completeness, and from this the optimum periodisation to pursue. In addition I interrogated on-line archive databases to establish the whereabouts and the accessibility of 'non-Boots' records. This period was also used to make contact with archive staff at Boots and at Warwick's Modern Records Centre to discuss in collaboration with them the potential of records series and the feasibility of using particular sources from their collections. The discussion with Boots archivists was on-going throughout the research period both to exchange ideas, receive feedback on interpretation of records and to provide fresh source material as the direction of the research moved closer to its final shape and position. In tandem with this work was an assimilation of Boots commercial history. This allowed me to position the 1930 to 1960 period in context, and to make sense of the record types - their style, composition and voice.

The second phase of the research from January to May 2017 was a detailed study and analysis of the company magazines for the duration of the research period and recording of any pharmacist-related or pharmacist-generated correspondence and communication. The data were collated on Microsoft Excel spread-sheets, tabulated by archival provenance, that is, by source document and by date, so that chronological change is seen across

¹³ Access to the private archives of Boots UK Ltd was negotiated and agreed prior to the data gathering process, and access itself took place at the Boots head office site in Nottingham.

two distinct time periods - pre and post 1948. Information and quotations from the sources were further categorised according to key identity types - professional, commercial and public service - as these are the known aspects of the pharmacists' identity that I wanted to investigate.

As expected of a staff magazine the articles varied in tone but throughout the magazines I uncovered a seam of humour, both in articles, correspondence and in the publication of cartoons. This proved to be an unexpectedly rich and important data source and I took a further six months to focus on it, with a view to using it as a means to 'open up' the documentary discourse around professional identity. This pilot study which is described in Chapter 4 allowed me to investigate the broad identity themes within the data by examining, first-off, the indicative cartoon messaging, which was delivered by pharmacists with a view to widely disseminating both routine and challenging ideas about the nature of their identity assumptions, conflicts and transitions. This preliminary analysis, of cartoon image, language and humour offered an unusual methodological pathway but one that facilitated a parallel study of identity through an additional lens.

The research method used content analysis to interpret the cartoons and draw out identity themes and issues about company pharmacist identity. Content analysis - along with "rhetoric analysis, framing analysis, semiotics, critical and deconstructive designs, or hermeneutics" - is a common method for qualitatively analysing visual artefacts and data (Meyer et al., 2013:510). A secondary step in the research design, once the themes were identified in the cartoons, was to re-visit the data sources with a more focused research strategy allowing a more purposeful trawl of the documentary sources. I re-examined the whole research period using the results of the visual and humour analysis as my 'search-engine'.

In this way the cartoons provided a vehicle or springboard from which to tackle the main body of rich data in a third stage of data gathering from January to July 2018. In this research period, and also in light of the richness of the cartoon sources I re-visited a wider range of visual sources such as photographs, illustrative caricatures and film footage. These visual materials or objects - present across the research period and therefore 'speaking' to

the network of Boots pharmacists, retail staff and, on occasion, the general public - framed the pharmacists' identity and as such provided, like the wider archival sources, a mediating agency (Latour, 2002b, 2004a) or at least "causal agency" in the pharmacists' identity work. (Sayes, 2014; Bloor, 1991:91).

Research ethics

Researcher perspective

A factor bearing on data collection was my own history as company archivist at Boots, from start-up in 1995 until 2008. This gave me professional knowledge of the structure, strengths and weaknesses of the archive, as well as an in-depth knowledge of the Boots organization and its institutional history. One of the most challenging aspects of using a corporate archive in terms of research validity is that "one cannot ever be certain to have ...consulted everything, and there are no straightforward techniques ... to survey the relevant material" (Decker, 2014:521). For me it was undoubtedly advantageous to understand archives' types and information, as this lessened the time spent familiarising myself with the technicalities of business records, and indeed having qualified as a registered archivist in 1987, and having worked almost exclusively in business archives as a practitioner and a consultant since then, I had confidence in my understanding of corporate structures, practices, inter-relations and working environments.

Insider-knowledge of the research context and pre-understanding of the organization is an inherent benefit but in addition I relied on the professional archive staff at Boots to suggest new sources and to explain provenance and context where necessary. This is particularly important as the Boots archive is a dynamic collection undergoing continuous cataloguing, a process which enables fresh - and potentially pertinent - evidence to emerge at any point during the academic's research period. I also used the archivists' expertise to challenge my own assumptions on context and the inter-relationships between archival sources, while at the same time became

increasingly aware that my academic training allowed me to perceive records' content and meaning in a more critical way.

Although my previous employment status with Boots lasted almost fifteen years and in that time I developed a loyalty to and financial dependence on the company I left in 2008 to set up as a business consultant working on both private and public sector contracts. I then left the UK for a period of years, living in South-East Asia with my family and subsequently teaching. Researching at Boots Archives did re-unite me with archive colleagues but after a gap of around eight years, the Executive and indeed company ownership and structure had changed significantly, so I did feel an independence of action and research objectivity, more so than had I moved straight from employee to researcher status. The temporal gap also allowed for development in the archive collections and management which further distanced me from it and indeed negated my previous position and personal status there.

Research access and protocols

Access to the company records and archives of Boots UK was conditional on the researcher working in an ethical way, in compliance with the research protocols of the company archives, specifically with respect to document handling and confidentiality. Manuscripts intended for publication had to be first submitted to the company management in order to ensure that company reputation was uncompromised and public relations maintained. This was stipulated in the Research Undertaking Agreement between Boots Archives and the researcher, and in the ESRC Doctoral Training Centre Studentship Agreement between Warwick University, Boots UK and the researcher, respectively. As my research was primarily historical, and did not examine areas of commercial or organizational sensitivity, and did not use personal information from unpublished sources, I am confident that its academic integrity was not compromised by these agreements. At no point in the research undertaking was I asked by the company to change the content or analysis of my data, or indeed the tone or nuance of my commentary. The thesis document itself was not subject to any such approvals.

Archival ethnography

I want to introduce here the concept of archival ethnography as a methodological and analytical tool. For clarification, this is not a utilisation of archival primary sources to recover practices or meanings (Rowlinson et al., 2014). Nor is this research looking critically at the institutional entity, whereby the construction, integrity and purpose of the business archive collection are studied with a view to determining agency and utility to the organization (Decker, 2014). My study is best described as primary source archival ethnography whereby the primary sources are studied as if the researcher is 'in the room' with the protagonists who created the data source, in effect listening to their voices and recording, ethnographically, how they speak to and interact with each other. Essentially it tests the feasibility of archival ethnography as a method to interrogate business and address management research questions.

My research investigates identity work and identity dynamics within the pharmacy profession; it is not 'history as performance' rhetoric "to express organizational identity claims" for today's audiences (Basque and Langley, 2018:1685). With archival ethnography, the researcher is immersed via the medium of the primary sources in a unique setting with the subjects, but separated from them in time and unable to interrogate or interact with them. Indeed the temporal isolation of the researcher mimics the geographical isolation of the professional pharmacist subjects. This respects the archival record as a material not "collected, or concocted for the benefit of the researcher" (Rowlinson, 2004:7) but independently produced, with no pre-determined future value, only its value to the creators for their purposes, in their time. This renders the ethnographic subjects free from any performative bias towards the researcher, thereby overcoming the issue of social construction in ethnographic studies which was starkly revealed in Latour's famous study of laboratory work (Latour and Woolgar, 1979) in which they exposed scientific 'fact' as construct.

Finally, the pharmacists in my research are in dynamic communication with each other, and act with agency and intent and purpose in inter-personal engagement with peers and colleagues. They are also unknowing of future

time so the discourse take place in their real-time and my analysis is subject to their chronology. It is not a retrospective study in terms of continuity with the present, that is, the historic chronology does not have agency *per se*, as seen in sociological retrospective ethnographies (Meunier, 2018), for example where participants are interviewed retrospectively about historic experiences.

Archival ethnography emerged in scholarship that bridged History and Management (Rowlinson, 2004, Rowlinson et al., 2014; Decker, 2013, 2014; Esler, 2017). Esler described archival ethnography as “adapting the ethnography to a set of related documents from the past, especially by proposing a mode of ‘being there’ (as a substitute for one’s actual personal presence) that pays the closest possible attention to significant data” (Esler, 2017¹⁴). In my study the immersion in archival data allowed me to read and respond to what the pharmacists themselves would have read and responded to, so my reading encapsulated their connectivity and consequent interaction. I considered their correspondence, engaged with their cartoons, and decided upon my interpretation of the people and characters in the magazines, who I could never meet, just as the Boots pharmacists in history were doing, in their “real” time, be that 1935 or 1955. The more I engaged with these sources, the more I recognised that they represented a collective process of participation, learning, communication and identity work. Indeed *The Bee* was an unapologetic voice for its constituents, who were repeatedly “invited to submit ... news articles, stories, verse, drawings and photographs” (*The Bee* editorial statements, 1930-1960), although of course editorial choices dictated what was published.

The magazine was a material site of collaborative action and despite my researcher identity and my temporal distance, through the close reading of multiple sources I became immersed in an ethnographic present, engaging with archival ghosts. Perhaps this stretches historians’ “familiarity with the metaphor of archival voice” (Decker, 2013:159), but I believe that Richard Evans’ argument that “documents do have an integrity of their own,

¹⁴ See Chapter 1, ‘Archival Ethnography’, available on-line.

they do indeed ‘speak themselves’” (Evans, 1999:104) is exemplified by and underpins my research methodology. Despite the temporal displacement of archival ethnography, my subjects through their published participation in narratives, opinion columns, correspondence, and cartoons describe their “lived experiences” and have a “voice in the research process” (Thomas and Linstead, 2002:76). So long as my approach to the primary sources is reflective and critical, I counter their power as “trick mirrors distorting facts and past realities in favour of the narrative purpose of the author/audience” (Cook, 2001:9).

Table 3.1 Archive source research portfolio

Archival source	Media	Date range	Approx. number
Boots Pure Drug Co. Ltd <i>Annual Report</i>	Published reports	1920-2005	800 pages
<i>The Bee</i> including <i>The Mixture</i>	Magazines (published for private circulation)	1925-1961 (sampled)	8,000 - 10,000 pages
<i>Pharmacy For You</i>	Black & white film (10 minute duration]	1959	
Cartoons	Black & white or colour (published in <i>The Bee</i> or <i>The Mixture</i>)	1930-1960	180
British Cartoon Archive	On-line digital catalogue	1925-1960	N/a
Statistical records	Documentary reports, produced annually	1930-1961	1,000 pages
Transcripts of interviews	Photocopies and digital print-outs	1920-1980	30 pages
Trades Union records	Files and reports	1930-1960	N/a
Government records	Files and reports	1930-1960	N/a
<i>Chemist and Druggist Journal</i>	Paper volumes	1930-1960 (sampled)	2,000 pages
<i>Pharmaceutical Journal</i>	Paper volumes	1930-1960 (sampled)	2,000 pages
<i>The Retail Chemist</i>	Paper volumes	1930-1936	3,000 pages
Peat Marwick Management Report for BPDC	Documentary report (2 volumes)	1966	120 pages
A Report on Chemists Shops, by Mass Observation	Documentary report	1949	20 pages
J. Walter Thompson report	Documentary report	1929	30 pages
The Growth of Multiple Pharmacy	Glasgow University dissertation	1961	30 pages
The British Newspaper Archive	On-line digital catalogue of published newspapers	1930-1960	N/a

Description and utility of archive sources

Primary source data

Table 3.1 summarises the volume and scope of the archive sources, giving an indication of the research task generated by them. In choosing sources I had to, where possible, separate out the voice of the institution from the voice of individual pharmacists, making assumptions about the authenticity and representativeness of the discourse. The key archival sources are discussed in turn, below.

Source 1 – Company magazines

In order to ‘hear the voices’ of Boots pharmacists I examine in particular the discourse of pharmacists who contribute to the company magazines, providing articles and expressing their opinions on contemporary sales and professional issues, and exchanging best practice. My subjects, through their participation in published¹⁵ narratives, opinion columns, correspondence, and cartoons describe their “lived experiences” and therefore have a “voice in the research process” (Thomas and Linstead, 2002:76).

The key source for this investigation is *The Bee*, published continuously (with a few changes in title) from 1921 until the late 1960s. The magazine style, layout and typography was remarkably similar to the professional journals of the day, and demonstrate an editorial desire to be likened to them - authoritative, challenging, and representative of its constituents’ voices. It had also a clear aim to represent its readership as this editorial statement from 1928 shows:

“May we emphasise a point here. The magazine of the Retail Staff – not merely a magazine for the Retail Staff, not merely something automatically prepared for them and as automatically received and read by them, but a medium through which they may impart information, express opinions,

¹⁵ N.B. The company magazines were published for internal company circulation only.

and ask for assistance on any point within their experience as retail members of Boots The Chemists.”

The Bee, Oct 1928:318

The Bee was produced on a regular basis (from quarterly to monthly) and in the first research period 1930 to June 1948 it ran from thirty-two pages to one hundred and sixteen pages in ‘bumper’ Christmas issues. The total number of pages published in this period was around seven thousand. In the second research period July 1948 to 1960 the page count was erratic due to wartime dislocation (editions were longer but published less frequently) but totalled around eight and a half thousand pages. Therefore *The Bee* magazines, as a source for my study, comprised in excess of fifteen thousand pages. None of the content was accessible electronically so in order to build a useable dataset I took notes and quotations from the magazines chronologically, building spreadsheets of all identity-specific comments and material. I also photographed key articles, content pages, and cartoons, so that I could study content in-depth, independently of the archive research room, and return iteratively to the data as analysis progressed. This ensured that I captured all relevant ‘identity’ data that contained single phrases and lines as well as long excerpts.

The volume of material necessitated sampling the source data prior to analysis. This was a pragmatic decision to ensure a realistic timescale for data collection. It is also common practice in historical research where archival sources are voluminous or cover a *longue durée* research period (Schofield, 1972). Therefore I sampled staff magazines published in Spring and Autumn on a three yearly cycle, that is 1930, 1933, 1936, 1939 and for the post-NHS period 1950, 1953, 1956, 1959. Choosing these issues kept the very seasonal Christmas and Summer (i.e. less ‘pharmacy-related’) editions out of the data collection as preliminary research had shown the former to have a heavy focus on Christmas gifts, toiletries, logistics, and fictional story-telling while the latter focused more on the ‘summer season’ products and content.

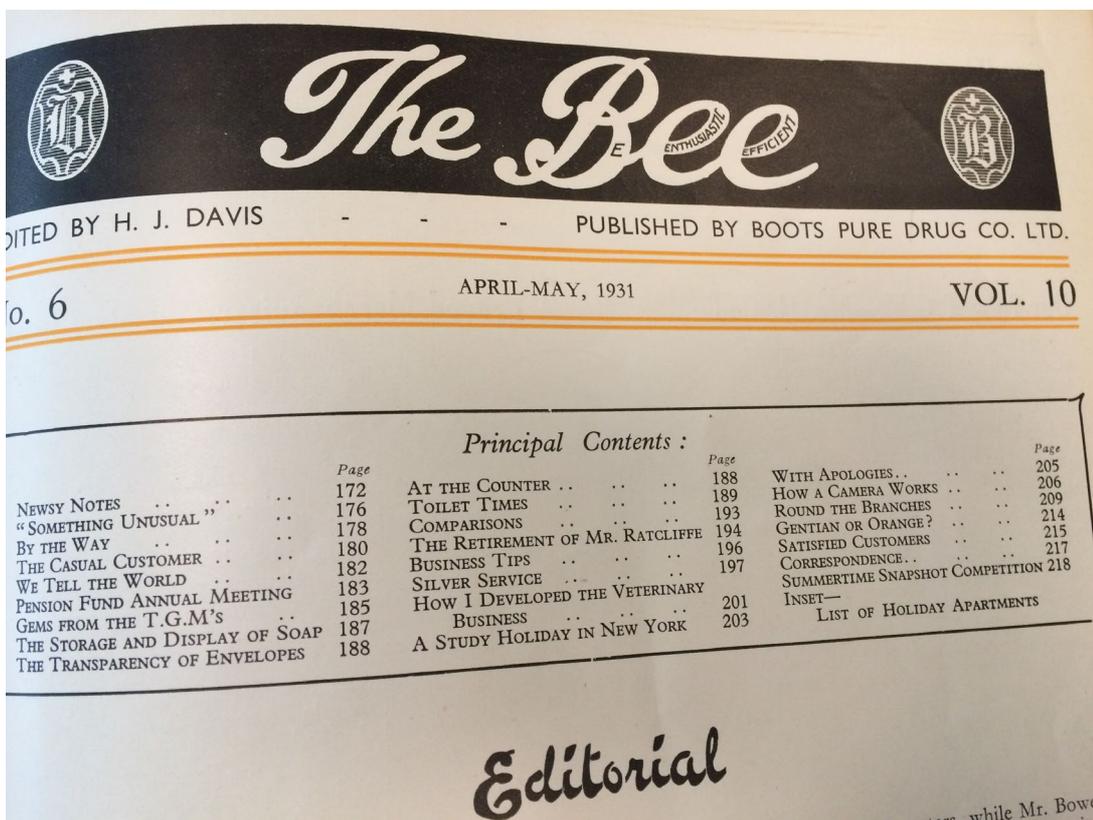
My periodic sampling also reflected the enduring nature of the Spring/April and Autumn/September publications over the thirty-year period of study; other months or seasons were not uniformly represented as magazine production varied from three to twelve issues per year. The archive sources were accessed and analysed in detail allowing me to find “recurrent patterns or figures of thought” and identify “underlying assumptions ... widely shared but not often explicitly discussed” (Ringer, 2006:139). This enabled comparisons of like-with-like across the sampled data.

In addition, the production of the magazine was curtailed during the war years (1939-1945) and in the immediate aftermath due to paper shortages and the loss of the means of production when Boots Printing Works was destroyed by aerial bombing. As this investigation was concerned directly with the 1948 date of NHS establishment, I used enriched sampling before and after this target year by analysing all magazines in 1946, 1947, 1948, 1949, 1950. While the volume of data was relatively small due to production restrictions, it helped research credibility to investigate as much available data as possible rippling out from the ‘critical’ event of 1948.

Using magazines as sources for historical research was challenging as articles and correspondence were selected (sometimes commissioned) and edited by the editorial office. In this case, where I tried to capture the pharmacists’ voice, it was important to have knowledge of how the magazine was edited, its relationship with the Boots Executive, and what changes occurred over the research period. For the duration of the research period 1930 to 1960 *The Bee* was produced for Boots retail staff by the Sales Department, whose manager was on the board of director of Boots. Its ‘sister’ magazine, *The Beacon*, was produced for factory and warehouse staff and focused on issues such as raw materials and production rather than the retail environment. There was some shared content, and between 1939 and 1945 a combined magazine entitled *The Mixture* was published for all staff. This shared magazine was also sold as a Christmas edition to support Boots staff charity.

Both publications had a single editor, H.J. Davis, a “pharmacist-turned-editor”¹⁶. Davis worked for nine years in Boots Swindon store (1917-1926), first as an assistant and then as a qualified pharmacist from 1925. He moved to the Nottingham head office role as editorial assistant as the new magazines were established and took over the role of editor in 1931. He was sole editor until his retirement in 1962 a tenure which gives the magazine both editorial stability and an editorial voice that from the start was knowledgeable in pharmacy principles and practice. The combination of pharmacist editor and sales department provenance within the organization provided a structural framework for the magazine that encompassed professional and commercial identities, a reflection of retail staff interests.

Figure 3.1 *The Bee* Contents page, April-May 1931



¹⁶ Source: *The Bee*, September 1962, Boots Archives, WBA/BT/27/39/2/2/169

There are a variety of routes to publication in the magazines - examples include the “Correspondence” section where letters on all topics featured, news updates from area and store managers, expressed in “Gems from the TGMs” [Territorial General Managers], “Newsy Notes” section, “Gleanings from the Fields of Service”, “Business Tips”. For information, a list of common article titles and the topics they cover is given in Appendices A and B. Understanding the content of each article type allowed me to scan the publications looking in detail at the articles that would provide rich data (Geertz, 1973; Denzin, 2011). Similarly, unlike a traditional content or discourse analysis of text where the qualitative researcher looks quantitatively for occurrences of data, my method was also looking for absences, or the unusual and unexpected, for its richness. In this way a single example of phrase or text, as I will show in my findings, could lead to revelatory data, not “cherry-picked” but chosen as part of systematic data gathering (Gioia et al., 2013:18).

Data, “text segments (short quotes that express a coherent idea) that seem to have a connection with [my] research question” (Reay, 2014:97) were collected primarily in relation to professional identity, the focus of my empirical research; and secondly, in relation to the work environment, allowing the context of professional life to be understood. For example the primary data include direct references to, and articulation of, professional identity, while contextual data describe pharmacy practice and experience and socio-economic environment of the professional actors.

Roughly half of all *The Bee*'s articles in this period were written by pharmacists in the field and varied in subject matter from sharing best practice to maximising product sales, to narratives of outstanding customer service, exchanging ‘business tips’ and views on professional standards and expertise. In some exchanges there was debate on opposing views with either an editorial ‘decision’ on the correct behaviour or on rare occasion a challenge to that editorial decision. *The Bee* was therefore instrumental in facilitating professional “identity work” (Sveningsson and Alvesson, 2003:1165), the process of identity construction and transition, as it comprised communication among thousands of Boots pharmacists, over time

and nationwide, posing and answering that fundamental question of identity “who are we?” (Ashforth et al. 2008:327).

I am confident about the authenticity of the Boots pharmacist’s voice because all magazine articles either cited author directly, or obliquely by attaching author’s initials and store number/identifier. While some letters or articles were written by other members of the sales team, and signed off as such, the majority came from managers who were, without exception, qualified pharmacists, and dialogues appear between regions, stores and teams which show lively discussion on the topics of the day. There was some editorial play apparent when pharmacy stories from the stores were assigned novelty pseudonyms, or head office staffers used a Latinised *nom de plume* like *Satiricus* and *Regilius*. There was also a regular column about the workshy, shabby and clock-watching pharmacy manager “Ingersoll”. But this play was signposted as an editorial device; and it performed a transparent identity-building role as it highlighted how a Boots pharmacist should *not* act. On one occasion a ‘far-fetched’ article published about Boots in a local newspaper was printed with the preamble: "This is one of those 'believe it or not' stories" (*The Bee*, Mar 1947:19).

The discourse therefore presents an authentic representation of what Boots pharmacists were willing to share with colleagues, though I am mindful that this material and shared opinion would reflect, to some extent, the company’s stereotype of a successful Boots pharmacist; and there are no extant records showing what didn’t make publication. That is, the identity and identity work expressed is within a company norm of ‘approved’ and ‘rewarded’ behaviours. Rather than a restrictive or biased interpretation, I would argue that this merely illustrates the process of collective identity work undertaken by and on behalf of Boots pharmacists, in creating their specific identity.

Anticipating sceptics and frauds, the magazine editor occasionally tackled the issue of authenticity of discourse directly with the readership. For example, in one magazine where he suspects some fabrication in customer correspondence submitted for publication, he asked readers directly to “send

only genuine notes from customers”, adding, “We have a nose for the synthetic” (*The Bee*, Nov-Dec 1933:11).

The editorial ‘voice’ in published material in *The Bee* complemented the pharmacists’ identity work with articles about the camaraderie and belonging of the Boots pharmacists and their stores’ teams - sports and social news, and satirical articles about aspects of store life. On a more formal note *The Bee* also ran articles of an educational nature on aspects of pharmacology, *materia medica*, on new medications and their applications (e.g. preparing hypodermic syringes), as well as the critical articles about salesmanship and professionalism in the much-anticipated “Casual Customer” column.

The “Casual Customer” was an organizational actor who contributed to the pharmacists’ emerging identity, in effect acting as a vehicle for critical analysis of Boots retail staff - a “mystery shopper” in today’s parlance. The Casual Customer described and reported good and bad experiences of shopping at Boots stores. These musings which were written in serious tone were anonymised and may have been undertaken by a team of head office staff, or regional staff, or indeed may have been fictional, but the level of detail in describing various transactions, the physical appearance of stores, their geographical position in towns, villages and cities, and the propensity to quote *verbatim* conversations with staff suggested some if not all observations took place or were based on actual experiences. The Casual Customer articles were a regular feature of *The Bee* throughout the 1930s, and s/he was reintroduced as the one-off comedic “A Very Casual Customer” in November 1950.

Regardless how genuinely ‘ethnographic’ the Casual Customer’s deliberations were, the narrative itself is of importance as it reinforces, through positive and negative messaging, the optimum Boots retail pharmacy experience. The fact that *The Bee* contributors over many years referred to the Casual Customer with both excitement and trepidation suggests that whether a fiction, or not, the staff believed in it. While no extant administrative records exist to show managerial agency in creating the Casual Customer, it may be described as a management device to project

an 'ideal' type of Boots pharmacist - a genuine, if symbolic, representation of identity.

In addition to an internal pharmacist "voice" the magazines also represents the external community voice from patients and customers whose letters of thanks and praise are reported in regular magazine features such as "Correspondence", "From Satisfied Customers", "Gleanings From the Fields of Service" and other *ad hoc* articles in *The Bee*. They acknowledged general good service and praised professional expertise. As the magazine editor ensured stores and regions were equally represented in the magazine discourse¹⁷, it was a unique and inclusive sampling of customer feedback from across the UK and across the research period. While the positive correspondence helped create an identity for the pharmacist, any negative or challenging feedback helped change and direct on-going practice, and was therefore a dynamic agent in shaping the pharmacist role. However there are no store-commissioned customer surveys, nor any quantitative sources of customer complaints for this period, so to some extent the material published in *The Bee* has an expected didactic element and purpose to it.

Source 2 – Visual sources

The key visual sources for the research were cartoons published in *The Bee* between 1930 and 1960. I thought it unusual that a comic cartoon would have as a topic or theme the somewhat dry concept of professional identity especially as cartoons seemed to be infrequently used as content in the magazine editions. Some editions and some years carried no cartoons. I decided to audit the size and range of the cartoon data to see if they were worth closer investigation. Across the thirty-year period there were one hundred and fifty-six cartoons in total, for all of which I created descriptive and explanatory metadata.

¹⁷ There was systematic coverage of each of the Boots 'territories' and any Nottingham (head office region) bias was negated by having a site magazine, *The Beacon*, which had many shared stories but a focus on factory and administrative, not retail staff. Geographical diversity is obvious to readers in the article and correspondence sign-offs.

To isolate the identity-focused cartoons, I undertook a process of de-selection from this dataset based on content and intended audience or 'purpose'. Some were not included as they were published during the war years (1939-1945) and its aftermath and tended to focus on optimistic military and wartime propaganda, or the re-adjustment to peacetime living and working conditions post-war. For example a number of the cartoons depicted Boots staff in khaki army uniform in India or Africa with jokes about witch doctors, "demobs", "Gerries" and the "Home Front" - humour being used purposefully to build morale and denigrate the enemy.

Having de-selected wartime cartoons from the dataset the remaining sample covered a wide range of topics addressed to the whole retail population. The majority of these cartoons make fun of Boots products, customers and staff. For example, readers are invited to laugh at the hung-over customer who uses a tube of Brilliantine hair oil by mistake instead of toothpaste; or the fashion trend that popularizes large necklace baubles that result in neck injuries for customers; or the suntan cream returned unused for refund by an angry customer after a traditional wet English summer. This type of humour focuses on shop life, diverse product types and services, customer and staff foibles, and is full of puns, word play, visual slapstick and situation comedy. It is central to the generalist function of the cartoon in the magazine as 'something for everyone' for the retail staff; from porters, delivery men, sales staff, nurses and pharmacy-trained professionals, to the more esoteric staff working as chefs, waiting staff, musicians, hairdressers or librarians in Boots in-store cafes, libraries and beauty salons. These types of cartoon are removed from the dataset, as they did not touch on the representation of Boots pharmacists' professional identity *per se*.

A final tranche of de-selection involved jokes about racial and gender stereotyping - usually of customers, but also of staff. These were de-selected as they told me more about the cultural norms and mores of the period - for examples ridiculing stupid females and foreigners or drunken Scots/Irish - and the site of the magazine audience (Rose, 2012), than about pharmacy identity itself. An example where a gender-specific cartoon was included in the sample was the cartoon depicting a female pharmacist [See cartoon C8;

p.134], where the focus of the humour was her competence and confidence in deftly side-stepping a drunk and unwelcome travelling companion. Here, the cartoonist shows that her professional identity as a Boots pharmacist is more important than her gender; she is part of a professional elite.

Excluding the wartime cartoons and removing peripheral cartoons from the dataset left eighteen identity-related cartoons, amounting to 15 % of the total. While a low sample size, it was a significant percentage, especially given the topic, so demanded further investigation, described in Chapter 4.

In addition to the cartoons, there were images from the start and the close of the research period that visually characterised the identity of Boots pharmacists. In 1931 *The Bee* published humorous caricatures of Boots senior manager pharmacists, the TGMs, enjoying their leisure-time hobbies. More formally, a recruitment film about “being a Boots pharmacist” was produced in 1959 to encourage students to pick company pharmacy as a career. The film was effectively an advertisement for Boots, but nevertheless represented the corporate image of a 1950s Boots pharmacist.

Source 3 – Annual Reports

The Boots annual reports are the statutory record of company accounts and results, published independently for investors and in local and national newspapers for the benefit of potential investors. Early annual reports were published as a profit and loss account embellished with the chairman’s statement to shareholders giving the corporate view of company achievements and setbacks. In order to build up a sense of this corporate publication over time I read all annual reports from 1920 to 2005, copying and filing the chairman’s statements and creating a spread-sheet of key events in company development to support contextual data collection.

Separately, for the research period 1930 to 1960, data was extracted that focused on or described pharmacist identity. These data were collated in a similar way to those from *The Bee*; I selected all identity-related discourse in which the work of Boots pharmacists was explained or discussed, including any ‘who they are’ or ‘who they should be’ views mandated in the chairman’s speeches. As the reports and statements were produced

annually in early summer time, they also related temporally to the data from *The Bee*. This allowed me to identify alignments in thematic content, and how Boots pharmacists' discourse related to corporate discourse. Therefore a dataset of more objectively organizational and centralised discourse - a company voice - complemented the dataset of localised voices of retail pharmacists from *The Bee*.

Throughout the research period the chairman's statement ran between four and six pages and offered 'unfiltered' and sometimes challenging opinion about the company, pharmacy, the economy, politics and the NHS. This opinionated voice is very different from business leaders' often bland statements today, where the public relations filter is omnipresent. For the period 1930 to 1953 the chairman, John Boot [Lord Trent], offered both 'corporate' and personal voice. His successor, John Savage (chairman for the remainder of the research period) similarly spoke with frank personal authority. Both men had worked only for Boots, Savage having worked up from the retail shop floor to the Board of Directors, Boot being the son of the Company Founder¹⁸.

Source 4 – Statistical records

The statistical records were produced annually as a complete record of Boots Pure Drug Company (and associated companies') sales and expenditure, and were compiled by the "Statistical Department". They provided data for the company balance sheet and annual accounts including chairman's statement, but included highly detailed information on every item of company spend, from cost of raw materials, research department and manufacturing expense to outgoings such as canteen expenditure and the minutiae of office expenses. It is from these reports that I am able to quantify the changing throughput of the prescription dispensing service across the research period (tabulated below, Figures 3.2 and 3.3). These statistics show the changeover from National Health Insurance to NHS dispensing, in terms

¹⁸ It is not until the years after 1981-2 when the company changed status from Ltd. to PLC, that the annual report discourse became the scripted work of professional investor and public relations personnel. [Boots Archives]

Figure 3.2 Numbers of prescriptions dispensed at Boots, 1931-1960

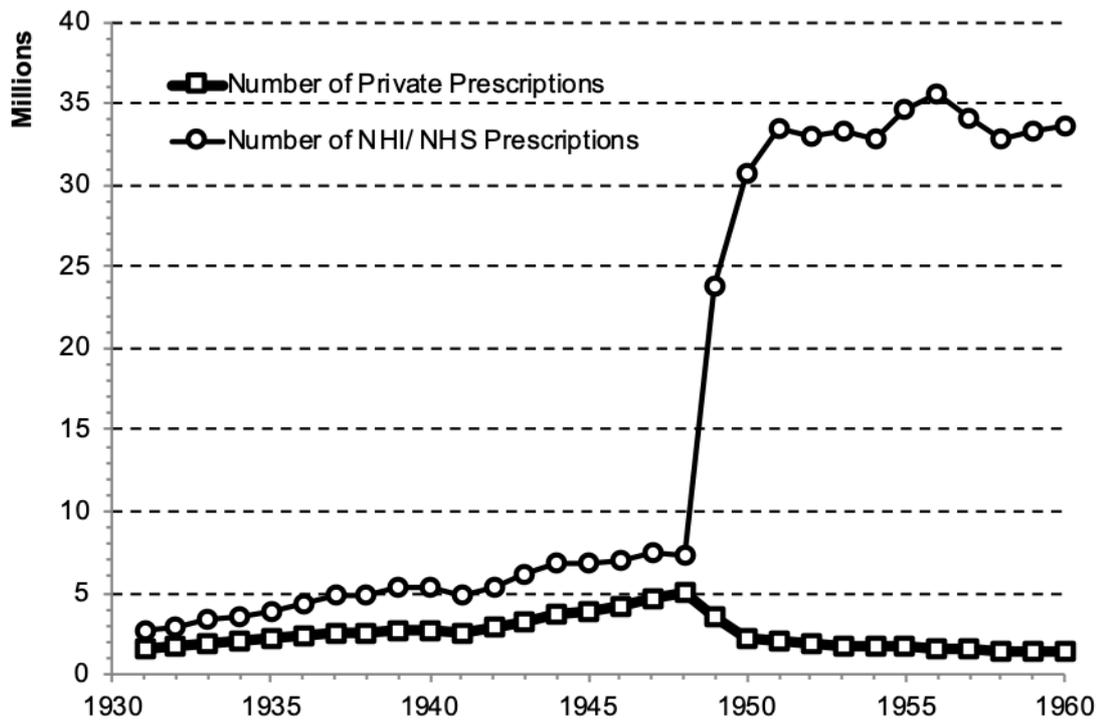
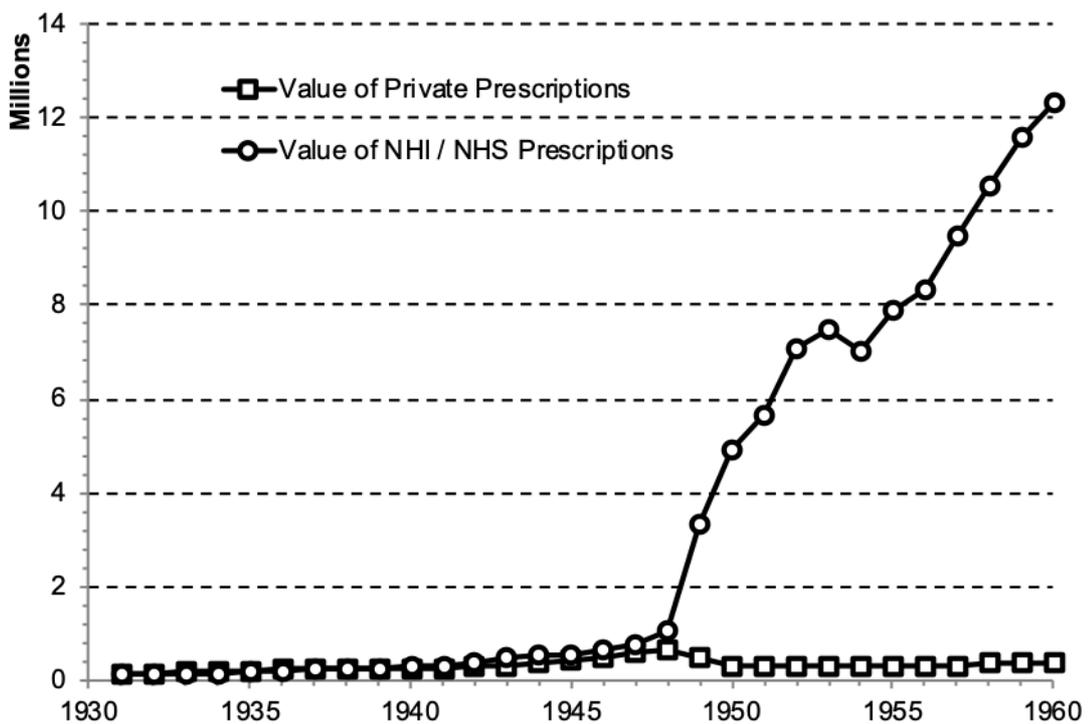


Figure 3.3 Value of prescriptions to Boots, 1931-1960



of absolute numbers and value, and illustrate the practical increase in volume of this key professional skill. The number of NHI/ NHS¹⁹ prescriptions spiked upwards in 1948 and maintained a high level throughout the 1950s while the value of prescriptions over the same period shows continuous increase, with a significant spike 1948.

In addition, the statistical reports record staff numbers year on year broken down into manufacturing and retail, with retail further reduced to TGM, “qualified” and unqualified, toilet and chemist staff. While most of the data are easily comparable across the time period, there are explanatory notes on changes in measures that give insight for the interpretation of data. For example during and after the Second World War, employee data were broken down into full-time and part-time. The statistical records differentiated full and part-time employees but counted two part-timers as a single employee (of full-time equivalent) when reporting staff numbers. From a research point of view it was important to understand this calculation, as the absolute number of new staff members in a store may have been double the stated number where part-timers were employed. The proportion of new staff would undoubtedly have impacted identity formation and transition. Similarly, while the statistical reports were detailed and consistent in their reporting, they did not show, for example, the wartime refugee pharmacists joining Boots, although this trend was observed in *The Bee* with regards to refugee doctors. Similarly, gender reporting was inconsistent and incomplete.

The reports are particularly fragile, typed on both sides of thin tracing-like paper, with ink bleaching into the acidic paper and visible from one page through to the next. In order to be able to read and avoid the potential damage of torn pages, I photographed the relevant pages, inserting a white A4 sheet behind each page to help highlight the text - those relating to pharmacist numbers, spend on *The Bee*, number of stores opened and closed annually. The images were transferred onto computer and numerical

¹⁹ In 1948 the NHI (workers' insurance scripts) cease and are replaced by the free NHS scripts, which for purposes of clarity in relation to private scripts, are shown as a continuum on the graph. Source: WBA/BT/3/8/7/6-35, Statistical Reports 1930-1960.

data manipulated by spreadsheet to create quantitative datasets. A statistical report contents page from 1958 is reproduced in Appendix C.

Source 5 – Professional Journals

Boots pharmacists were affiliated through professional qualification and registration to professional institutions and bodies whose publications projected an image of professional pharmacy identity, as it was their remit to educate and mould professionally able and capable pharmacists. Their journals may or may not have contested Boots pharmacists' identity claims and I included them as research sources to learn if there were conflicting identity dynamics at play.

Criteria for choosing journals to research was, firstly, that the journals needed to cover comparative time periods, and secondly that they needed to be published in the UK so that they covered UK issues and represented UK pharmacists. This was especially important since the development of pharmacy in the UK was quite unique, globally, not least in the development of multiple retail pharmacy chains (Corley, 1974).

Both *The Pharmaceutical Journal* and the *Chemist and Druggist* met these criteria. The *Pharmaceutical Journal* has been continuously published in the UK since the 1840s and from 1859 was the official journal of the (Royal) Pharmaceutical Society. The *Chemist and Druggist* was established in 1859 and focused on retail pharmacy in particular, whether in multiple retail or independent businesses (Brake and Demoor, 2009). During the period of research, both journals were published on a weekly basis so the volume of data was potentially at least four times as great as the material published in *The Bee*. For this reason I sampled a smaller number of issues, focusing on issues published between January and April on the same years I sampled the company magazines, that is, the three-year cycle from 1930 to 1960. The dataset for these sources was put together after data was collected from the Boots company magazines, and preliminary findings were highlighting trends in pharmacy identity. This allowed me to search for particularly relevant information that could be used comparatively with the data already collected, to show whether discourse around professionalism

and pharmacy practice as presented in professional journals was distinguishable and separate from the Boots professional voice in the same period.

Source 6 – Newspaper archives

Newspaper archives provide insight into public news and opinion. The British Newspaper Archive is available on-line, searchable by keyword. For my research I made database searches of the *Daily Mail Historical Archive* and the *Times Digital Archive* for the sampled research years using the search terms [“Pharmacist* or Chemist* and “not chemistry”] within categories of “News, Editorials and Commentary, Feature Articles, Letters, Business and Finance, Comic Strips and Cartoons” in order to capture media coverage of pharmacists’ changing professional role over time. As with the professional journals, these newspapers met the two criteria of covering my periodisation, and publishing to the UK market. In addition they were both well-established, influential and nationally distributed daily news sources (Jucker, 2012), and covered both middle class and populist readership.

Though aware of newspaper politics, I was not concerned with their political or editorial biases, as I wanted to see how pharmacy appeared across news sources that were distanced from the pharmaceutical press and Boots press. Mass media journalism offered insight into issues of the day and allowed me to test whether the Boots pharmacist narrative on identity was similar or different to that in the public domain, particularly useful when reporting on the perceptions and impact of the National Health Service in relation to pharmacy.

I decided against searching regional newspapers or regionally-based papers like the *Manchester Guardian* as I wanted to compare like with like. Indeed, results from the first two papers were not dissimilar so I did not feel the need to widen the search. Also, newspaper coverage from diverse localities about pharmacy and pharmacists was often reprinted in *The Bee* for its wider readership. I did, however, search the *Financial Times Historical Archive* on-line, specifically for articles relating to Boots company activity.

Figure 3.4 Report of Investigation, Boot's Cash Chemists, Men and Women, U.K., J. Walter Thomson, September 1929

Source: WBA/BT/11/17/2/5

12. IF NOT AT BOOT'S, WHY NOT?

The following table shows the reasons given for not having prescriptions filled at Boot's and the number and percentage of men and women who gave each reason.

	<u>Men</u>		<u>Women</u>		<u>Total</u>	
No. not having prescriptions filled at Boot's	493	100%	492	100%	985	100%
Have no prescriptions	74	15%	85	17%	159	16%
Boot's too far away	74	15%	79	16%	153	15%
Go to nearest chemist	50	10%	49	10%	99	10%
Don't trust Boot's for prescriptions	28	6%	44	9%	72	7%
Doctor dispenses	41	8%	31	6%	72	7%
Accustomed to other chemist	28	6%	32	6%	60	6%
Get better attention at independent chemist	37	7%	16	3%	53	5%
Go to panel chemist	10	2%	26	5%	36	4%
Boot's drugs inferior	8	2%	21	4%	29	3%
Satisfied with other chemist	17	3%	11	2%	28	3%
Quality better at independent chemist	24	5%	11	2%	35	4%
Independent chemist a personal friend	10	2%	10	2%	20	2%
Prefer to support smaller chemist	10	2%	6	1%	16	2%
Drugs fresher and better at independent chemist	6	1%	8	2%	14	1%
Better service at independent chemist	10	2%	4	1%	14	1%
Prefer independent chemist	8	2%	5	1%	13	1%
Never go to Boot's	11	2%	-	-	11	1%
Didn't know Boot's made up prescriptions	3	1%	8	2%	11	1%

Many other reasons were mentioned but none more than eight times.

Source 7 – Additional sources

There were a number of other primary sources that offered both historic and corporate context to the research [For full list of references, see Appendix E]:

- (i) J. Walter Thomson company's Report of Investigation, Boot's Cash Chemists, Men and Women (September 1929) is a very early example of U.K. commissioned market research and gives a good

snapshot of Boots services and customer insights at the opening of the research period. This forty-page report asked customers about their perceptions of Boots chemists and staff. The research was conducted in seventeen UK towns and cities, the sample [n=987] included men and women. An example question (Figure 3.4) asked specifically why patients used or did not use Boots prescription service.

- (ii) Transcripts of oral reminiscences were another source for understanding the identity and the working lives of pharmacists (Boots and non-Boots pharmacists). I read reminiscences of Boots pharmacists Derek Happs (employed 1939-1983) and AW Bull (employed 1929-1957²⁰), as well as career notes of retiring pharmacists published in company magazines. In addition the reminiscences of Miss Lily Mitchell, a pharmacy dispenser and trade union organiser were particularly useful in identifying views from outside of Boots organization. [Source: Modern Records Centre] The British Library also has an on-line collection of oral histories of professionals including pharmacists. [Source: British Library on-line] Oral history sources bring personalised experiences of pharmacy into the data, conferring “a certain status to memory” (Jordanova, 2000:54) and provide insights, reflection and an intimacy of detail from those interviewed and recorded (Perks and Thomson, 2016).
- (iii) Peat Marwick and Company’s Report on Management Structure, June 1966, is an externally-produced report by management consultants on the Boots organization which gives detailed understanding of company structure in the early 1960s. It is a two-part report following a preliminary company survey in September and October 1965, which provides insight into the position (status) of pharmacy in the organization. [Source: Boots Archives]
- (iv) The Growth of Multiple Pharmacies, 1961, by Walter Sneaker. An unpublished post-graduate research study of the development of U.K.

²⁰ There is no employee data for AW Bull beyond 1957, though he may have worked at Boots beyond this date.

retail pharmacy in the inter-war period focuses on Boots The Chemists and rival chemists' chain, Timothy Whites and Taylors with which Boots merged in 1968. [Source: Boots Archives]

- (v) Mass Observation, active from 1937 to the 1960s, was a social science research project capturing public opinion on cultural matters. A Report on Chemists Shops (with special reference to Boots) April 1949 is held by Mass Observation Archive, University of Sussex. The report details people's choice of 'regular' and 'secondary' chemist, using survey sample interviews [n=454] in January and February 1949. The subjects sampled lived in four areas - inner city London, large industrial town (Bolton), small country town (Winchester) and village (Newton Abbey in Devon). Interviewees were local shoppers aged between twenty-five and sixty and their responses provided information about Boots customers and patients in the immediate post-war period, within months of the inauguration of the NHS.
- (vi) Externally-generated records relating to the development of the NHS from the viewpoint of the British Medical Association, HM Government Ministry of Health, and the Trades Union Congress were consulted at the Modern Records Centre at Warwick University. They allowed me to fill gaps in data collection, gain "additional interpretations" (Stake, 1995:115) through alternative and perhaps opposing perceptions of actors' experiences, and aid validation of my interpretation of events and actions:
- Trades Union records capture the early demands for pharmacists to have their own professional union, supported and facilitated by the sympathetic Medical Practitioners' Union [of doctors] but blocked by hostility from the National Amalgamated Union of Shop Assistants Warehousemen and Clerks, and the Trades Union Congress in general. Permission to access TUC records at Warwick was authorised by the Trades Union Congress on written application and I spent two days at this archive consulting the appropriate union records, dating from 1945 until 1960.

- UK governmental records relating to the establishment of the NHS, and its requirement for pharmaceutical services, cover drugs pricing and availability, prescription payments, pharmacist recruitment and remuneration. This includes comparisons between “salaried staff employed by public bodies” with Boots and other private chemists’ pay (Whitley Councils for the Health Services (Great Britain), Pharmaceutical Whitley Council committee minutes, 1955-1959).
- The British Medical Association publication, *Supplement to the British Medical Journal: A general medical service for the nation*, 30th April 1938, discusses attitudes of the medical profession to potential participation in a nationalised healthcare service.

Methodological process

My methodology combines the critical reading of archive sources that is integral to history method (Jordanova, 2010) with the close observation of word and gesture associated with ethnography (Geertz, 1973; Denzin, 1989; Van Maanen, 2006, 2011). The research process, dictated to a large degree by the nature of the data and the data sources, is conducted in six stages:

1. Initial scoping - wide reading of sources to establish periodisation, 1930 to 1960, encompassing pivotal event in 1948. This includes collaborative discussions with organizational archivists.
2. Data sampling - to ensure data are quantitatively manageable yet robust (Schofield, 1972).
3. Initial data collection following research questions (Gioia et al., 2013) - to create datasets for the key sources relating to three known identity elements, with appropriate data coding (Corley and Gioia, 2004). This led to the unexpected and additional collection of visual and cartoon data.
4. Visual analysis and preliminary theorising - discrete analysis discussed in Chapter 4.

5. Secondary data collection and analysis - returning to the sources in light of initial findings to investigate a more nuanced set of questions (Harrison and Corley, 2011; Gioia et al., 2013; Reay, 2014).
6. Data analysis and theorising - working iteratively between empirical findings, the extant literature, and tentative theorising to establish unique contribution (Strauss and Corbin, 1990; Miles and Huberman, 1994; Pratt et al., 2006).

The first two stages were discussed earlier, the others are explained below.

Initial data collection

As discussed previously, my research approach is archival ethnography; my intention is to observe the pharmacist interaction and agency as it plays out in the pages of the popular and widely-read retail magazine, which usually contained between two and three hundred author contributions per issue, in up to twelve annual issues. Using these particular primary sources situates my research in an unusual temporal context, but I believe it to be no different, intellectually, than situating it in an unusual geopolitical, or demographic context; so long as the context is 'understood' and explained, the biases countered, and the sources validated.

Having chosen my case and its periodisation, I applied primary source sampling, as discussed in the research design chapter. I then selected empirical data for my datasets only if they directly or indirectly referred to the identity or role of the pharmacist. This enabled me to establish a picture of the componentry or elements of pharmacists' identity. In looking for evidence of identity issues and identity work I asked, "Were pharmacists talking about identity, and if so, what were they saying"? Of course a loud voice or a chorus of voices or a contentious voice was interesting *per se*, but evidence of the acceptance and normalisation of discussion about professional identity issues was equally valuable to my study. I was also interested in, and noted, *how* opinions and statements were voiced - did the empirical data show that pharmacists were making passive statements about identity perceptions, or were they making proactive didactic statements designed to encourage

professional identity transitions? Like an ethnographer, sensitive to gesture, voice, spoken and unspoken word when observing research participants, I deploy a similar level of sensitivity when I read the archival copy; pharmacists' opinions, observations, and conversations on professional identity.

In identifying the three over-arching themes in professional identity I was looking in the data for discourse around sales and selling and managerial transaction, juxtaposed with discourse around clinical competency, expertise and status, as well as the public service ethic of "security and social justice" and moral worth (Webb, 2006:74). While I alluded to indicative ideal types in Chapter 2, these elements are enriched by the empirical setting and provide more detailed categorisation. The descriptions, below, are drawn from researching the context of Boots pharmacist employment and first perusal of the magazines as source material. It shows the first move from ideal to empirical identities and provides a solid steer for coding the primary source discourse.

- *Commercial identity*

Ideal type derived from literature: pharmacists as independent business owner or corporate employee pharmacists and shop managers. The 'commercial' construct implies private sector operation, customer focus, entrepreneurship and/or managerial logic and organizational framing.

Identity type induced from dataset: includes intense, profits-driven competitiveness with other shopkeepers and private pharmacists, as well as being part of the Boots organization - a large multiple-retailer and its associated customer-focused, and managerial practices. Commercial focus is on sales and selling, stock control, customer service. Despite the lower entrepreneurial risk, the pharmacist needs additional skills to manage a range of Boots stores over his/her career, sometimes with responsibility for large complements of staff, up to thirty or forty mixed-skilled employees.

Shop managers/pharmacists had to demonstrate flair for sales and selling, motivate sales teams, and meet rigorous commercial targets. While the Boots chemists' buying organization could undercut local independent chemists and gain some competitive advantage in a given locality, there was competition among the Boots stores, exemplified by annual league tables of performance and the pressure to maximise efficiency and profit.

- *Professional identity*

Ideal type derived from literature: pharmacists as educated and medically trained specialists, with expertise in pharmacology and pharmacognosy, and practising as Members of the Pharmaceutical Society, the de facto professional body. The 'professional' construct implies autonomy in decision-making and collegiate alliance with fellow pharmacists, while interaction with other healthcare professionals sometimes contentious.

Identity type induced from dataset: educational experience usually gained through company apprenticeship and in-store training, and an ambivalent relationship with private pharmacist/competitors with whom they were both commercially competitive and professionally obstructive over the research period. Across the research period, the level of educational qualification changed, rising to degree-only entry by the (late) 1960s. Professionalism also changed to accommodate new developments in science, nutrition, disease prevention, and technologies of treatment and cure.

- *Public service identity*

Ideal type derived from literature: pharmacists as altruistic public health workers, public sector employment, interest in social justice, patient first focus, antagonistic towards managerial and commercial targets.

Identity type induced from dataset: nationalistic, civic duty, public health agenda - working enthusiastically with government bodies and policy - aligned with company reputation. A positive attitude towards

NHS patients, supporting community healthcare and public health initiatives, and protecting the public from poisons and adulterants.

Public service identity over the research period changes as the post-1948 identity is more complex once Boots pharmacists are contracted into NHS dispensing and government regulation extends from public protection, to regulation in terms of patient service provision. Also, post-1948 there is customer expectation of national health service provision, a factor that impacts the pharmacist and customer/patient relationship, as well as the patient experience of shop setting, which is additionally a site of NHS dispensing.

Since the magazine structure was standardised and editorial control was astonishingly consistent over the whole thirty-year research period it was relatively straightforward to select identity-related material and begin to categorise the elements of pharmacy identity highlighted above. Of course, “case study issues reflect complex, situated, problematic relationships” (Stake, 2006:10), but my focus on how the pharmacists themselves spoke of and presented identity issues in the staff magazines felt like a window into their conversation. Furthermore while there was a gap between representation of identity and manifest identity *per se*, this approach was boosted by the public inclusivity of the magazine communications. Unlike the professional journals that only ‘connected’ a restricted and dispersed professional population who could converse with near anonymity, *The Bee* was available to all the retail staff at Boots and so pharmacists and pharmacy managers’ identity representations could not stray too far from their day-to-day ‘at work’ identities, without creating incongruity or disbelief. This was a forum or relational space (Kellogg, 2009), therefore, where ‘fake’ identity was kept in relative check.

Table 3.2 shows an early generalised categorisation of identity elements in the pre-NHS era as drawn from the article titles/ features of the staff magazines. The commercial and professional identities are strong and integral sub-identities of Boots pharmacists, and the magazine article titles, at first sight, offer insight into relevant topical information and opinion on both aspects of the role in the context of ‘shop-life’. On the commercial side, the

Table 3.2 Magazine articles titles relating to emerging identity themes

Empirical source data – magazine article titles	Identity focus and themes
<p>Sundry Jottings Newsy Notes AGM proceedings report, Pension funds and AGM Retirements, Long service awards, Management Changes Gems from the TGMs; Territorial Supplement; Round the Branches; Territorial Titbits; Branch Focus AGM proceedings report / Pensions AGM Boots Service; Gleanings from the Fields of Service In Answer to our Critics Editorials Correspondence From Satisfied Customers “Dear Sirs” The Casual Customer “Pharmacy has a commercial side” [essay]</p>	<p>Relates to both commercial and professional identity, for example: Complexity of role, lifelong identity, rules and regulations, customer feedback, reputation, high street competition (either the private independent chemists or the grocers / department stores), workplace, wider Boots organization, management and responsibility (profits / people / medicines), customer service, social status</p>
<p>The Essentials of Selling Market Research Hundred Percenter [moving regular customer to exclusive customer] <i>Toilet Times</i>, toiletries supplement Modern Packaging Design Estimating Values - Salesmanship Business Tips From the Other Side of the Counter</p>	<p>Relates to commercial identity, for example: Customers, staff management, sales and selling, store profitability and financial accountability, public relations in the community, being a ‘company’ person</p>
<p>Pharmacy & Poisons Act regulations Dispensing for Apprentices Test Prescriptions Prescription Puzzles Boots Scholarship Examinations: published papers and results Feature articles: Insulin syringes Food For Thought - Dietetics and nutrition Results of recent disease research “The Future of Pharmacy” [essay]</p>	<p>Relates to professional identity, for example: Dispensing, expertise, training and qualifications, medical accountability, public relations within pharmacy profession, being a ‘company’ chemist</p>

pharmacist is the store manager and as such has responsibility for sales, staff, communication and the public face of Boots in their community. On the professional side, the pharmacist is the expert medical practitioner and dispenser, a healer upholding Boots reputation as “Chemists to the Nation”.²¹ While many of the article titles are recurrent in subsequent issues, the table includes some ‘one-off’ feature articles that give an indication of other *ad hoc* material. At face value there is little in the article titles that indicates public (national) service other than perhaps poisons, nutrition and public health information. This is an aspect of identity that appears less visible at this stage in the research study.

Visual analysis

My research phasing was determined to some extent by an interest in and analysis of visual data, namely cartoons. On-going flexibility in the adoption of new archive data was intrinsic to the history method and the iterative movement throughout the research process between archive data and analysis (Pratt et al., 2006; Srivastava and Hopwood, 2009). While collecting initial data, I noticed the prevalence of cartoons in the magazines, some of which directly addressed identity issues. It was through visual analyses of them that many of the sub-themes emerged that were carried over into the coding and analysis of the general documentary sources. Therefore as a consequence of the somewhat haphazard processes that characterise archival research, I developed a methodological tool that simplified and clarified themes in a voluminous archival dataset, enabling the discovery of long term trends relating to identity tensions and transitions.

Table 3.3, below, lists descriptive and explanatory examples of the cartoon topic sub-themes that emerged during my coding of cartoon images. There is obvious blurring between categories, for example sub-themes appearing in more than one identity descriptor include “altruism”, “status”, “career”, and “service”, and some themes are very similar conceptually.

²¹ Boots advertising strap-line, 1934. WBA/BT/16/8/43/26

Table 3.3 Identity sub-theme coding

Commercial	Professional	Public Service
• costs	• altruism	• altruism
• trading	• education	• idealism
• sales	• expertise and skills	• humanity
• customers	• pharmacy	• patient demand
• customer service	• dispensary	• free services
• salesmanship	• status	• NHS service
• quality	• career	• service provision
• commission-driven	• work practice	• standards
• status	• lifelong vocation	• quality
• career	• NHS duties	• relief of suffering
• administration	• prescriptions	• selflessness
• financial targets	• pharmacology	• patient care
• store manager	• service	• remedy and cure
• financial security	• quality	• pain and loss
• success	• patient consultation	• going the 'extra mile'
• NHS business	• medicine and medication	• civic authority
• competitors	• professional network	
• the high street	• life and death	
• staff management	• illness and pain	
• personal gain	• remedy and cure	
• pension	• expert authority	
• organizational authority		

After the cartoon pilot research I was minded to look not only for indications of the three role identities of professional, commercial and public service, but if there were tensions between them and if so how these tensions were expressed and/or mitigated through identity work. In order to

capture this information I re-visited the dataset I had created at the outset of my research which had collected wide-ranging information about the content of the magazines, some of which did not relate particularly to the key identity themes but illustrated broader empirical knowledge about magazine content and issues. With a more focused selection criteria, consequent of the cartoon findings, I searched for data more attuned to the findings of the cartoon analysis. For example I took more care to establish what was actually being said by the pharmacists either in correspondence or articles, with less emphasis on the organizational identity discourse evident in editorial or executive management missives.

Once I had completed the cartoon dataset analysis, I had a more bespoke set of criteria to consider when re-visiting the text sources. I was able to select new material for the dataset which had perhaps been overlooked as source data, as well as understand the contextual cues and nuances better. The criteria below show this more targeted approach:

- comments about the personal characteristics of pharmacists such as altruism, empathy, status, personality
- articles about 'pharmacy life' by retiring pharmacists
- examples of success criteria for store managers' and pharmacists' roles
- references to pharmacists' status in society and community including their leisure time
- physical descriptions of pharmacists and visual representations
- references to pharmacists attitudes and behaviours
- language that describes pharmacists - adjectives and phrases
- references to pharmacists' interactions with other health professionals
- references to professionalism and professional attributes
- references to pharmacists' emotions or personality traits
- references to customers and patients - their mutual status
- references to work practices
- references to prescription service including NHI prescription service
- references to the NHS or free, public healthcare service

- references to store size and staff complement
- references to sales, targets, administration and financials
- references to non-pharmacy sales and services
- articles on pharmacy-related subjects including training and new product launch
- correspondence and opinions expressed by pharmacists and other healthcare professionals and customers
- descriptions of stores and in-store dispensaries

Secondary data analysis and theorising

Historians “implicitly “code” their data... sifting through and re-coding it as new themes emerge” (Yates, 2014:274-5). Initial data coding entailed an arrangement of my empirical data into the three types of professional, commercial and public service identity, so data that either explicitly or implicitly related to these categories were isolated. This analysis allows for looser categorisation than discourse or content analysis and permits comparative coding processes for verbal and non-verbal data, that is, the texts and cartoons/illustrations in my sources. In creating themes I did not look specifically at words in isolation but at a combination of language and expression. Thematic analysis is less vulnerable in longitudinal research to changing linguistic trends, which can render codes obsolete over time. It also suited this ‘analogue’ un-digitized dataset that could not be uploaded for digital analysis.

When categorising the data theoretically there were occasions when the phrasing of remarks alluded to more than one category and it is this interaction between identity elements that formed the basis of my research analysis. For example when the dispensing service was described in the archive source as “business-like and professional” or a branch manager was described as a “Chemist and a Business Man” this information was tagged as both commercial and professional. Likewise in 1948, when the NHS was established, I found public service tasks and behaviours reflected in the discourse alongside and ‘in the same breath’ as commercial practices and imperatives. I created spreadsheets tabulated with columns of data coded by

general theme and sub-themes, citing quotations from the archive sources, an empirical description of these data, and my interpretation of the data. The iterative process of returning to both existing dataset and primary sources allowed me to create narrower sub-categories or nuances of identity within the three over-arching themes.

From the explanatory phase I became more conceptual in my analysis, moving to more synthesised explanatory categories or themes and finally to aggregated theoretical concepts (Locke, 2001; Pratt et al., 2006). This aligned with Holton's view that it is through coding "that conceptual abstraction of data and its reintegration as theory takes place" (Holton, 2010:21). At this stage I developed ideas and theories about the relationships between the identity elements in particular how the pharmacists' identity work illustrated identity stasis, identity conflict, identity change, and the emergence of new professional identity. The constructs of identity buffering, bridging and blending which were described in my literature review (Chapter 2, pp.27-28) could now be applied to the empirical data where the discourse demonstrated identity protection, connection or fusion respectively. The data were also categorised chronologically, so that temporal differences in identity and agency could be identified.

Chapter Summary

My research is based on my case study of Boots the Chemists pharmacists in the mid-twentieth century and uses archive sources and historical method to investigate their professional identity. Contemporary historians know that social and cultural constructions of history tie our interpretations of the past and its actors closely to our own time, and that the questions we ask of the past are determined by our temporal provenance and locale today (Huisman and Warner, 2006). With this in mind the research opportunity to investigate pharmacists' identity across a thirty-year period, using their own words and illustrations as the data source, offers an imaginative and intimate dialogue between the present and the past.

The 'detective work' of finding appropriate archival source material is particularly time-consuming, as the volume of material at the outset can be

overwhelming, and selection decisions can prove fruitless. However, the upside of this research approach is that I am able to examine and 'show' aspects of organizational life across time, and seize the opportunity to study professional identity, a concept that is slow to change, and difficult to observe over the long-term.

The following chapters focus on the empirical data analysis and findings. Chapter 4 covers the cartoon and visual data, and Chapters 5 and 6 cover the time periods pre- and post-1948, the year that the NHS was established and company pharmacists were contracted to support it.

4. Visual identity and humour

“It's worth while to learn the time, and place, for humour in business...”

A Chemist's Credo, *The Bee*, March 1936

Introduction

In the decades prior to 1930 Boots The Chemists claimed to be the “largest, cheapest and best” retail chemists in the UK. However its commercial advantages were anathema to the Pharmaceutical Society which had fought through the courts to prohibit the very existence of company chemists, often called ‘Cash Chemists’, who were regarded by the profession as no better than quacks and charlatans (Chapman, 1974). In contrast, in 1934, the president of the British Medical Association praised Boots’ “incomparable dispensary service”, dismissing that bygone age when the cash chemists’ existence and practices ‘cheapened’ the profession and lowered its dignity (*The Bee*, Aug-Sep 1934:247).

Professional development was matched with product development as the Boot family herbalist shop that started trading in Nottingham in 1849, by 1930 had become not only a retail chain of chemists but also a major developer and manufacturer of drugs, toiletries and cosmetics (Chapman, 1974; Corley, 2003). In my research period, 1930 to 1960, the stores’ network rose from around one thousand stores to around thirteen hundred stores, with continuous expansion stymied only by the dislocating trauma of the Second World War. The loss of almost fifty stores was not recovered until the post-war effort of reconstruction, but a sharp rise in the 1950s signalled both investment commitment and consumer interest.

The most dramatic change to the professional environment of working pharmacists in the post-war era was the introduction of the state-sponsored National Health Service on the 5th July 1948. Literally overnight, general practitioners were contracted to provide free and universal community healthcare for men and women, children and the elderly. Although private healthcare was still an option for those who wished, and could afford to pay,

the principle was established in law that healthcare provision was no longer reliant on local practice, wealth, circumstance, gender or charitable support. As part of this new nationalised system, private sector pharmacists were contracted to provide free dispensing services for the NHS, a change that removed dispensing from doctors' professional domain and catapulted pharmacists into state-regulated public healthcare roles.

Dispensing prescriptions - the procurement, preparation and delivery of medicines - remained the key specialist skill that pharmacists were qualified and regulated to do, although it is apparent after the inception of the NHS that the volume of this work increases significantly. My research shows that the number of prescriptions spiked exponentially in 1948 and maintained a high level throughout the 1950s²², even after the introduction of prescription charges in 1952.

However the Boots pharmacist was also a shopkeeper, incentivized by sales and profits, deploying head office supply chain and its merchandising directives to procure 'best value' medicines and maximise product sales. The shopkeeper identity originated in an era when community pharmacists offered regular advice and remedies far more cheaply than doctors. This shopkeeper identity, too, is impacted post-1948 when all NHS patients could access medication - freely prescribed and freely dispensed - and for the first time there was public expectation of free health services in the high street chemist.

This introduction provides a historical context²³ for my identity research, indicating some of the events and trends across the research period that impacted and influenced the pharmacy environment, and are reflected in the visual records produced at the time.

²² See Figs. 3.2 and 3.3, Chapter 3, p87

²³ The narrative is drawn from my analysis and interpretation of events and data associated with the Boots organization during the research period, and statistics generated from annual reporting of profitability, store network development, staff census, and dispensing services. Source: Boots Archives, WBA/BT/3/8/7/6-35

Visualising Boots pharmacists

In researching the identity of a group of professionals from a previous time period, I was curious to see images of them - be it photographs, illustrations, or illustrative vignettes drawn from accounts of pharmacist behaviour and practice. To behold them, or representations of them, was to literally put faces to the voices that spoke from the pages of their company magazines. What became apparent very quickly in my initial perusal of the magazines, was that 'the visual' was an important component of magazine design, and the Boots pharmacists were often pictured among the stories and features. One pharmacist acknowledges, "There is no surer method of education than a pictorial illustration" (*The Bee*, Nov-Dec 1933:18).

Apart from photographs, which were relatively characterless - pharmacists posing in black and white seriousness as befitted their era, and their status as Boots managers and professional pharmacists - there were many humorous illustrations and cartoons where more personable and comic characters were displayed. As a starting point, and to scene-set, Figure 4.1 shows an illustration from a 'Christmas special' magazine which featured caricatures of Boots TGMs - its senior territorial general managers, all qualified pharmacists.

These approachable yet authoritative figures represented the professional pinnacle for Boots pharmacists - having management responsibility for territories of between twenty and forty stores²⁴. The portrayal of the TGMs shows them away from the workplace, engaged in leisure-consuming sporting activities like golf, cricket and fishing, as well as the status-heavy appreciation of motoring and performing arts. They are portrayed as 'gentlemen' pharmacists with plenty of money and time on their hands. In a humorous but gentle style their private lives are mocked, their masculinity questioned, and their class upbringing exposed to the greater Boots population. However their status and success is not in any doubt and the images showcase personable and powerful identities.

²⁴ Peat, Marwick, Mitchell & Co, Report on the Management Structure 14th June 1966.
WBA/BT/17/7/1&2

Figure 4.1 Caricature illustrations of Territorial General Managers, *The Mixture*, Dec 1931



While this image was produced at the beginning of my research period, thirty years later in 1959, Boots produced a short documentary film,

*Pharmacy For You*²⁵, to help recruit pharmacists. Although a corporate public relations and marketing vehicle, the film promotes an 'ideal' Boots pharmacist, and as such provides rich data on professional identity at the close of my research period. In the movie, Boots pharmacists are situated at the heart of a modern company where "scientific values" and "efficient production" are "a far cry from the alchemist". Company pharmacists are promised good career paths, the opportunity of "being one's own master" (*Pharmacy For You*, 1959). Unlike the TGM caricatures they are filmed at work and dressed in white laboratory coats. Boots also produced and a near-identical promotional film about careers in pharmacy on behalf of the whole profession - made with no references to Boots company - so were trusted to represent the identity of the pharmacy profession at a national level.

Although contrasting images of professional pharmacists therefore door-post my research period, this chapter discusses the many other visual portrayals of 'profession' across the decades, throwing up a more nuanced identity representation. Later in the study I will refer back to both these visual sources to help frame or contrast data from text sources.

Cartoons and identity

The preliminary data collection from *The Bee* produced a mixed bag of educative, sales and customer service articles and reader submissions. The quantity of pharmacist-related correspondence and communication was vast, many thousands of pages. As expected of a staff magazine the articles varied in tone but throughout the magazines there was a seam of humour, both in articles, correspondence and in the publication of cartoons. While I initially viewed the cartoon humour as light relief from the serious business of doctoral research, it soon became apparent that the humour had agency in the representation of professional identity. Perhaps the Boots pharmacists were channelling George Orwell's journalism, "To be funny, indeed, you have got to be serious" (Orwell, 1945:329).

²⁵ Boots Archives, WBA/BT/5/57/3/1

My research interest in cartoons developed as I saw a pattern in the use of humour to highlight issues around identity - specifically professional identity - and the roles of pharmacists as they conducted their daily work. Cartoons provided a medium for the pharmacists to show themselves acting and speaking with each other, and their customers, in a representational form that was both familiar and accurate and at the same time exaggerated and dissonant. The implicit honesty of the portrayals was their ultimate success criteria and therefore they made a powerful, if amusing, spectacle of the Boots pharmacist identity. I decided that a research focus on the 'identity' cartoons could act as a pilot study before moving into the rich documentary archival evidence. The cartoons could therefore lead my research to embedded identity themes. As mentioned in the previous chapter the cartoon dataset had a sample size of over one hundred and fifty, which was reduced to the eighteen identity-related cartoons, a sizeable 15% of the total.

The Bee editor describes the magazine's cartoons as "humorous drawings" (*The Bee*, Nov-Dec 1931:52) and celebrates the expertise of the cartoonists. There is a core body of cartoonists active across the research period 1930 to 1960, and many identify as Boots retail employees through the use of their initials or full signature, and store number inscribed within the cartoon, or printed beneath. The clear majority of cartoons are 'home-grown' where talented Boots employees are able to create cartoons from their original ideas or else interpret into graphic form the ideas of store staff who have encountered a 'funny' customer or situation at work. On seven occasions the cartoonist acknowledges that the cartoon is based on the suggestion of a colleague, suggesting a collaborative approach, while a small number of others acknowledge published political cartoons or cartoonists as their inspiration. [Some cartoons are used to illustrate fiction articles published in *The Bee* and as such are out of scope for my research as they relate specifically to the story narrative.]

The most prolific cartoonist at work in *The Bee* was E. Wyndham Jones who was both Boots insider and professional cartoonist. Wyndham Jones was trained as a pharmacist at Boots Tonypany store in Wales in the 1920s at which time he started publishing his cartoons in *The Bee*, and sister

publication *The Beacon*, but once qualified he became incapacitated and thereafter was unable to continue practising pharmacy.²⁶ He latterly attended art school and throughout the research period was commissioned to produce regular cartoons for *The Bee* adopting both generalist and ‘Boots-specific’ work.

Data gathering

In the previous chapter I described how the cartoon sample was whittled down by excluding cartoons with peripheral themes. After the de-selection process I was left with a dataset of eighteen cartoons where pharmacists’ identity was a topic or subject for analysis. It contained cartoons set in the pharmacy or at the dispensing counter of the branch, and featured a representative pharmacist or “chemist” enacting or describing professional issues and concerns. These cartoons illustrated the pharmacists’ role - what work was being carried out - or status, or other cues to professional identity such as expertise, education and financial security. Cartoons with these themes but set at home or during leisure time were also included as they provided complementary social and cultural perspectives of the pharmacists’ status and identity.

Coding and interpretation of historical cartoons is a challenge to contemporary researchers as cartoons present at face value usually with no contextual provenance, by definition ‘of the moment’, and perhaps deviating from social norms (Bivins, 2017). In addition the process of interpretation includes a more thorough examination than the usual ‘five-second’ scan of a typical reader/viewer. However cartoon humour is widely accessible since its success relies on clarity of communication, so to some extent this mitigates the disadvantage of temporal distance; and I investigated the cartoons with a *priori* historicised knowledge of the period and the organization.

Pharmacists are depicted either expressing themselves or are the subject of the humour of a secondary character. There is no standard pharmacist joke or figure, but a diversity of characters and settings. The

²⁶ Boots Archives WBA/BT/27/36/2; Letter from EW Jones to *The Bee* editor, 1959.

cartoon pharmacists' identity was coded for analysis according to their physicality - appearance, clothing, setting - their spoken words, their actions and interactions and the themes they discussed either explicitly, or implicitly through more nuanced gesture and 'voice'. I also identified who or what they were laughing at, in order to categorise in-groups and out-groups. This also differentiated the aggressive humour of wit and sarcasm from more inclusive and benign humour. The cartoons were also categorised by publication date so that any changes and transitions in themes could be tagged to the chronological context of the healthcare market.

My initial interest in professional identity of the Boots pharmacists was to look how identity developed or transitioned over time and to see if elements of the identity were apparent and if so did they exist in harmony, in conflict or somewhere in-between. Today's professional pharmacists are accused of putting commercial profit before public service or professional ethics. My research determines if these tensions are apparent at the inception of the UK's national health service, or other moments in time, and if so, how they are resolved.

In order to analyse the cartoons as a source of identity work and representation, I looked at a number of criteria relating both to visual appearance and language, following Hardy and Phillips method of identifying "*which* objects were represented and... *how* each cartoon constituted these objects" (Hardy and Phillips, 2010:16). There was wide diversity of topic and representation of the pharmacist and these were analysed in detail to build data using the structured approach below. This structure borrows from Rose's critical visual methodology which asks of researchers to consider sites not only of circulation and production, which I have covered in discussion about the magazines as a source, but also sites of audiencing and image itself, "thinking about the power relations that produce, are articulated through, and can be challenged by ways of seeing and imaging" (Rose: 2016, xxii).

1. Cartoon setting - set in the dispensary or pharmacy or in other parts of Boots stores? Or is it outside of the stores, in a community setting? This establishes the 'insider-outsider' dynamic.

2. Boots branding - is the cartoon setting recognizably Boots or a generic pharmacy setting? Are there brand names or logos or other identifiers of corporate identity?
3. Protagonists' roles - are they managers/chemists or customers or other staff or are the characters external to the corporate pharmacy? [For example doctors, family members, general public, tourists etc.]
4. Pharmacists' physicality - the scientific 'white coat' or corporate business suit, or leisure clothing? And the status implied by clothing and appearance of protagonists and subsidiary characters? Also, the physical relation to other protagonists, whether behind or in front of sales or chemists' counter.
5. Protagonists' demeanour and emotions - age, countenance, gravitas, mood etc.
6. Pharmacists' working practice - what are they doing, and are changes in work practice evident over time?
7. Cartoon title - if entitled, is there evidence of identity themes in the title?
8. Cartoon dialogue - what are the characters saying and how are they saying it? Are regional or class accents/status portrayed? N.B. Socio-linguistic analysis is helpful here but with a small sample and little written language in the cartoons it is not reliable, on its own, as a research methodology.
9. Cartoon topic - are the specific themes that relate to the pharmacist's role as professional expert, commercial manager, and/or public servant illustrated? And is there inter-play with general themes such as retail management, product, profits, efficiency, customer service, good practice?
10. Identity work - i.e. protagonists proclaiming 'who we are' or 'who we should be'? (Alvesson and Willmott, 2002)
11. Cartoon size as published - small (quarter-page), medium (half-page) or large (full-page)? Size affects visual impact.

12. Relationship with customer-patient and / or audience - what is the nature of the communication? Is it questioning or didactic, direct or indirect?

The data collected in this way allowed for empirical and some tentative theoretical analysis. Before discussing how themes and sub-themes connected and theory emerged, I offer four examples analysed in detail from across the research time period.

Cartoon analysis - exemplars

This section summarises content and impact of four cartoons from the dataset, with detailed interpretation of identity and its portrayal. They illustrate four types of identity representation: i) a polarised identity where pharmacists are characterized by a single aspect of company pharmacy identity such as 'altruistic healer' or 'commercial sales manager', ii) a conflicted identity where two aspects of identity appear to compete with each other, in this case a commercial and professional tension, iii) an apparently conflicted identity but where the two elements appear to be working towards each other; here the public service and commercial identities effectively neutralize each other and, iv) a hybrid or multi-dimensional identity where identity elements transition and change seamlessly.

(i) At Your Service, 1930 [Ref. C1]

Cartoon description:

This single-image cartoon entitled "At Your Service" was published in *The Bee* in January 1930. The cartoon covers a half-page in the staff magazine. This is unusually large as most published cartoons were a quarter-page in size. While this could have been an editorial decision based on the amount of available space, it is more likely given the provenance of staff magazine within the Sales Department, that size related to editorial knowledge of potential impact and reach. As a format, cartoons did not necessitate high levels of literacy and this half-pager literally boosted visibility. It is also one of the more 'wordy' cartoons so the larger format ensures it is easily read.



The cartoon is set in the dispensary and the pharmacist is surrounded by talismanic 'medicines' such as "Spirit of Kindness", "Elixir of Youth", "Syrup of Sympathy" and "Essence of Success". The pharmacist's role is reflected in the cartoon title, the capitalised "AT YOUR SERVICE", words at which he looks and gestures. His role is further described on the spine of the large edition of the *British Pharmacopeia* displayed at his side - "B.P. Be Practical, Be Precise, Be Pleasant, Be Pharmaceutical".

The pharmacist figure is centre-stage, the sole character dominating the cartoon, and he wears the standard clothing of a chemist, the 'white' laboratory coat associated with cleanliness, science and modernity. The pharmacist has the Boots logo emblazoned on his laboratory coat, which is also imprinted with a large date-stamp, 1930.

Cartoon interpretation:

The publication of the cartoon in January 1930, the first month of a new decade, gives the cartoon imagery gravitas and implied longevity.

Framed by the economic history of the 1920s - the 1929 Wall Street Crash and resultant global economic shrinkage and prolonged austerity - the cartoon's iconic and didactic nature attempts to reassure pharmacists of their role beyond commerce. It demonstrates an identity work that reinforces or is suggestive of change away from commercial focus. Knowing that Boots at the time was American-owned and that the parent company was hit badly by economic events (selling Boots in 1933), offers logic to the identity messaging, and invites examination of the cartoon and accompanying discourses in temporal relation to each other.

The cartoon is editorial or political in nature; it is a bold and didactic statement portraying a message about pharmacy without producing in the reader a "laugh out loud" comic response. It idealises the pharmacist as a quasi-religious public servant who dispenses spiritual salves to the sick. The pharmacist symbolises altruism and public service. He is loaded with religious symbolism - his supplicant position, his palms raised upwards, his arms outstretched like a martyred Christ, his body and the shop shelves together suggesting a wooden cross, a pattern repeated by the medicine bottle tops. His hair is short and neat but the shadowy bottles behind him are suggestive of a veil or the iconographic 'messiah-like' hair commonly depicted in Western art.

He is a healer in service to the public, a figure of docility and altruistic integrity. The pharmacist's tools are spiritual or idealistic remedies rather than practical ones, for the treatment of sick or struggling people, that is, traditional patients as opposed to shop customers. There is no product branding of medicines, nor retail or finance-related items, such as cash till, on view. It communicates a strong anti-materialistic message. The products behind him are generic elixirs, spirits, syrups, solutions and poisons, not items of materialistic consumption, and are positioned with items denoting professional practice, that is, the chemist's pestle and mortar and measuring flasks.

However the pharmacist is also represented as gatekeeper for darker 'medicines' - the poisons of hatred, cynicism and sarcasm. This extends the religious metaphor to pharmacist as healer and protector, worthy of patient/customer trust. It also alludes to the professional knowledge of the

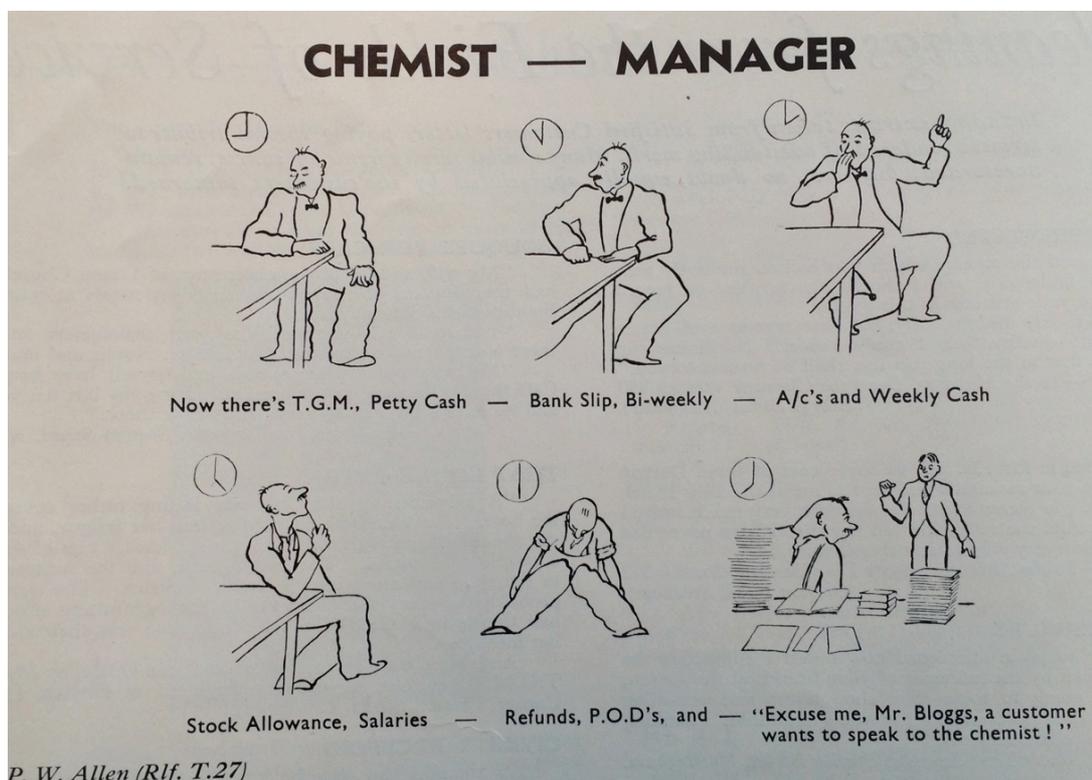
pharmacist as dealer in life-threatening as well as life-saving embrocations and drugs; the specialist whose work touches life and death, joy and despair.

The identity work at play is the positioning of the pharmacist as healer, a singular and strong identity. While there is reference to the professionalism of the pharmacist - knowledge and expertise - this identity is not imbued with the over-riding public service identity. And the strong message of “service” relates to altruistic benevolence not the customer service portrayed in commercially-focused cartoons. Indeed there is no customer interaction or presence in the cartoon; the customer is implied. Interestingly the pharmacist is not speaking directly to the viewer but invites us to look and read. The audience is therefore participating in this identity work, invited to enact a shared discourse. There is no ambiguity in the identity communicated between the cartoon and the historic audience of retail colleagues and pharmacists - the *raison d’etre* of this professional role is to serve, backed up by the attitude and bearing of the pharmacist’s body and his setting.

(ii) Chemist-Manager, 1939 [Ref. C10]

Cartoon description:

This half-page cartoon entitled “Chemist – Manager”, was published in *The Bee*, August 1939. In title and in comic-strip composition, it depicts the pharmacist undertaking a full day’s administrative and managerial work with little time to work in the dispensary. The cartoon is set in a back office of the Boots store - in private, not public space - certainly away from front-of-house activities. The only Boots branding/ identifiers is a reference to a TGM circular which was a communication from Boots TGMs to regional stores, as well as familiar business jargon describing various administrative and financial documents. The cartoonist’s name and title, as a relief chemist for Territory 27, are also printed.



The pharmacist protagonist works in isolation from nine o'clock in the morning until seven o'clock in the evening until interrupted by an assistant calling him into the shop to provide a customer consultation. There is no sense of a break in the work for refreshment or interaction as the omnipresent clock indicates.

The role of the pharmacist in the cartoon is almost exclusively with managerial and financial work, essential elements of the commercial identity. His work focuses on processing cash and petty cash claims, refunds, managing stock levels, salaries etc. until he is interrupted finally by a colleague who exclaimed "a customer wants to speak to the chemist!" asking him to engage front-of-house with a customer. This interaction with an assistant pulls the pharmacist back into a more familiar and visible professional pharmacist role.

Cartoon interpretation:

The comic-strip structure of this cartoon allows for the pharmacist's daily job actions and practices to be shown, while the clock measures the passage of time. The pharmacist is smartly dressed in a suit with bow-tie so his identity is more managerial than the traditionally 'white-coated' chemist.

As his day progresses he becomes increasingly bedraggled in appearance, with his tie loosened, his jacket removed and sleeves rolled up. The early frames show him thinking, pondering, exercising his mind while the last two frames portray him as a manual worker physically drained and processing large piles of paperwork. The cartoon depicts his shrinking status over the period of the working day from a 'thinking' white collar professional to a 'labouring' blue collar employee enslaved in mechanistic monotony.

The cartoon highlights the pharmacist's daily working practice as inconsistent with a professional role providing healthcare services. It shows incongruity between managerial administrative overload and a customer need for face-to-face consultation and expertise. This incongruity illustrates inherent conflict in the "Manager – Chemist" role, but with emphasis on a managerialism rooted in low status administrative work, not high status strategy and commercial decision-making. However, the cartoon stops short of identifying the manager as one of the regular workforce, that is stripping him of hierarchical status, as the colleague interrupts with a polite "Excuse-me" and the raised hand of the subordinate, in acknowledgment of this interruption.

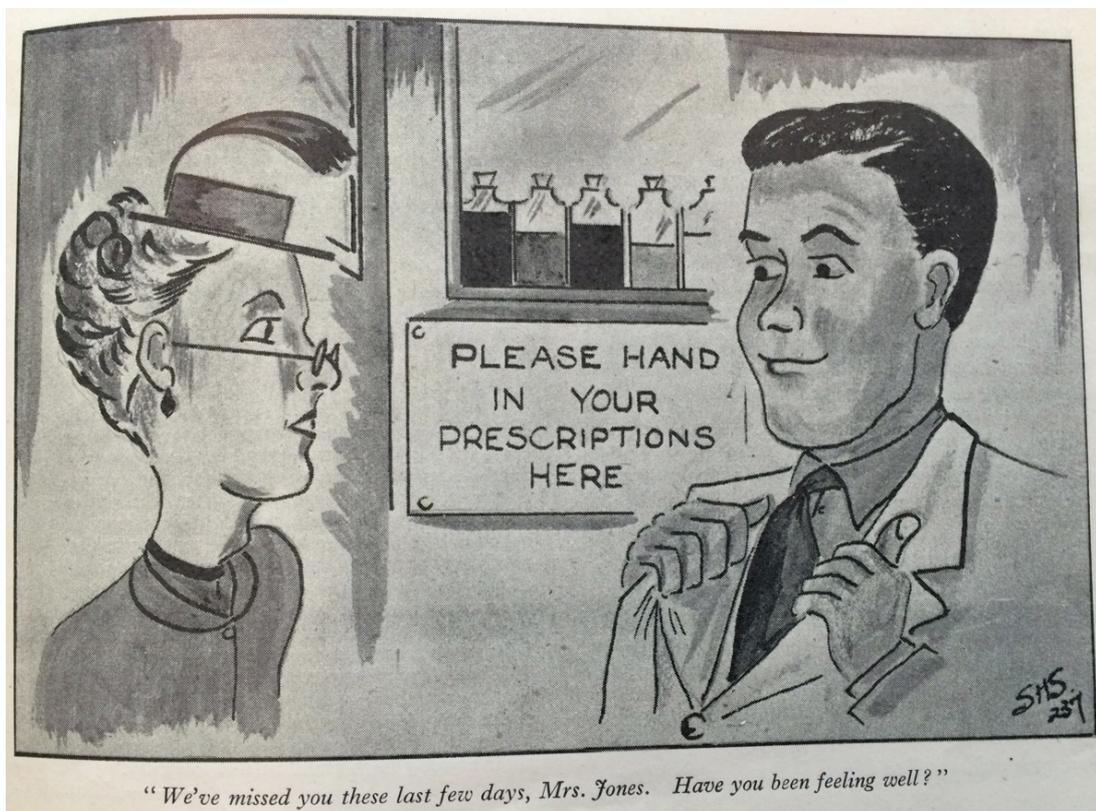
Although the imbalance of managerial to pharmacy work is the focus of this cartoon there is an added element of ambiguity in that only by close of day is the pharmacist requested in the shop. This suggests both isolation and perhaps ostracism of the 'forgotten' pharmacist; a breakdown in communication that is misjudged and misunderstood.

Identity work is encapsulated by the cartoon's incongruous juxtaposition of chemist and manager, signalled in the cartoon title and illustrated graphically by the protagonists. The cartoon shouts to an audience "this is who we are" and "this is who we should be", at the same time seeking sympathy from the audience - Boots retail staff - for the long hours of backroom work the pharmacist has to process. The pharmacist is positioned as a protagonist without choice and there is implicit criticism of the commercial and managerial demands placed on him. It is a challenging message about a competitive marketplace, and indirectly criticises the Boots model of corporate pharmacy.

(iii) We've missed you...Mrs. Jones, 1951 [Ref. C14]

Cartoon description:

This half-page single-image cartoon "We've missed you... Mrs Jones" was published in *The Bee*, February 1951. This cartoon features two protagonists - pharmacist and customer - standing in front of the store dispensary. There are no Boots identifiers, other than the cartoonist's initials and Boots store number. A directional notice, "Please hand in your prescriptions here" shows the controlled access to the dispensary, where



prescriptions are processed. This represents a new efficiency in prescription management in Boots stores, following a programme of structural extension of dispensing counters in response to the result of increased throughput in dispensing services, post 1948, with the introduction of NHS services (Boots Annual Reports, 1949-1952).

Both protagonists look young, healthy and happy; the pharmacist in a 'white' coat holding his coat lapels in a gesture of confidence and authority, the customer the antithesis of sick patient. She wears smart clothing,

jewellery and accessories and looks directly at the pharmacist - an appearance and confidence associated with Boots middle class clientele. The cartoon one-liner is the pharmacist's statement, "We've missed you these last few days, Mrs Jones. Have you been feeling well?" The pharmacist is drawing attention to the customer's over-use, perhaps abuse, of the new NHS prescription service.

Cartoon interpretation:

The cheerful and engaging demeanour of both parties suggests that excessive use of the NHS service may be of benefit to both parties - the customer receives free medicines and the pharmacist receives government recompense for medicines and dispensing costs. It communicates a positive message about NHS prescriptions, which in reality had seen a huge increase in the two years since their introduction, and consequently a big increase in dispensary workload. With the market-place or commercial environment in flux the cartoon suggests pharmacists should embrace not resist change despite increase in transactions and workload.

The pharmacist is seen to be teasing the patient for her repeat visits to Boots. She is not given a voice, instead the pharmacist states that she has "been missed" over the previous few days and asks, "Have you been feeling well?". The reference to being missed suggests that her usage is being monitored - the pharmacist is acting as gatekeeper for the NHS - but he is not angry or punitive (perhaps even flirtatious), on the contrary the word-play suggests he is missing her as a customer. So while she may be exploiting the new healthcare system, he can benefit commercially from her actions. Therefore the NHS is not associated with the poor and needy (as is seen in cartoon C16, p.142) but all classes of patient. It is a free public service rather than a social service associated with working class patients using the pre-war national insurance scheme, so this communication removes any stigma from public healthcare provision.

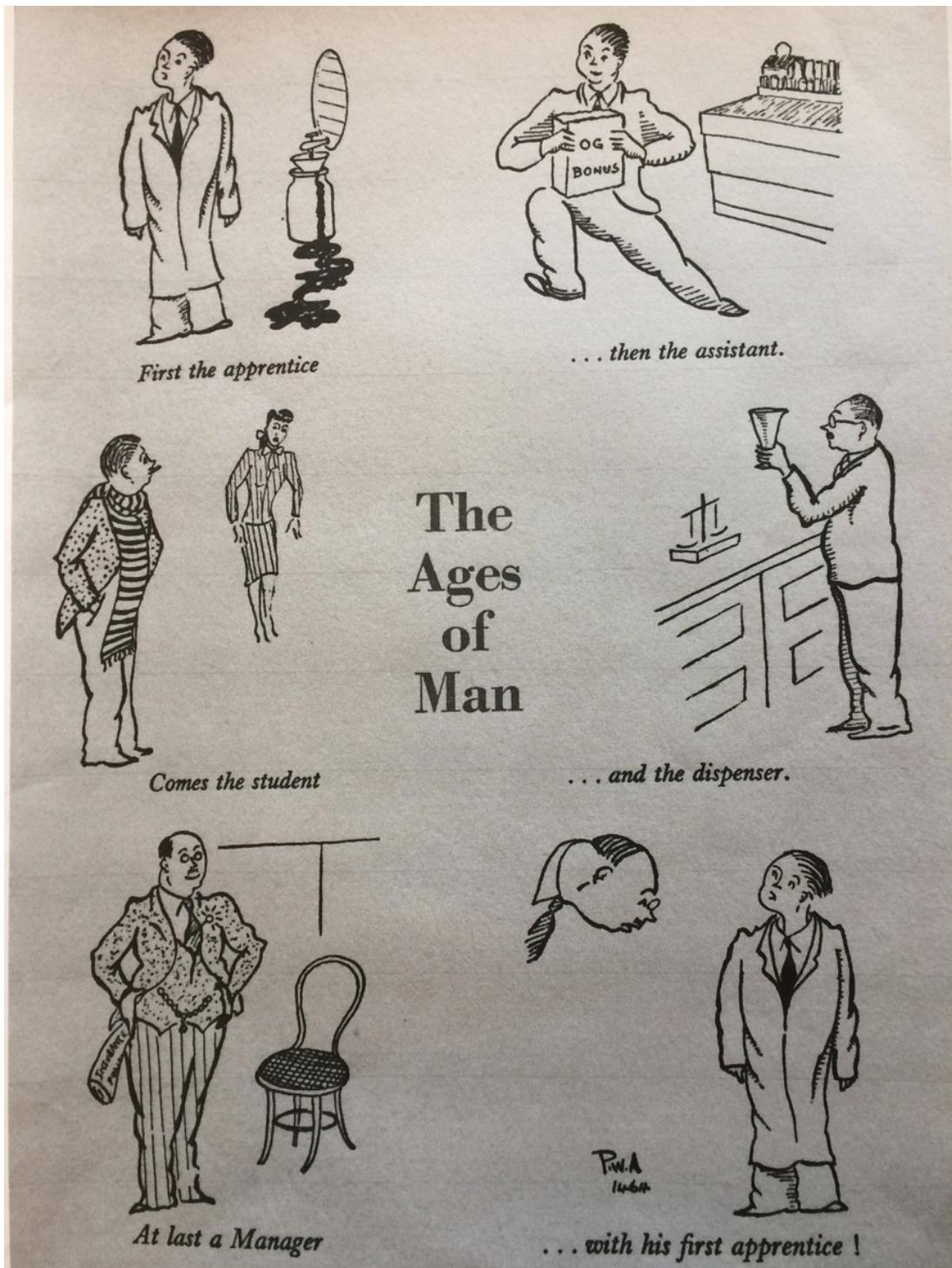
The cartoon sends a message to Boots pharmacists that NHS prescriptions are to be welcomed, and are not in conflict with professionalism or commerce. Professional identity, therefore, is positively affected by public service and the NHS, and the pharmacist's role is accommodating change.

(iv) The Ages of Man, 1952 [Ref. C15]

Cartoon description:

This full-page comic-strip cartoon entitled “The Ages of Man” was published in *The Mixture*, Christmas 1952. The focus of this cartoon is the life of the pharmacist from apprenticeship to manager. It comprises six frames of illustration and narrative on the life of a pharmacist. There is Boots branding on the box of Own Goods in the second frame as well as the cartoonist’s signature initials and Boots store number. The focus is on the pharmacist - he is the only character, other than a young woman sharing the depiction of student life.

As the cartoon follows a temporal journey through the pharmacist’s career he is dressed according to each phase -: as the questioning “apprentice” he wears the ‘white’ coat, and is shown - in need of helpful intervention - in a laboratory or stock room setting; as the “assistant” he is dressed in a suit and is actively and enthusiastically selling Boots Own Goods (to earn extra commission); as the bespectacled and distracted “student” he is away from the shop setting and wearing casual clothes and college scarf; as a “dispenser” he is at the chemist counter carefully handling the chemists’ tools of measuring flask and scales; as the confident-looking “manager” he is in jacket, waistcoat and pin-striped trousers, a managerial insurance policy - a signal of financial security - emerging from his pocket. In the final frame he appears together as manager and apprentice, a representation of his career evolution over time.



Cartoon interpretation:

The cartoon illustrates different phases of career and different elements of the pharmacist identity. It is showing a hierarchy of roles - hands-on practical work, enthusiastic sales ability, the acquisition of knowledge and learning, practical expertise as dispenser, the ultimate managerial success ("At Last a Manager"), and in the final frame the 'larger-

than-life' mentor. It is a composite of attributes and skills that illustrate a complex and multi-layered identity covering life-long application to the professional role and its rewards, emphasised in the cartoon title "The Ages of Man".

The cartoon speaks directly to its retail audience showing the commitment, skills and hard work needed to become store manager - and hence worthy of respect - and at the same time demonstrating the aspirational possibilities available to junior staff. There is no reference to a public service aspect of pharmacy. Identity work proclaiming "who we are" is neither conflicted nor in transition, but a fully merged, composite identity. It implies that the successful Boots manager, a coveted role in the retail hierarchy, had to have commercial and professional skills, and be an embodiment of both.

These four examples provide a taster for the diversity of identity elements and their relationships depicted in the cartoons. While the dataset of eighteen 'identity-related' cartoons cannot be generalised as reliably representing identity issues over a thirty-year period, they offer a visual lens that succinctly captures aspects of a multidimensional and diffuse identity story.

Cartoon analysis - full dataset

So how representative is this exemplar analysis of the full cartoon database? Analysis of all eighteen of the identity cartoons shows similar diversity in the depiction of identity. The professional, commercial, and public service aspects of the pharmacist role are represented by sub-themes highlighted in Table 3.3 in Chapter 3 (p.101). Some sub-themes such as service and quality appear consistently while others show small but significant change in perspective such as the use of "patient" or "customer" when describing Boots clientele. In other cartoons, identity is represented by seemingly opposing values, for example the commission-driven vs. the altruistic pharmacist. Often it is this juxtaposition that elicits the cartoon's humour.

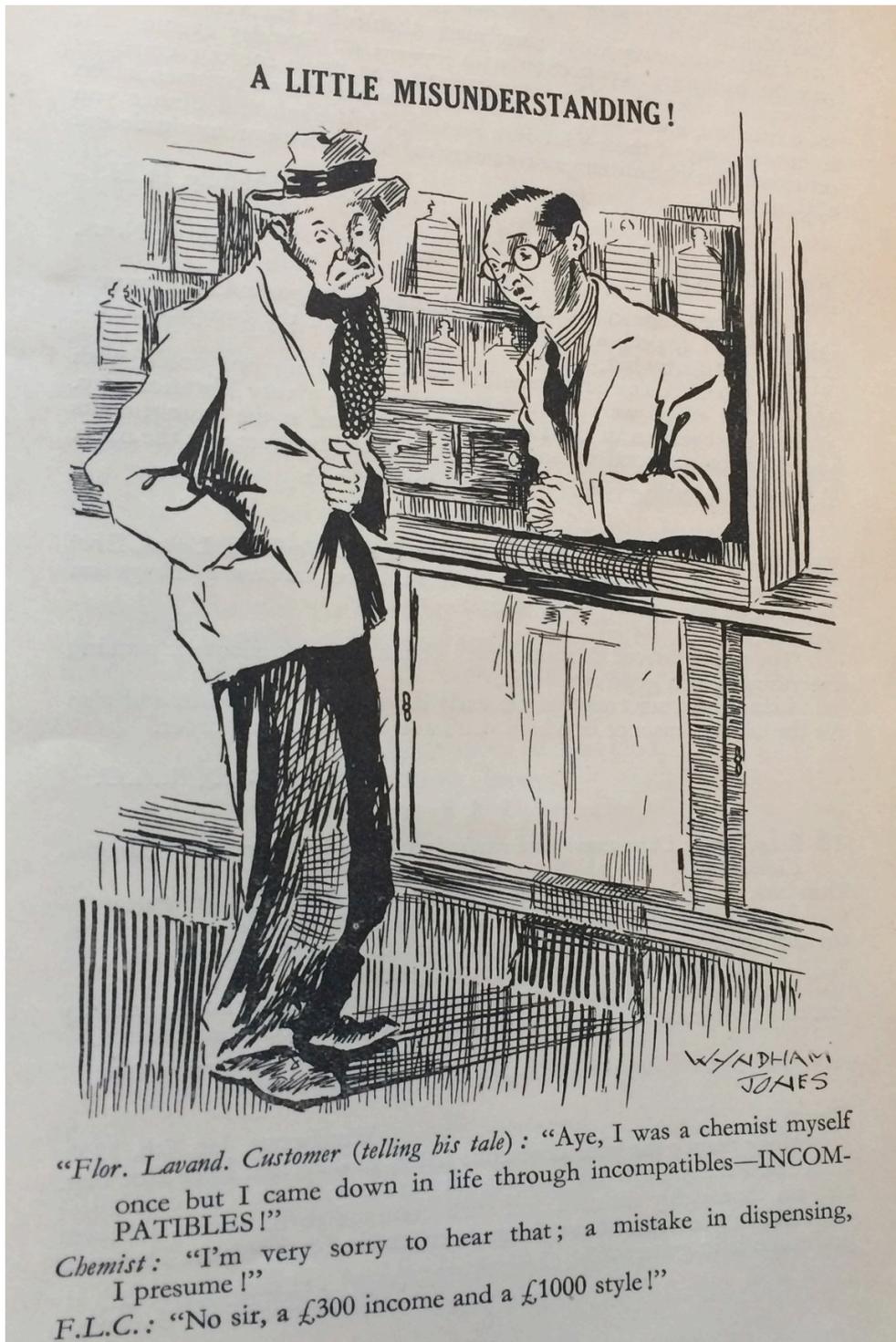
The following pages display images of each of the cartoons in chronological order of publication, with brief description underneath on the

presence or absence of the three identity elements, including note of any 'tension' among them. The images show that each of the three identity elements was present, sometimes in isolation and sometimes in combination. At first glance there is a varied picture of identity and identity tensions. In the pre-NHS period cartoons, all images have professional identity as a key component, around half with it as the sole component and half in combination with a second component. As professional identity was the only sole identity element expressed there was no conflict between the cartoons. Tension did appear within some cartoons when commercial identity was the second component, although not in every case. In the post-NHS period cartoons, commercial identity was present as an element in all the cartoons, sometimes the sole identity and otherwise paired either with professional or public service identities. Only in one of these cartoons did tension appear between the identity elements, once again between commercial and professional identities.

Perhaps counter-intuitively for the post-NHS period, it was the commercial component of identity that was universally expressed, more often than not alongside a public service identity. There was no apparent tension within the cartoon images or between the cartoons, though the final cartoon, C18, Automation Comes to the Dispensary, does show tension between commercial and professional identities. It is counter-intuitive that the period pre-NHS appears to stress pharmacists' professionalism while the period post-NHS, when they were contracted as public servants for the NHS, appears to represent them more as commercial agents.

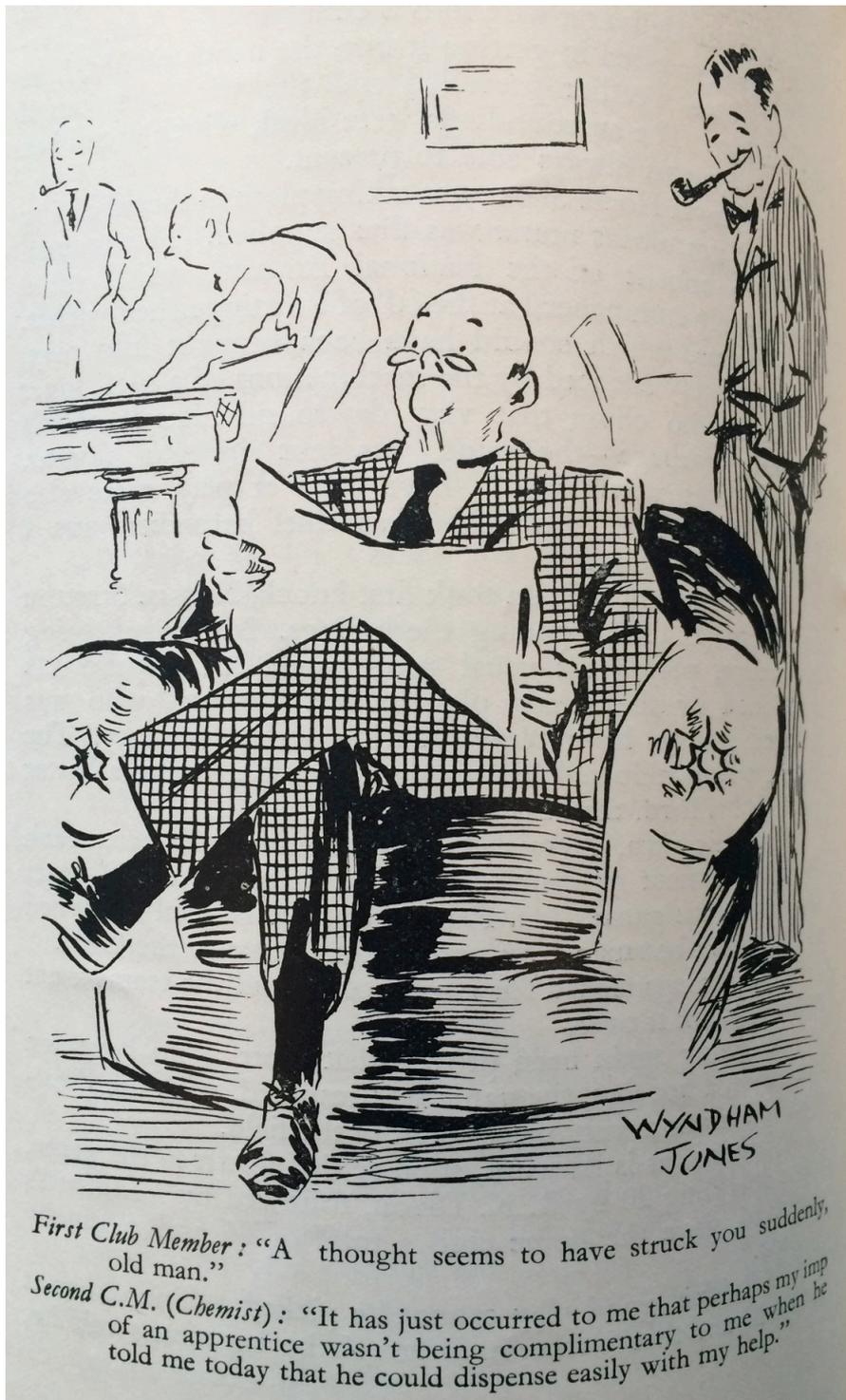


The cartoon, previously analysed, encapsulates professional identity. The pharmacist – amidst tools of the trade – adopts a subservient stance and projects public service altruism.



The cartoon juxtaposes a successful professional identity with a customer's 'fallen' one. It cautions against financial over-spend and hedonism while reinforcing positive professional and commercial identity of the pharmacist.

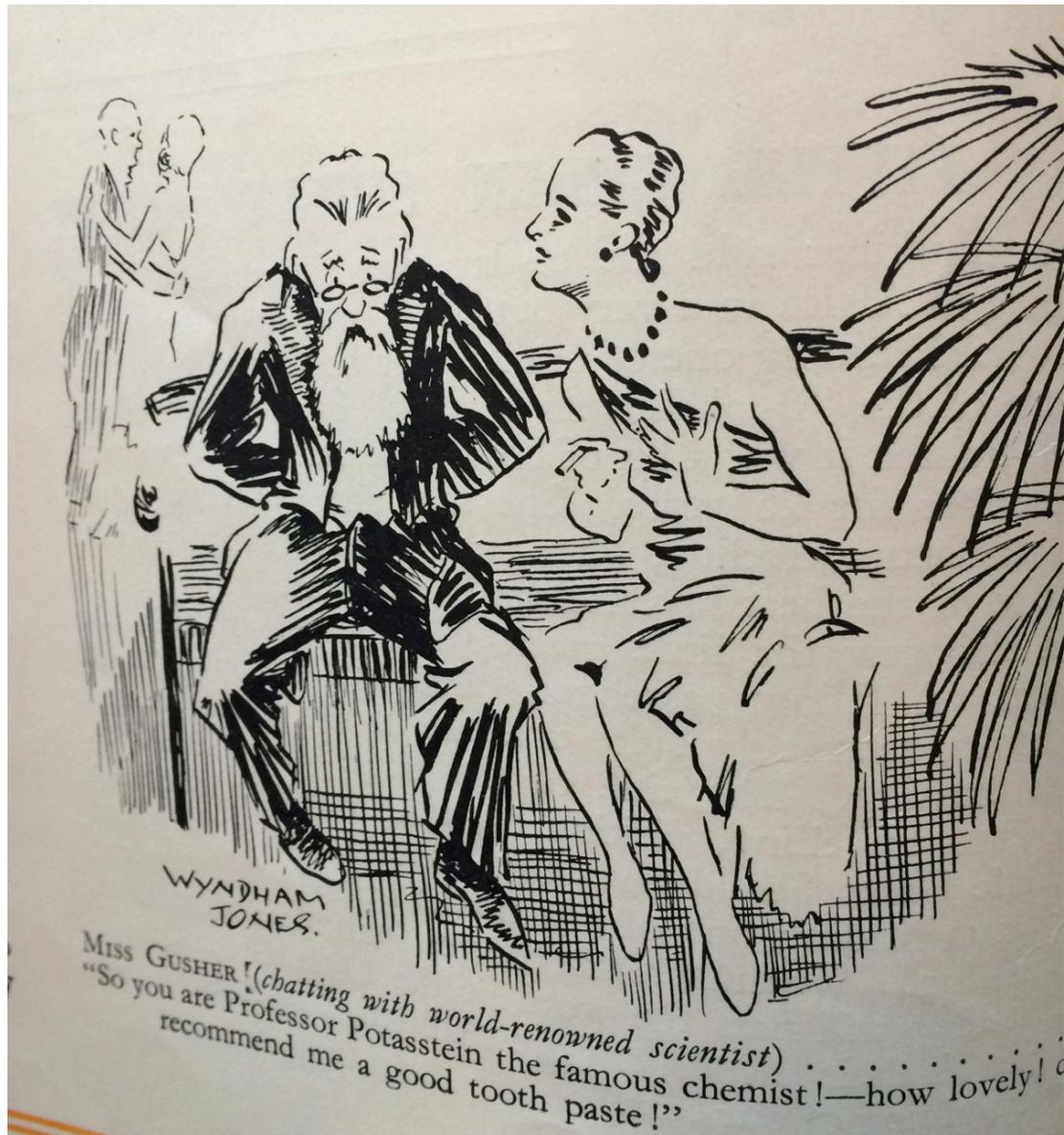
C3 First Club Member, Aug 1930



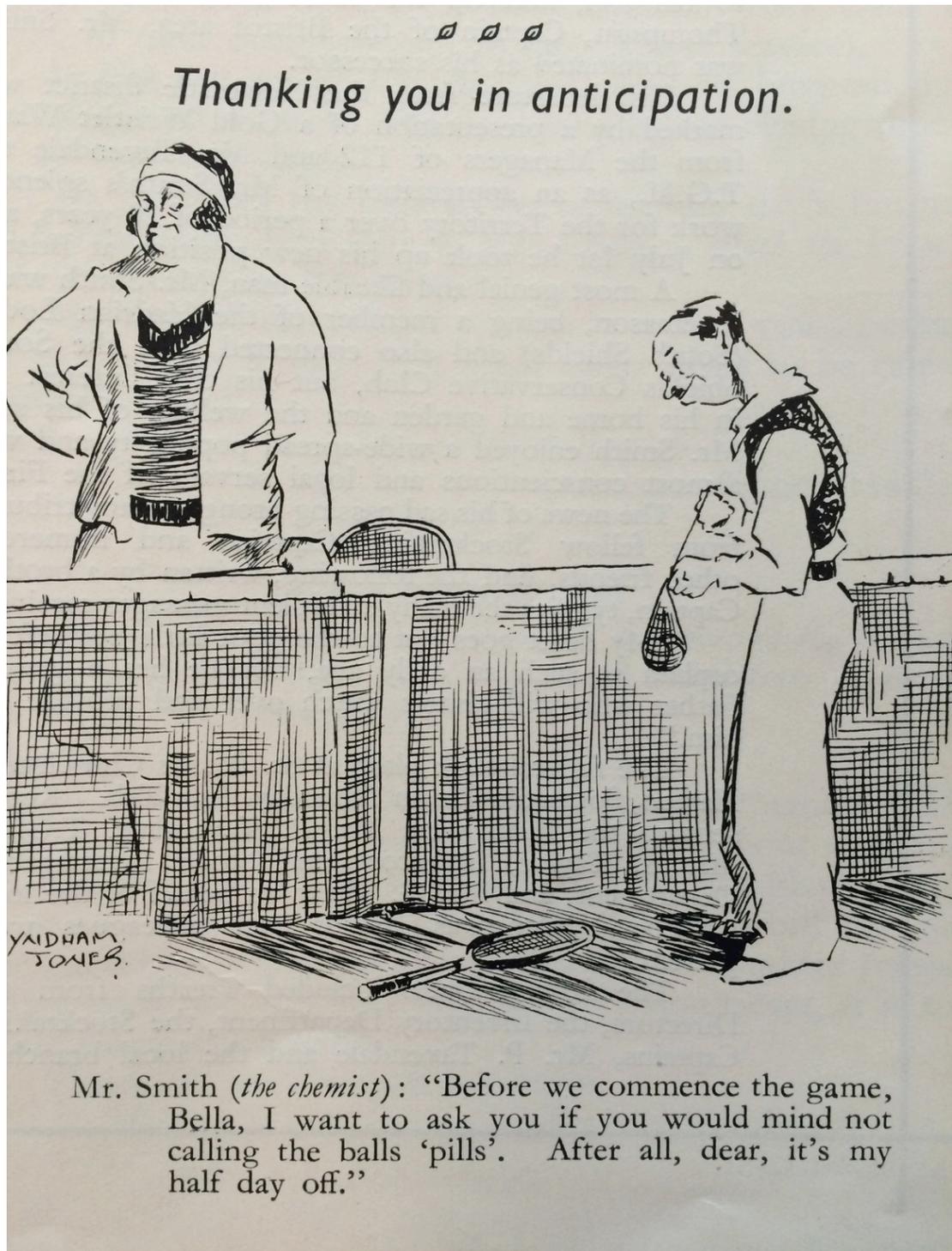
The professional identity of the pharmacist as manager is projected alongside commercial success and status. The pharmacist is commercially and professionally successful, with no apparent identity tensions.



This cartoon focuses solely on professional identity, specifically the pharmacists' professional skills, knowledge (of Latin) and education. The comfortable domestic setting illustrates the benefits of professional status.

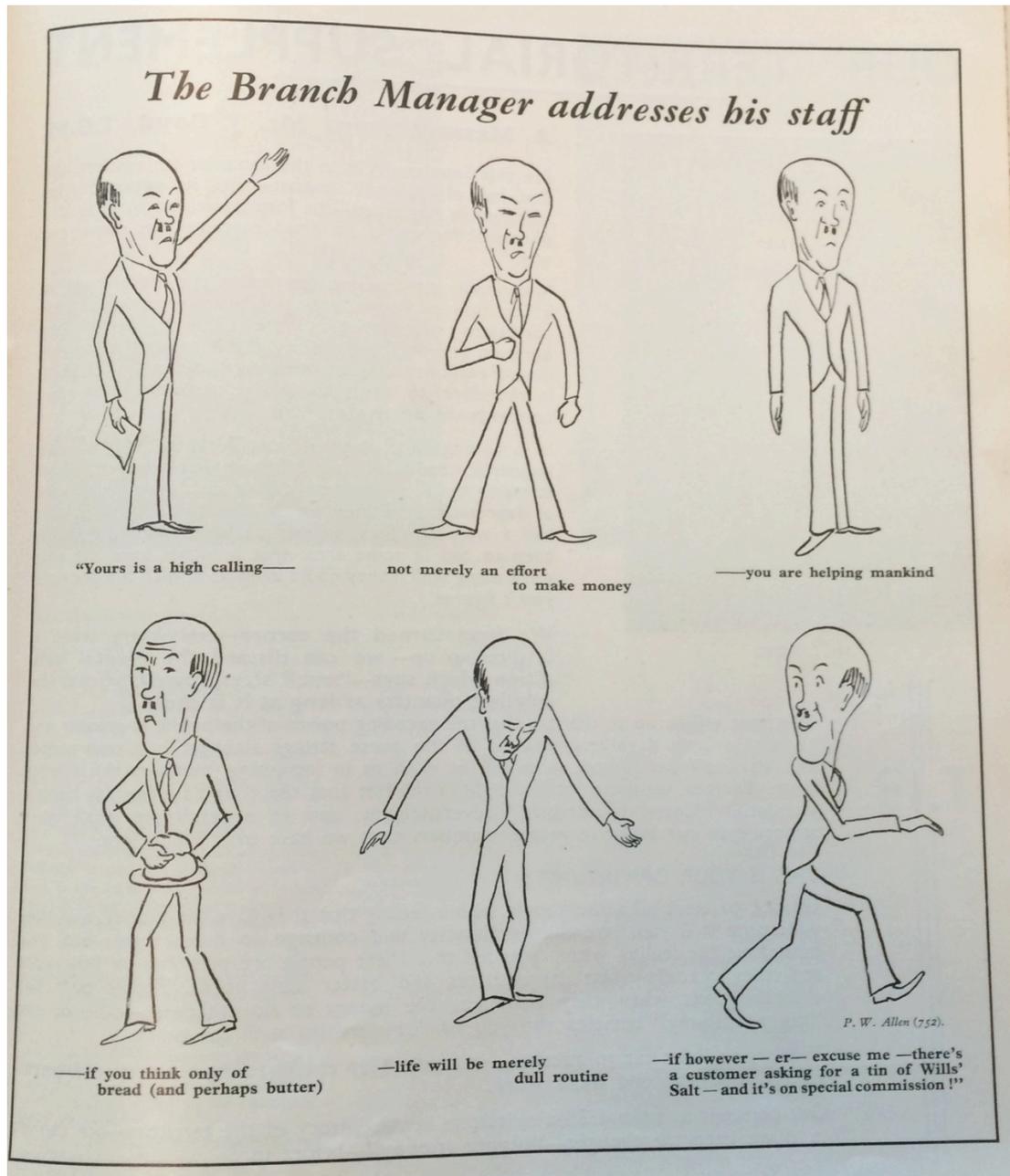


This cartoon focuses solely on the professional identity of the pharmacist – the close association with science discipline - by using the trope of exaggerated intellectual and social status.



This image portrays both professional identity as well as commercial identity. There is tension between the pharmacist's implied 'professional calling', a professional at home and at work, and his desired 'occupation-only' identity.

C7 The Branch Manager Addresses his Staff, Jun 1935

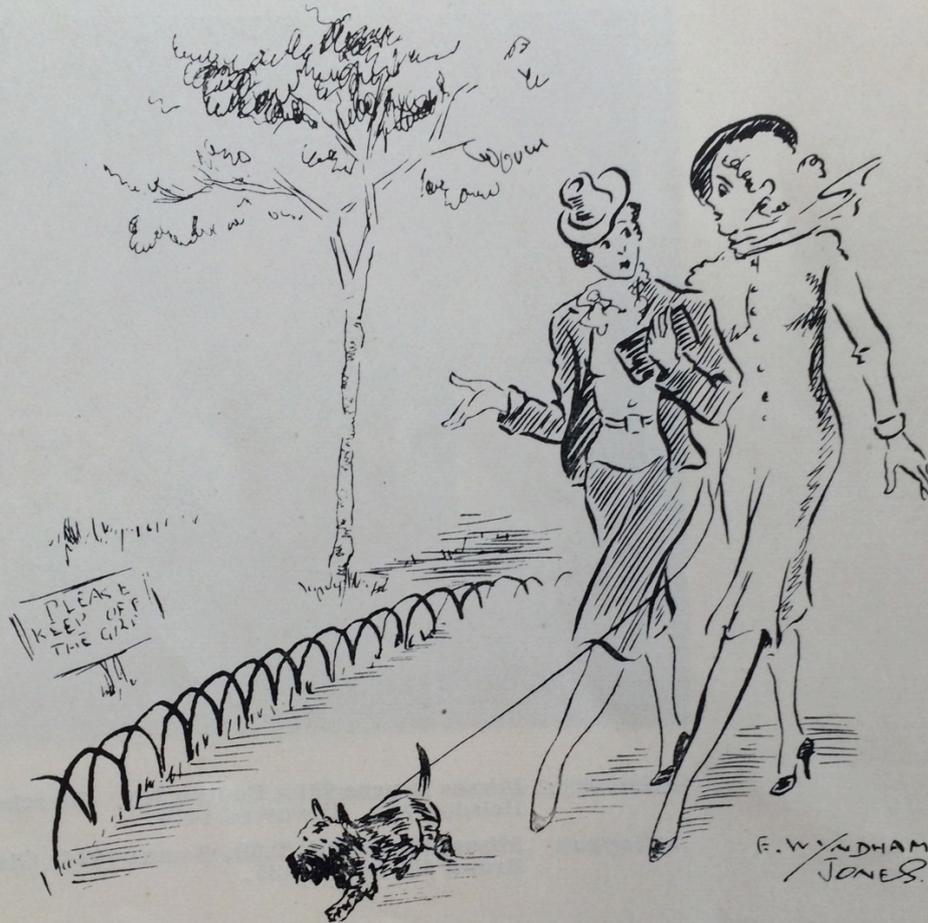


This cartoon depicts both aspects of the pharmacist-manager's ideal commercial and professional identity. They are not harmonious, but in conflict, with the manager portrayed as hypocritical in his actions.



The female pharmacist is identifiable by her 'professionalism' even in an external, casual setting. The professional identity is robust and she easily rebukes the emboldened and drunken stranger.

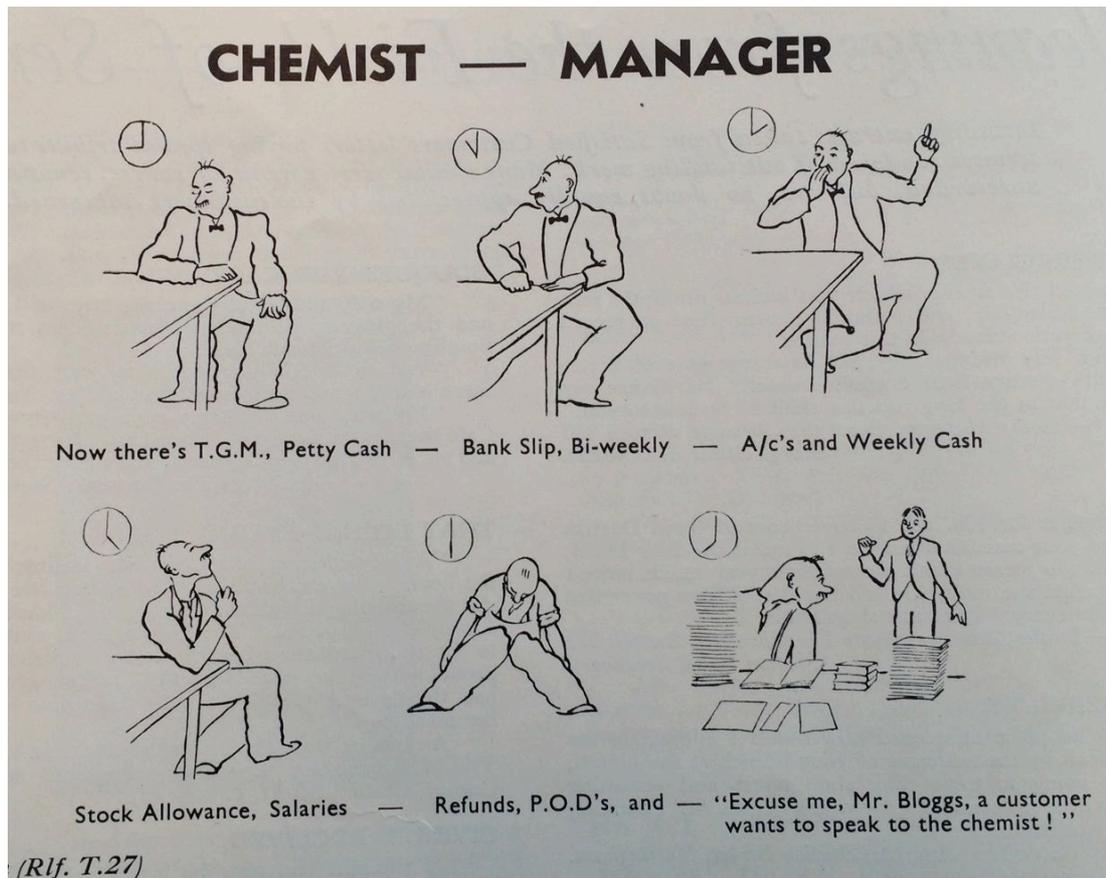
Poor Boy!



"I believe Reggie is over-studying: he writes 'M.P.S.' instead of 'P.S.' in all his letters."

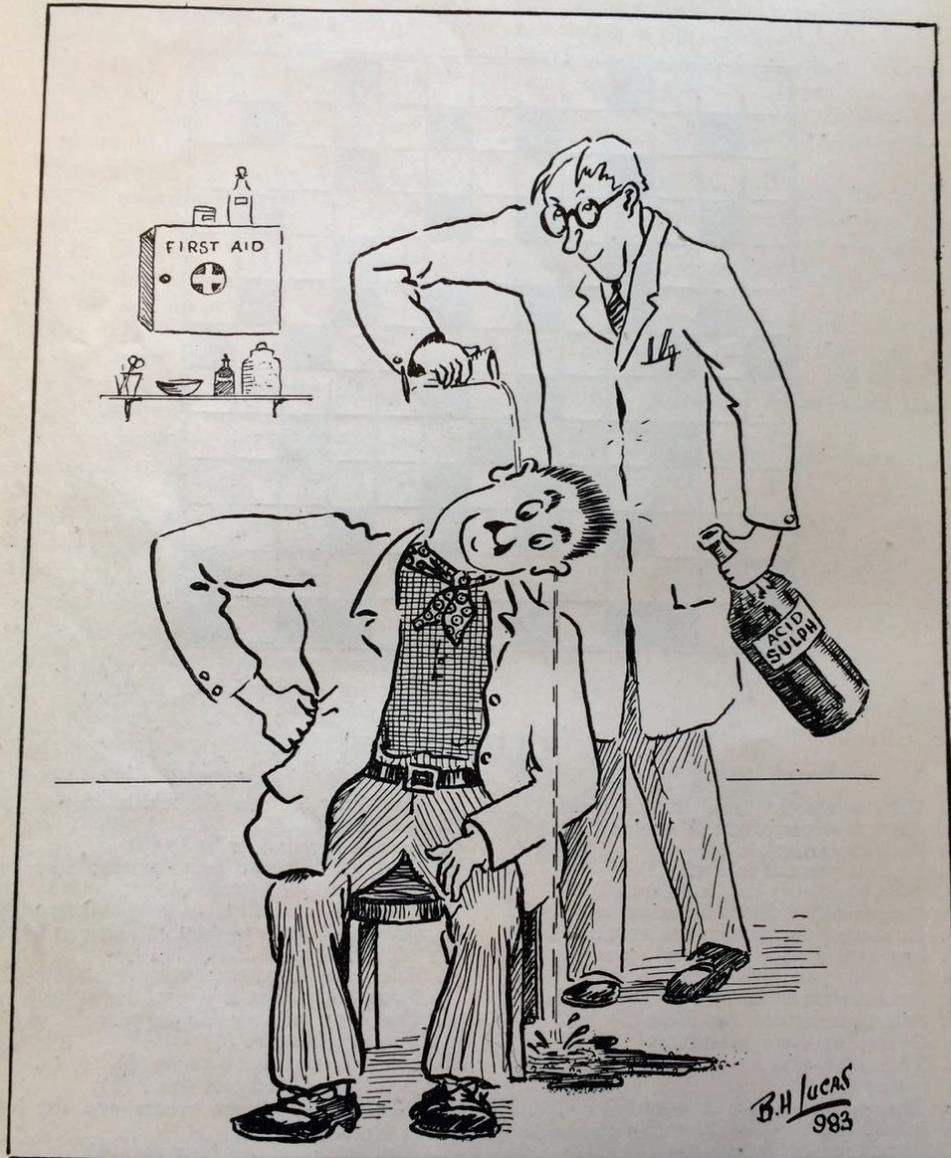
Page 85

This cartoon focuses solely on professional identity, the iconic academic letters that the absent young pharmacist has earned through success in professional examination.



This cartoon, previously analysed, portrays a managerial aspect of commercial identity alongside the professional identity (present only in final frame). There is tension between the identity elements.

THE AMATEUR



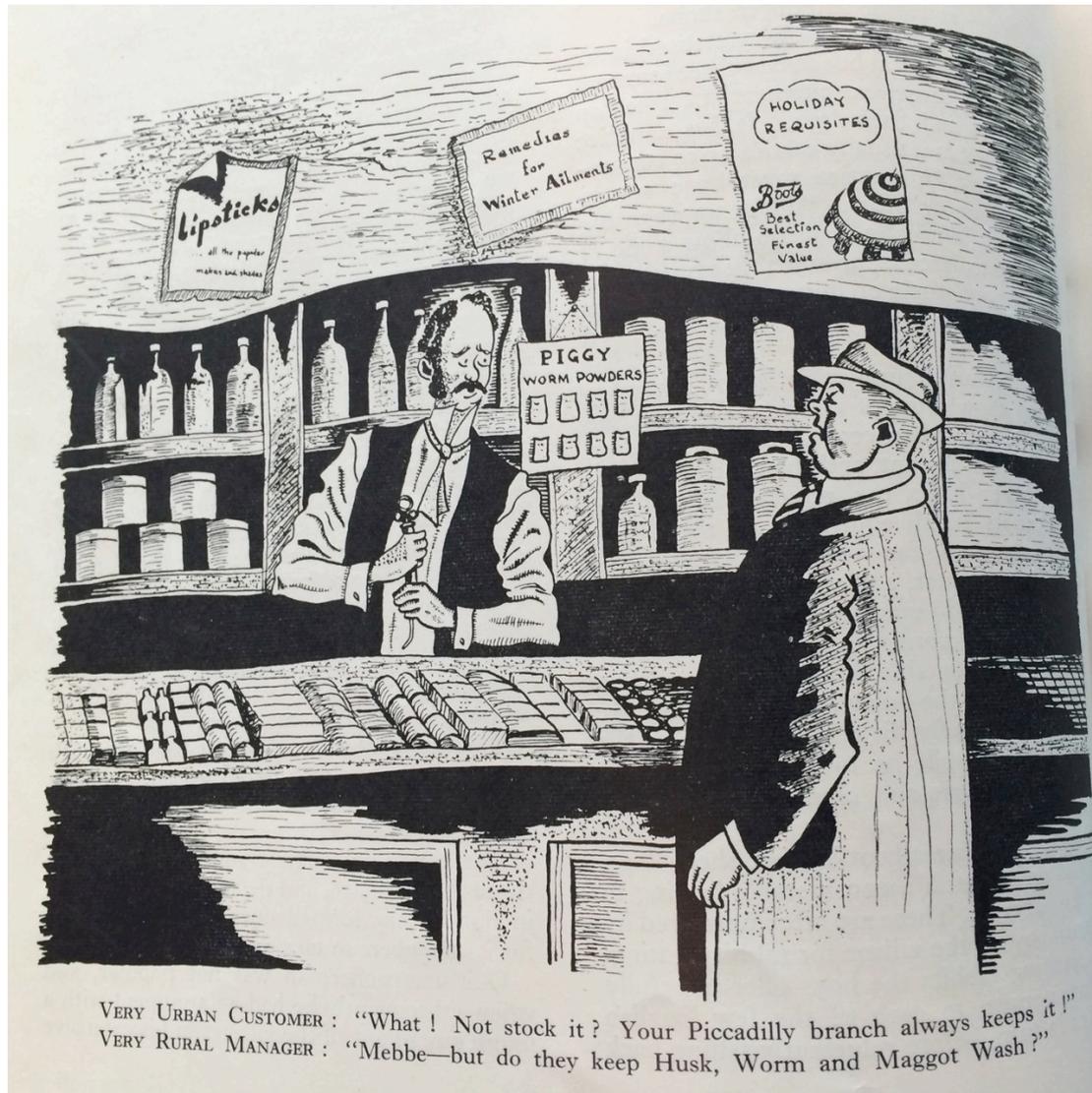
**"Now you come to mention it, I think Nurse
does use Olive Oil."**

This cartoon focuses attention on expertise essential to a professional identity, in this case nursing; the pharmacist's lack of specific professional knowledge causes predictably chaotic results.



This 'cartoon' image, elevated to magazine front cover, focuses on the public service identity of NHS provision. There is no tension with commercial identity as the celebratory NHS champagne suggests a commercial bonanza.

C13 Urban vs. Rural, Christmas 1950

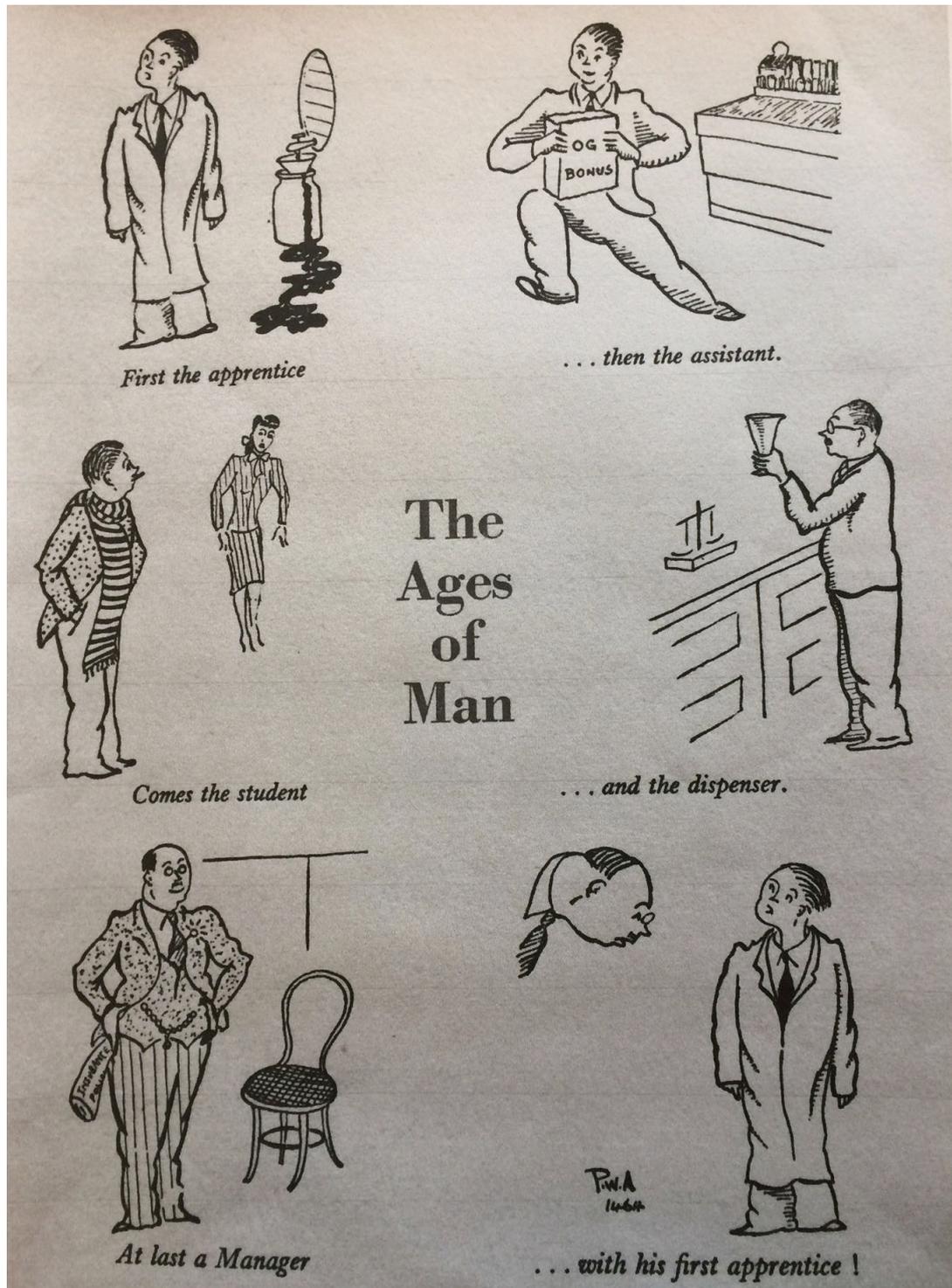


Commercial identity is the focus of this cartoon which depicts a market-savvy rural pharmacist defending his shop against urbane 'incomer'. The shop setting is almost unrecognisable as a modern Boots pharmacy, yet the commercial instinct of its manager is praised.

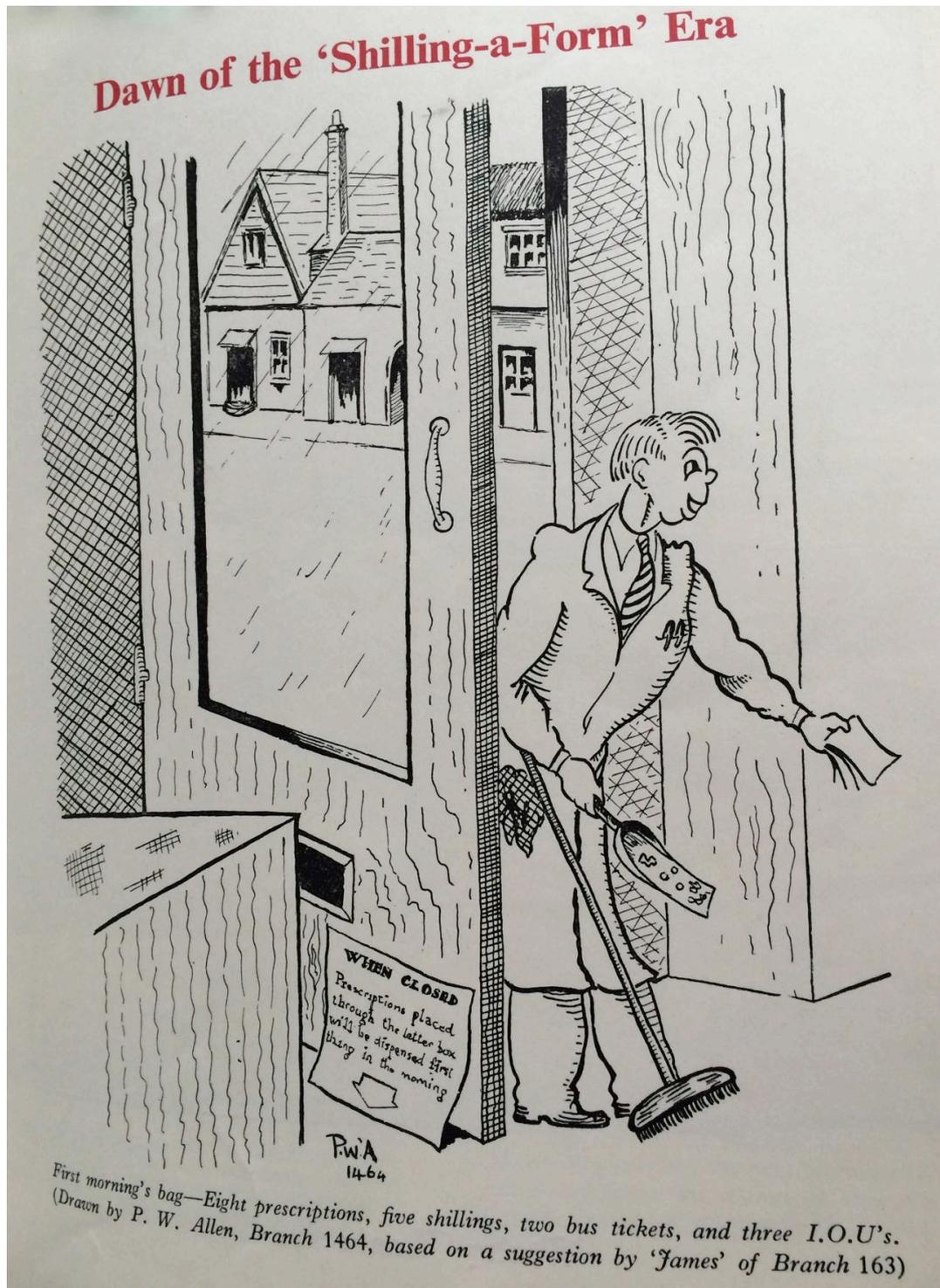
C14 We've Missed You... Mrs. Jones, Feb 1951



In this cartoon, previously analysed, both commerce and public service identity are endorsed, with no tension.



In this cartoon, previously analysed, the professional and commercial identities are endorsed, with no tension.



The commercial and public service identities are portrayed in this cartoon which references a new charging scheme for NHS prescriptions which is neither strictly adhered to by patients/customers nor is a source of apparent commercial tension.

IN 'GOOD COMPANY'



"As one shareholder to another, Madam . . ."

This cartoon depicts the pharmacist's commercial identity, specifically as Boots manager and shareholder. His commercial success and status is relatable to a 'higher class' of customer.

C18 Automation Comes to the Dispensary, Christmas 1956



This cartoon depicts professional and commercial identities, with tension between them. The pharmacist wants professional practice to be appreciated in the face of demand for, and expectation of, faster customer service.

Cartoon identity content

Initial analyses of the cartoon content show that professional and commercial identities exist at times in a state of tension or perhaps conflict. Across the research periods it would appear that in cartoon data this is not a given; while seven of the eighteen cartoons fall into this category, in fact only four of them show apparent tension [C6, C7, C10, C18]. In the three examples where the commercial and public service identities are present together [C12, C14, C16] there is no apparent tension. This is unexpected as the altruistic public service ethos is at face value most at odds with commercial drivers. In this small dataset of 'identity' cartoons there is one single example [C1] of professional and public service identities being represented together and in this cartoon there is no apparent conflict or tension between them.

Identity analysis

The next step in analysis was to move from descriptive and explanatory understanding of identity in the cartoons to a more theoretical level. A breakdown of the coding process as it moved from empirical data to theoretical findings, for the dataset of eighteen cartoons, is shown in Table 4.1. Remembering that this dataset is small, it is gratifying to see some interesting range in identity issues from the bolstering of existing defined identities to more fluid identity as well as the expression of tension, challenge and conflict. And set against the humorous backcloth of cartoon narrative is an underlying optimism about pharmacy as a career, a means to financial security and social status.

Table 4.1 How pharmacist identity appears in cartoons 1930-1960: emerging themes and theoretical concepts.

First level codes - descriptive	Second level codes - explanatory	Third level codes - theoretical
<p>Pharmacists' role is subsumed by the burden of managerial responsibility. <i>Chemist-Manager, 1939 C10</i></p>	<p>Modernity and changing customer demand is challenging pharmacist status; it creates workplace pressure</p>	<p>Pharmacists engage in identity work to show tensions and conflict in perceptions of their professional identity.</p>
<p>This is not a 24 hour a day calling; pharmacists need leisure time Patients and customers expect too much, automated service is not achievable. Pharmacists need more time to work – they are not manual workers. <i>Thanking You in Anticipation, 1933 C6</i> <i>Automation comes to the dispensary 1956, C18</i></p>	<p>New work practice challenges status and identity</p>	<p>Pharmacists engage in identity work to show tensions and conflict in perceptions of their professional identity.</p>
<p>However altruistic the pharmacist/branch manager says he is, his prime motivation is sales and personal gain. <i>The Branch Manager addresses his staff 1935, C7</i></p>	<p>There is inherent hypocrisy in having both commercial and professional focus</p>	<p></p>
<p>Pharmacists are saint-like in their altruistic role as healthcare providers. Customer and public service is paramount. <i>At your Service 1930, C1</i></p>	<p>Shop customers need to know that pharmacists' have public service and professional roles as well as the commercial role.</p>	<p>Pharmacists engage in identity work to support and buffer aspects of their identity, both commercial and professional.</p>
<p>Pharmacists are educated, experienced and experts in their field. <i>M(is) P(ronouncing) S(onny) 1930, C4</i> <i>World-Renowned Scientist 1930, C5</i> <i>Poor Boy! 1939, C9</i> <i>The Amateur 1950, C11</i> <i>Urban vs. Rural 1950, C13</i></p>	<p>Let's laugh at ourselves, our partners, our bosses</p>	<p></p>
<p>Pharmacists are 'gentlemen' (or 'ladies'); they have high social status. <i>First Club Member 1930, C3</i> <i>A Hit! 1936, C8</i> <i>In Good 'Company' 1952, C17</i></p>	<p>Personal and role status of pharmacists is high, but exists within the professional hierarchies of medicine and science.</p>	<p></p>
<p>Pharmacists' role is a lifetime calling that is rewarded by status and financial security. <i>A Little Misunderstanding 1930, C2</i> <i>The Ages of Man 1952, C15</i></p>	<p></p>	<p></p>

First level codes - descriptive	Second level codes - explanatory	Third level codes - theoretical
The NHS is a commercial bonanza to be embraced. Like Christmas, it is part of the national culture. <i>NHS Christmas 1950, C12</i>	Market change - introduction of NHS - is a commercial opportunity.	Pharmacists' identity isn't fixed. It is dynamic and has the bridging potential to incorporate new working practice or changing commercial environment.
Prescription charges provide guaranteed income - even patients who can't afford them leave IOUs. <i>Shilling-a-form era 1952, C16</i>		
Customers are unashamedly exploiting the free NHS service. <i>We've missed you...Mrs Jones 1951, C14</i>	Pharmacist and customers together make the most of NHS opportunities	Pharmacists can demonstrate an easy blending of new workplace identities.

Humour analysis

Investigation of the cartoon dataset suggests that the identity of Boots pharmacists had many facets, ranging from one-dimensional representations of public service pharmacists, expert/educated pharmacists and commercially-focused pharmacists to more complex multi-dimensional characters who displayed conflicted identities, or identities that were incongruous with changing work practices, customer expectations or prevailing market environment. The cartoons show evidence of identity work, where the Boots pharmacists were saying 'this is us', 'this is what we are about', offering facets of identity which together encapsulated their perception of professional ideals.

In addition to visual representation of the professional pharmacist, the cartoons provide provocation, laughter and occasional casual dissent. Their humour made fun of the otherwise serious issue of being a Boots pharmacist, giving the cartoonists more agency to push boundaries in expression of identity issues, and the ability to 'speak directly to power' behind the cloak of entertainment. Since this is a historical study and direct questions cannot be asked of the subjects, it is very useful to have data to interpret that are direct in their thrust and meaning, yet informal in their

format and character. I was able to use the visual data and in particular the presence and agency of humour to identify how Boots pharmacists managed their identity shifts and transitions over time. Appreciating form - cartoon and caricature - in visual sources as well as subject and iconographic look (Panofsky, 1957) allowed me to examine humour as a component of identity work, giving the study an extra methodological dimension.

Humour theory helps explain how the cartoons were used by the protagonists to deliver opinions or to try and influence opinions. As discussed earlier in the literature review in Chapter 2, the type of humour projected by the cartoons helped identify its agency:

- (i) incongruity theory, through which humour identifies and highlights dissonance and dis-functionality.
- (ii) resistance theory, through which humour challenges and resists authority but in a 'playful', indirect way.
- (iii) superiority theory, through which humour ring-fences insiders and attacks outsiders thereby creating solidarity within in-groups.
- (iv) relief theory, through which humour offers a catharsis or coping mechanism where tensions exist.

These humour types were identified by the tone and context of humour and helped understanding and interpretation of the cartoon. Analysis of the cartoons in relation to their humour agency is illustrated in Table 4.2, below:

Table 4.2 Humour theory as it relates to cartoon dataset

Humour	Subject of humour	Cartoon examples
Incongruity theory	Reader laughs at impossibility or hypocrisy of situations	C5 World-Renowned Scientist - mistaken identity between scientist and chemist. C11 The Amateur - the pharmacist cannot perform the nursing role.
	Resistance theory	C7 The Branch Manager addresses his staff - calling out the hypocrisy of the sales-focused pharmacist. C1 Chemist-Manager - conflict between actual job (administration) and professional role. C18 Automation Comes to the Dispensary - responding to unrealistic customer demands by resisting modernity and customers' stupidity. C6 Thanking You in Anticipation - the pharmacist resists a 24/7 professional culture, seeking a different identity out of work.
Superiority theory	Reader laughs at outsiders, while insider group morale is boosted. This category includes self-deprecating humour	C2 A Little Misunderstanding - superiority and status of successful chemist contrasted with failed colleague. C8 A Hit! - superiority of female pharmacist mocking drunken male suitor. C9 Poor Boy - superiority of the professionally educated pharmacist. C3 First Club Member - social superiority of the gentleman pharmacist. C15 The Ages of Man - superiority of pharmacy as a life-long career. C1 At Your Service - moral superiority of the pharmacist. C17 In Good 'Company' - superiority of shareholding status of both customer and pharmacist.
	Relief theory	C12 NHS Christmas - responding to NHS demands by highlighting consequential financial rewards. C14 We've missed you...Mrs Jones - pharmacist and customer together make most of NHS opportunities. C4 M(is) P(ronouncing) S(onny) - professional self-deprecation as pharmacist acknowledges poor Latin skills. C16 Shilling-a-form Era - responding to NHS demands by highlighting financial returns. C13 Urban vs. Rural - responding to accusation of poor product availability with fit-for-purpose local stock.

Although this was a small sample of cartoons relating to identity, the most frequently occurring type of humour displayed was superiority humour where in-groups and out-groups were established and maintained. To give an example, in “A Hit!”, the protagonist female pharmacist quickly and effectively rebuffed her erstwhile suitor with caustic wit. In this case her pharmacist identity - her affirmation that she was “a chemist”, the smells of dispensary and chemist counter present on even her leisure clothing, and her demonstrable social and intellectual superiority - announced status. It also suggested that her occupation was professional and somehow integral to her, as it was apparent to ‘outsiders’ even when away from the work setting. Despite her gender, highlighted by her small comparative stature to her large and overbearing male companion, she claimed superiority and demonstrated inherent confidence through her professional identity. Indeed by selecting a female protagonist, the cartoonist implied an extra strength in pharmacy professionalism that overcame the usual ‘passive female’ stereotype seen in other cartoons.

Here was evidence of deliberate identity work to establish Boots pharmacists as a successful group able to withstand external pressures and change, by laughing at outsider groups. In fact this was a common humour type across all cartoons in the staff magazine which liked to create an “us and them” dynamic with competitor products, ignorant consumers, and a type of racial and gender stereotypical humour that was common across the twentieth century.

Humour and identity theory

A final piece of analysis, captured in Table 4.3, brings together the threads of humour theory and identity theory. This grid offers initial theorizing about the nature of identity composition and change. It acknowledges that some cartoons portray a static or single-faceted notion of identity, one that would have been recognizable to the magazine readers, while others showed more dynamic evolving notions of identity, portrayed positively and negatively; something to be laughed at or celebrated, or perhaps resigned to or resisted. The most distinctive aspect of this identity study is the long timespan it covers and the changing nature of identity dynamic on show.

I have isolated three tactical responses to the interactions between diverse aspects of identity, namely “buffering”, “bridging” and ‘blending”. These are constructs that appeared in my literature review in Chapter 2 and help theorise the cartoons’ identity work and agency. “Buffering” alludes to a single or polarised identity that is being supported or cushioned from change or antagonism. “Bridging” describes the proactive and positive reach from one identity towards an alternative one, that is, an identity in transition. And “blending” is the process whereby a hybrid identity exists or forms as two discrete identities merge. Interestingly, buffering identity is most prevalent in cartoons in the 1930s, and bridging and blending identities most prevalent in cartoons post-1948.

Table 4.3 Humour and identity as they relate to cartoon dataset

Humour theory	Evidence of conflict	Evidence of “buffering”	Evidence of “bridging”	Evidence of “blending”
Incongruity		C11 <i>The Amateur</i> , 1947	C5 World Renowned Scientist, 1930	
Resistance	C7 <i>The Branch Manager Addresses His Staff</i> , 1935 C10 <i>Chemist-Manager</i> , 1939	C6 Thanking you in anticipation, 1933	C18 <i>Automation comes to the dispensary</i> , 1956	
Superiority		C1 <i>At Your Service</i> , 1930 C2 <i>A Little Misunderstanding</i> , 1930 C3 <i>First Club Member</i> , 1930 C8 <i>A Hit! Are you a Chemist?</i> 1936 C9 <i>Poor Boy!</i> 1939	C17 <i>In ‘Good Company’</i> , 1952	C15 <i>The Ages of Man</i> , 1952
Relief		C4 M(is) P(ronouncing) S(onny), 1930	C12 <i>NHS Christmas</i> , 1950 C14 <i>We’ve Missed you...Mrs Jones</i> , 1951 C16 <i>Shilling-a-form Era</i> , 1952	C13 <i>Urban vs. Rural</i> , 1950

Cartoon research insights

The cartoon research provided 'pilot' data - an entry in to help me target the bulk of primary source material. What appears in the cartoons is the opening dialogue. These images represent an identity work that is visual and 'silent' but nonetheless powerful in drawing attention to the issues facing the protagonists over time, which they discuss in detailed discourse in the pages of *The Bee*.

Accepting the caveats of sample size and the difficulties of interpreting role-specific cartoons up to ninety years after they were created, the research showed that ideas and opinions about professional pharmacy identity were forthcoming in the cartoons and included some challenging issues. One drawback of the cartoon data was the lack of feedback on its impact. There is no way of knowing if the cartoon images were didactic or representational. If cartoon imagery consistently emphasised a singular identity, was it trying to promote that as the 'reality', showing what was already the status quo, or was it trying to change perceptions of identity? This was where finding relationships between visual and written data was important, and led to the next stage of my research - analysing the written sources. While cartoons are framed as independent pieces to interpret 'freely', the written sources are more data and opinion-heavy and their analyses helped confirm or challenge the cartoon findings.

Against the backdrop of cartoon humour I can therefore look more closely at the elements of company pharmacists' unique identity - the professional, the commercial, the public servant - and investigate how they related and transitioned. The full dataset would reveal how and when identity changed, and contribute to the understanding of identity work and its dynamics over time.

Chapter Summary

This was an excellent platform from which to launch the next stage of the research. But with only a few cartoons relating to identity studied, and the likelihood that 'insider' cartoon humour may not be fully understood by an 'outsider' researcher - particularly with knowledge of how the pharmacy

profession developed post-research period - this initial research needs to be challenged critically through detailed analysis of the wider dataset of pharmacists' actions, opinions and voices as expressed in their work-place communication. This will establish the representativeness of the cartoons in relation to the full dataset.

Using cartoon humour as a pilot study gave me useful insights into pharmacists' views on their professional position and also how to approach more targeted data collection in the wider documentary sources. The identity questions raised in this chapter were linked to the changing work environment pre- and post- the 1948 introduction of the NHS. While it appears that successful reinvention of professional identity was predicated on adaptation and transition in the pharmacist role, and that multi-dimensional or hybrid identities allowed for new identity to be realized, my study identifies points in time when a more polarized and one-dimensional identity was promoted through cartoons to re-enforce aspects of professional identity. The following two empirical chapters draw on these preliminary findings to establish a clearer picture of professional identity work and identity formation. In addition, I broaden the analysis by including some data from external bodies impacting Boots pharmacists such as government, trades unions, pharmacy institutions; and the general public, who were the pharmacists' customers and patients.

5. Identity in the pre-1948 era

“It can only be said that the commercial and the professional sides of pharmacy cannot possible [sic] exist apart ...”

The Bee, May 1936:153

Introduction to the 1930-1948 era

Prior to the watershed year of 1948 when the NHS became operational, retail pharmacists were major players in community healthcare, due to the high cost and relative inaccessibility of medical services provided by community doctors, and the regional care provided by a patchy charitable and voluntary hospital system (Doyle, 2007). As this was the pre-antibiotic age, prescribed medicines were supplemented in the treatment of common diseases by the local chemist offering health remedies and advice as well as commercially advertised tonics and pills produced by companies such as Beechams, Burroughs Wellcome, and indeed Boots. The community pharmacy was the popular destination for the sick and their carers, where conditions were diagnosed and chemists' nostrums procured. During this period dispensing delivered a significant proportion of Boots overall customer spend but over-the-counter remedies, household goods, toiletries and cosmetics provided the bulk of consumer purchases²⁷.

The dispensing market for Boots pharmacists was split between more affluent patients with privately procured doctors' prescriptions (rising from approximately three million to five million between 1930 and 1948²⁸), and national health insurance patients, that is, working men and some women, whose healthcare and prescriptions (rising from approximately three million to seven million, 1930 to 1948) were subsidised by insurance company or pre-NHI Friendly Society funds into which they routinely paid. Although the provisions for working men appeared to provide good, affordable medical care for a large population of male patients, the system was not standardised in its operation and practices, and patients would often have their

²⁷ Boots Archives, WBA/BT/3/8/7/6-35

²⁸ See Chapter 3, Figure 3.2, p.87

prescriptions dispensed by doctors and their dispenser assistants. Research by Digby illustrates that in many communities the doctors' service to NHI patients was inferior in terms of waiting times, the range and quality of medicines prescribed, and breadth of illnesses treated compared with private patients' service. Also, "dispensing [skills] in small chemists, making up a few NHI prescriptions for a handful of doctors, was unlikely to encourage accurate dispensing" (Digby, 1999:321). There is further research evidence of disparities in healthcare across geographical locations (Gorsky et al., 1999, 2002), and between cities (Doyle, 2007, 2010). Indeed, the piecemeal dispensing 'market' is summed up in a letter to the *Chemist and Druggist* journal from a discontented private pharmacist:

"The only thing we have the sole right to are the sale of a few poisons and NHI dispensing, neither of which would keep a pharmacy going for a week."

Chemist and Druggist, 26 Apr 1930:527

Against this backdrop, Boots community chemists were 'making a living' from their customers as well as alleviating the poor health of their patients; their professional roles and identities perhaps challenged. To interpret motives and behaviours it is important to try and understand the historic operating environment for the Boots pharmacists, such as 1930s austerity followed by wartime economic nationalism. The latter, just like the post-war development of a national healthcare system was neither unexpected nor inevitable - but both impacted the development of discourse and behaviours in community pharmacy. Table 5.1 gives a summary of key dates, statistics and events affecting Boots pharmacists and their operating environment between 1930 and 1948, researched from annual reports and statistical reports.

Table 5.1 Timeline of historical and structural change, 1930-1948

Date	General	Boots *
1930	<p>Socialist MPs in the UK Parliament set up a society to work towards the establishment of a national medical service. Reported in the <i>Pharmaceutical Journal</i> (12 April 1930:396)</p> <p>500 million aspirin tablets sold in the UK and Ireland. Reported in the <i>Pharmaceutical Journal</i> (05 April 1930:353)</p>	<ul style="list-style-type: none"> • Number of Boots stores: 911 • New store openings: 35 • Retail employees: 11,226 • Pharmacists and dispensers: 1,482 • Pharmacy apprentices: 765 • Customers: 117,298,000 • Cash takings: £9,834,487 • Stores payroll: £1,295,277 • Net profits: £722,264 • Number of prescriptions dispensed: 4,304,912 (4.3 million)
1933	<p>Publication of new <i>Pharmacopeia</i> with changed formulae and practice for pharmacists</p> <p>Pharmacy and Poisons Act limited the procurement and sale of non-medicinal poisons to retail pharmacists only</p>	<p>Sale of Boots by American owners, Liggetts to a consortium of UK owners led by Boots family. NB Earlier bid vetoed as UK Treasury feared 'sterling-dollar' exchange rate crisis</p> <p>Chair of Chemistry established by Boots at Nottingham University</p>
1934		<p>Introduction of 5-day week in Boots factories; UK industry first</p>
1938		<p>National defence contribution: £360,000</p>
1939-1945	<p>1942 - Beveridge Report lays foundations for the Welfare State</p> <p>1942 - Penicillin Act regulated production, sale and distribution of penicillin, benefitting Boots</p> <p>1944 - Education Act**</p>	<p>Second World War government requisitioned Boots factories and staff</p> <p>Boots Board member Lord Selbourne becomes governmental Minister for Economic Warfare, 1942-1946</p> <p>33 stores destroyed</p> <p>381 employees killed</p> <p>6,000 staff deployed in war effort</p> <p>All stores nominated civilian first aid posts</p> <p>Supplied UK (and Allies) with 600 million medicinal tablets and 50 million bottles of orange juice produced with Vitamin C content preserved</p> <p>UK wide warehouse provision for medical supplies</p> <p>Pioneered UK penicillin production</p> <p>Manufactured over 8 million gas masks</p>

Date	General	Boots *
1946	Penicillin “comes to the chemists’ shops” via doctors’ prescriptions. Reported in the <i>Daily Mail</i> , (30 May 1946:2) National Health Service Act**	2,000 staff returned from war effort; 4,000 still deployed or directed to other industries
1947		Boots pharmacists given 4 weeks paid holiday p.a.
1948	Pharmacists/chemists accept re-negotiated rate of NHS supply and dispensing contract. Reported in the <i>Daily Mail</i> , 19 Jun 1948) Introduction of the NHS, 5 th July The Companies Act (new tax regime)* Local Government Act**	<ul style="list-style-type: none"> • Number of Boots stores: 1,232 • New store openings: 30 • Retail employees: 18,035 • Pharmacists and dispensers: 1,861 • Pharmacy apprentices: 915 • Customers: 230,209,607 • Cash takings: £28,689,354 • Stores payroll: £4,176,404 • Net profits: £679,428 • Number of prescriptions dispensed: 12,248,693 (12.2 million) <p>Appointed Jack Drummond as head of research. He was Chief Scientific Adviser to the Ministry of Food, 1939-45</p> <p>Boots voluntary price-freeze in support of government stabilisation plan. Reported in <i>Daily Mail</i> (21 Feb 1948:1)</p>

* Source: *Boots Archives, annual reports and statistical records, 1930-1960*

**Source: *Marwick, 2003*

As the table illustrates, even at a superficial level, this period of research was one of consistent change in terms of the market, stores’ operation and the socio-political framework. This meant a challenging environment for Boots pharmacists as they went about their jobs serving customers, managing store issues, expanding professional know-how and protecting and promoting their own, and the company’s reputation.

Boots pharmacist identity data

The description “retail chemist” indicates the two principal features of Boots pharmacist identity - the commercial and the professional - features that were examined in the previous chapter through the visual analysis of magazine cartoons. In this chapter I look in further depth at the distinctive features of these identity elements. I am interested in both the structural aspects of identity, for example, the workplace and the organizational environment, as well as the more personal, social and psychological features.

Within the parameters of my historical sample, I looked at the empirical data comprehensively and inclusively, incorporating and interpreting all the examples collected from the pharmacists’ own discourse and practice, as described first-hand and communicated in *The Bee*. This enabled me to break down the complex identity features, and examine the ‘interactions’ between commercial and professional identities over time, and how they played out both in pursuit of profits and protection of pharmacy ethics.

I was also interested in instances of public service identity narrative. The cartoon “At Your Service” (1930) depicted an altruistic and selfless Boots pharmacist untroubled with material or financial concerns. This identity ‘proclamation’ was either a satirical representation of a cash-driven pharmacist’s reality or a depiction of an idealised pharmacist. By examination of the written discourse it should be possible to understand more about this aspect of the pharmacist identity during this period. In addition, examples of public service through ‘war-effort’ activity of Boots company and staff - in particular the national first-aid provision and medicines production and manufacture illustrated in Table 5.1 - are investigated in this dataset. Like the data for commercial and professional identity facets, instances of public service identity expression are comprehensively and inclusively collated and interpreted, within the sampling parameters discussed in my methods chapter.

In addition I examined *The Pharmaceutical Journal* and the *Chemist and Druggist*, using the same sampled years, but restricting my searches to

Spring-time issues (as they were published weekly so there is a high volume of copy), to see what similarities and differences are evident across this era in depictions of pharmacy and pharmacists. Although I was not able to compare datasets quantitatively, due to their scale, I was able to see how the themes emerging from the Boots pharmacists' data were represented in the more generalised data found in the professional journals.

Identity tensions

As my visual analysis demonstrated in Chapter 4, identity tensions created the context and content of some of the Boots cartoons. The pharmacists were portrayed as conflicted between their professional and commercial roles, the fundamental 'profits vs. ethics' dilemma. In this chapter I look for similar tensions in pharmacists' discourse - evidence that will help unpack behaviours and statements and allow more nuanced interpretation of identity work.

Commercial vs. professional identity

The dilemma facing pharmacy professionals working in the retail environment is succinctly expressed in this professional journal editorial:

"The chemist's most valuable asset ...is his qualification. How can he legitimately exploit his qualification from a business point of view, and at the same time maintain and increase his professional status?"

Pharmaceutical Journal editorial, April 1933:265

Here, this is presented as an intractable dilemma, a deep conflict underpinning the practice of retail pharmacy. However, a few years later, a different opinion is expressed about the conflict between commerce and professionalism:

"Professionalism... the bread and butter on which the jam of commerce must be spread very sparingly".

The Bee, June 1937:153

This view, first published in the *Pharmaceutical Journal*, was reprinted in the Boots magazine. Once again there is acknowledgement of the problematic duality in identity. The “very sparing” nature of commerce marks professionalism as overwhelmingly dominant in the pharmacists’ perception of their identity and work; however the rewarding layer of sweet jam, and the need to ration it, suggests its desirability as working bonus.

In circulating this text to Boots pharmacists, *The Bee* editor could have been demonstrating that the professional body was out of touch with this rather hostile view of commerce, as there is plenty of evidence in *The Bee* at this time that commercial sales were the pharmacists’ bread, butter and jam. In fact the *Pharmaceutical Journal* quotation is explained in the context of company chemists needing to take full advantage of the fact that they were primarily chemists, working “to get the principal share of pharmaceutical commerce” from the “more serious competition from ordinary traders and stores” (*The Bee*, Jun 1937:153).

This editorial steer did not lead to an accepting and acquiescing audience; further signs of identity conflict are apparent in published discourse, demonstrating an on-going debate around the Boots commercial identity and its dynamics. For example, I learned from the August 1939 cartoon “Chemist-Manager” [Cartoon C10, p.136] that the pharmacist store manager was depicted as exhausted by the administrative burden of managerial work. It appears from reading *The Bee* that this cartoon was produced in response to an article published earlier in the year which follows a relief manager taking up a position in a rural store and finding a burden of administration taking him away from his ‘proper’ role as chemist. Interestingly this initial piece was quasi-humorous suggesting, like the later cartoon, that the challenge it poses to head office procedures and protocols is light-hearted and therefore indirect. But choosing to illustrate the piece with a cartoon strip that mimics the language almost to the letter, suggests an

underlying truth and seriousness in intent²⁹. The manager, with “resigned countenance” leaves the shop-floor:

“with a bundle of bi-weekly weeklies, weeklies, GSUIPs, ESOFs, Petty Cash Sheets, CACS books, etc., under his arm - all for month end accounts.”

The Bee, May 1939:89

The extent that pharmacy and commerce are linked structurally is evident in the company’s sales commission system which rewarded retail staff for the volume of ‘own goods’ (the highest margin goods) they could sell to customers. This was primarily an incentivising scheme for the pharmacists who, positioned at the top of the shop hierarchy, had most to gain from it. Sales commission for pharmacists was presented in *The Bee* discourse as a potential source of conflict as early as 1930. In a letter to the editor, a correspondent reported on the “commissioning problem”, as a “system” that was problematic:

“The Manager is up against difficulties in breaking the system”

The Bee, May 1930:213

It was this scheme that is satirised in the 1933 cartoon “The Branch Manager Addresses his Staff” [Cartoon C7, p.133], where the manager is lambasted for stopping in the middle of a professionally-focussed staff talk and hurrying off to make a commission-only sale. This reflects tensions with commercial identity expressed in the professional journals - commercial ‘jam’ need only be spread thinly on the ‘bread and butter’ of professionalism. The Boots cartoon took the potential tension created by sales commission and raised it to a hostile charge of hypocrisy, but makes the challenge indirectly and humorously. The pharmacist chasing cash sales is painted as unprofessional and laughingly immoral.

²⁹ Interestingly in a private conversation in 2019 with an ex-Boots pharmacist, the author was told that the pharmacist latterly worked only in locum work because of wanting to “work as a pharmacist”, not as a shop manager or administrator. This element of conflict within the retail pharmacy identity remains live in 21st century practice.

Until its abolition in the post-war years the sales commission scheme continued to raise shop tensions. In a "Plain Speaking" column in 1937 a staff member complained of the actions of the manager who promoted a "counter girl" onto the scheme but once "put on commission...[she is] then bumped off to the stock room" (*The Bee*, Sep 1937:221). It implies that junior members of staff were given less opportunity to earn commission as the pharmacists and senior staff protected their own financial privilege. This situation was also compounded by the physical layout of the stores counters whereby the more senior members of staff including the shop manager / pharmacists were positioned closest to the door, and customer entry. The continuing discussion about the commissioning problem in both visual and narrative discourse suggests it was a contentious issue throughout the 1930s, highlighting a critical tension between the commercial and professional elements of pharmacy identity that impacted on the Boots pharmacists and their staffs.

Inter-professional tensions

It is important to review how Boots pharmacists related to the wider community of healthcare professionals as it helps to locate identity formation and transition in a broader professional context. Boots pharmacists had allegiances to professional organizations and within their communities worked with doctors to fight ill-health and disease. Physicians and general practitioners were regarded as one step ahead of pharmacists in terms of status and remuneration and certainly, within a hospital setting, pharmacists were part of physicians' wider support staff. Doctors possessed university degrees and an elite professional standing that pharmacists admired and aspired to replicate.

The relationship between Boots pharmacists and doctors was reflected in different ways in *The Bee* articles - on the one hand cartoons might denigrate doctors' pomposity or lack of expertise, while a longstanding competition to decipher their illegible hand-writing evoked both the challenge for pharmacists as well as a gentle mockery of this codification of doctors' scripts. On the other hand Boots pharmacists did not to attack their medical colleagues overtly or in practice, and showed sometime submissive respect

for their judgment. For example when a pharmacist asks for colleagues' reactions to a situation where an 'own goods' medicine was offered to a patient in a Boots branch in addition to that prescribed by a doctor, responses in subsequent magazines roundly criticised the practice; this in apparent contradiction to the usual push for companion sales. The responses below exemplified the view that the 'incident' was a breach of pharmacy etiquette.

"The average doctor would not favour a chemist interfering with his prescribing...I think it is always wisest not to comment in any way on a doctor's treatment of a patient."

The Bee, Aug-Sep 1934:276

"There are many [medical men] who would severely criticise such a procedure ... we cannot afford to alienate his sympathy..."

The Bee, Nov-Dec 1934:43

These quotes showed that good professional relations, and respect for a hierarchical 'system' of professions, should have been a higher priority than the desire to sell 'own goods' to the patient. The pharmacists are reminded of their subordinate position to doctors and are challenged, in effect self-censoring, if they overstep perceived boundaries. Interestingly, a later quote situates pharmacists' knowledge in direct relation to doctors', highlighting once again professional values and hierarchy:

"..a patient pays a doctor for his advice and receives the medicine free. With a chemist, the medicine is paid for, but the advice is free."

The Bee, May 1936:152

The fear of alienating doctors also betrays the pharmacists' financial dependence on them for referrals. The phrase "we cannot *afford* to alienate" [my italics] implies a business imperative to maintain good relations with local doctors so that they continue to send their patients to Boots. Although not overly conflicted, the relationship with doctors discussed here amongst Boots

pharmacists was certainly one of inequality of status, acknowledging a differential in which pharmacists appeared to be the subordinate and weaker partners.

From a social identity perspective, professional identity could be regarded as much a construct of those situated outside the professional group than those situated inside it. This view implies that the Boots pharmacy professionals were impacted by how others perceived their professional identity, be it fellow pharmacists in retail 'multiples' or independents, Boots colleagues, customer and patients, the general public, and other external actors including family and friends. It is helpful at this stage to look outside the Boots discourse to see what sentiments were published in both the pharmaceutical press and the national media.

There is evidence of conflict reported in both the professional press and the wider media, regarding the professional skillset and pay levels, as shown in Table 5.2, below. Unless indicated otherwise, the authors of the quotes are independent pharmacists.

Table 5.2 Examples of ‘negative’ interaction with other professionals

Source	Quotation	Narrative of conflict
<i>The Times</i> , journalist reporting on Pharmaceutical Society conference 23 Jul 1930	“Turning to the pharmacist’s legitimate province, the president [of the Pharmaceutical Society] said no medical practitioner ought to compound and dispense medicines except in cases of emergency”.	Pharmacists not doctors have expertise to compound and dispense.
<i>C&D</i> , 12 Apr 1930:467	We should record bad prescriptions “to be used as concrete argument that the pharmacist is actually a check on the carelessness or incompetence of some of the practitioners”.	Pharmacists are safety check re doctors’ incompetence.
<i>C&D</i> editorial, 26 Apr 1930:522	Within NHI system, capitation or drug tariff amount to very different compensation. Pharmacy does not do well out of drug fund (no option for flat rate payment system) either way. Yet Doctors say “how well the pharmacists do”. Actually no administration and shop-keeping time considered, nor time spent “making out accounts”.	Doctors complain that pharmacists are too well remunerated in NHI scheme.
<i>C&D</i> 05 Apr 1930:435	“surely a rota could be formed, and the long hours divided and alternated so that pharmacists and their assistants could devote a little more time to themselves and home.”	Chemists should collaborate with each other to improve their long (64-hour week) working hours.
<i>C&D</i> 19 Apr 1930:497	“the notorious want of combination among pharmacists and their constant fear of their neighbours annexing some of their customers.”	Chemists should collaborate more, and compete less.
<i>PJ</i> 19 Jan 1935:74	“the chain store menace” who strips employees of individuality and leaves them functioning as “the cat’s paw of big business”.	Company chemists have different status from independents. They are de-professionalised or even dehumanised by their employers.
British Medical Journal, 30 Apr 1938, publishing the government committee report on a medical service for the nation ³⁰	“In close association with the general practitioner service would be certain auxiliary services of lay persons, such as pharmacists ... no treatment shall be undertaken by such auxiliaries except on the recommendation of, and under the responsible care of a qualified medical practitioner.”	Pharmacists are only ‘lay’ people, not medical professionals.

³⁰ Modern Records Centre, Trades Union Congress, MSS.292/847/1/60

The quotations also reveal a scathing attack on companies such as Boots for reducing their professional chemists to 'soulless' business operators. The "chain store menace" claim was a particularly antagonistic appellation for retail pharmacists. And as registered chemists, Pharmaceutical Society members, and recipients of its journal, Boots pharmacists would feel personally targeted by this view of their perceived subjugation. Of course, letters from angry constituents make good journalistic copy, but the *Journal* editor's choice to include this one suggested it was not a lone voice.

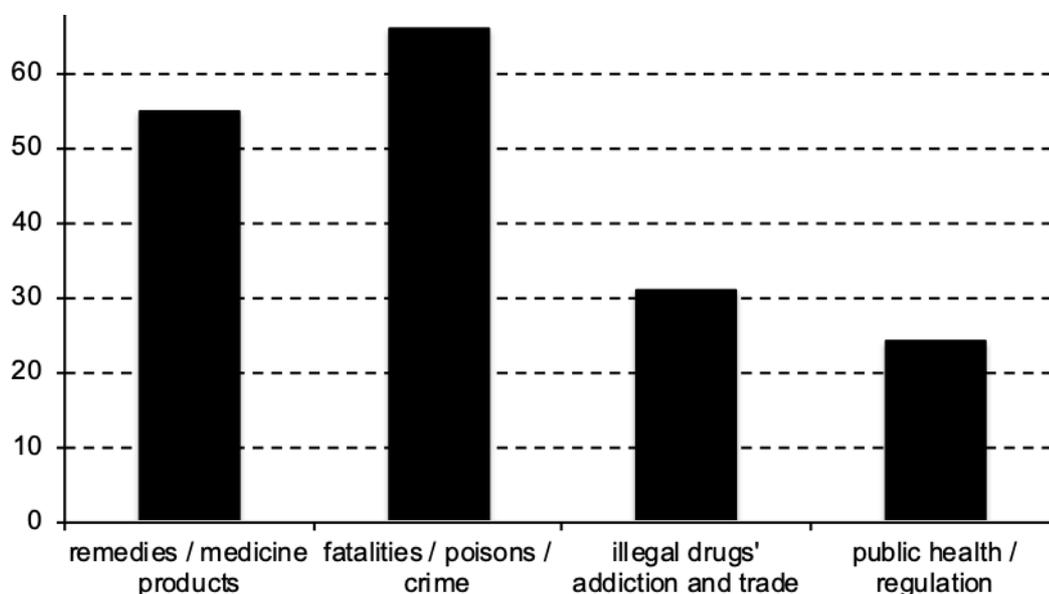
Meanwhile an underlying hostility felt by some pharmacists towards doctors and their political representatives is part explained by the put-down of the profession published in proceedings of a government select committee on a general health service for the nation. The proposal, re-printed in the *British Medical Journal*, describe pharmacists as lay people - not professionals - whose role was totally subservient and "auxiliary" to that of the medically trained doctor. This view, expressed in 1938, was a 'doctor-centric' but telling observation of the boundaries between healthcare professionals.

External media perceptions of pharmacy

Looking for a wider perspective I also examine the popular press for representation of pharmacy and pharmacists. I wanted to find evidence of 'pharmacy identity' in the public domain to ascertain if the Boots experience was representative of pharmacy experience as a whole, in particular as translated by 'outsider' commentators. The key research aim was to measure what aspects of the pharmacist's role and behaviours made it into the public domain with a view to establishing a pre-NHS benchmark which could be compared with the post-1948 period. I chose to make a systematic review of the mass-market newspaper the *Daily Mail* (with searchable on-line archival content) as it offered a male and female readership of mixed social class (Jucker, 2012) in order to reach beyond the limited socio-economic group of Boots pharmacists themselves. Secondary newspaper titles (e.g. *The Times*) with smaller circulation but targeting a more educated readership were also searched to aid understanding of public domain representation.

Figure 5.1 gives a breakdown of popular press articles by topic, using the *Daily Mail* on-line archive as my data source. The *Daily Mail* findings were echoed in *The Times* findings - often the same stories were covered in both - while *Financial Times* contained prevalence of business and company news. Across the 1930-1960 period there were 642 “hits” of which 43% were on topic, that is, not random stories about a “pharmacist” getting married or winning a talent contest or an industrial “chemist” isolating a new compound, or committing a driving offence.

Figure 5.1 The most common articles in *Daily Mail* containing “chemist*” or “pharmacist*”, 1930-1948, by topic



Interestingly, the popular press articles focus on the pharmacist as keeper of poisons and opioids, and his/her duty to protect the public from criminality relating to both; though in fact many crimes were perpetrated by chemists themselves, either as addicts or enablers, giving evidence in court either as expert witness, plaintive or accused. The expertise of pharmacists, that is, their medicines’ knowledge and management combined with their public service remit appears to boost their professional reputation. The Boots narrative of identity conflict was, therefore, in public journalism given a different ‘spin’. In the latter the professionalism of some (the majority) pharmacists and their public reputation was attacked by the potential

criminality of a minority. This suggests that the political cartoon discussed in Chapter 4, 'At Your Service', is particularly prescient in including bottles of popular 'vices' in view behind the chemist's counter; and significantly is the only example I found of the representation of pharmacists' relationship with vice in Boots discourse, in this case visual discourse.

With these external sources painting a broader picture of professionalism, I am aware that the words and discourse in *The Bee* may not have been representative of all community pharmacists' identity. However this discourse was collectively shared among the Boots pharmacists and it remained a published account that they, in particular, were exposed to and actively or passively interacted with. I believe in both the representativeness and indeed authenticity of the discourse, as the magazine had to strike a credible note for its audiences, and in many cases, for example where customer letters were published or pharmacist anecdotes were relayed *verbatim*, the nature of the magazine and its identifiable authors and readership indicates a 'self-balancing' integrity of discourse. This gave credence to a view that the Boots pharmacists' identity did not take a parallel path with the profession as a whole. While some issues were common, others were not, and the identity work instrumental in fashioning identity was probably as singular as the identity outcomes.

Finally, Boots was structurally exceptional as a retail chemist in its large-scale employment of and investment in research chemists. In professional journals the roles, responsibilities and priorities of research chemists were distinct from those of retail chemists. In my more limited data collection from these sources (across the 1930-1960 period), there was a single instance of comparison when a correspondent to the *Pharmaceutical Journal* complained that Pharmaceutical Society fellowships were only given to research chemists with industrial research appointments. This followed the general pattern of complaint against chemists, either company chemists or industrial chemists, who were well remunerated in contrast to retail chemists as a whole (*Pharmaceutical Journal*, Jan 1956:17).

Tactical responses to tensions

Buffering commercial identity element

The data hold many examples of the portrayal of single, uncontested identities, though they are most common for the commercial and professional elements of pharmacists' identity. Looking across the 1930 to 1948 time period, there does not appear to be a pattern where identity work is more or less apparent for each identity component - the picture is a 'messy' and *ad hoc* one. However it is evident that freedom exists to engage in identity work that buffers or protects singular identity dimensions (from 'antagonistic' ones). This reflects the analysis of the cartoons throughout this period. They were fairly polarised in their focus - either celebrating the commercial drive of retail pharmacists or else their professional expertise.

Pharmacists' focus on commerce was intrinsic to their role as shop managers and *The Bee's* commitment to encouraging sales growth and improving salesmanship is stepped up in response to the poverty of 1930s Britain, in a bid to stretch the market for toiletries and chemists' goods. The sale of vitamins is a good example of a dietary supplement that is produced to improve health and indeed prevent under-nourishment. In 1931, an article entitled "Food for Thought" suggests that dietetics could bring changes to the pharmacy. The pharmacist is encouraged to:

"supplement his drug business by the accessory foods which the medical diets order... Consider that many products, cod liver oil, iodine supplements, vitamins etc. are really 'food-adjuncts', not so called drugs ..."

The Bee, Jan 1931:77

The commercial interest in health foods, vitamins etc., was to combat the "serious competition" of high street grocers and other "ordinary traders" (*The Bee*, Jun 1937:153). The fear of grocers encroaching in the healthcare market is echoed in the pharmaceutical trade press of the period. Both *Chemist and Druggist* and *Pharmaceutical Journal* run articles encouraging chemists to take on other high street retailers, expressing solidarity between

independent chemists and their usual *bêtes noires*, the “greedy multiples” – company chemists such as Boots - that undercut them on drug prices. Other examples of a focus on commercial identity are tabulated below.

Table 5.3 Exemplar statements that buffer commercial identity

Buffering commercial identity, 1930-1948	
Casual Customer, <i>The Bee</i> Oct 1930:359	“... Boots have here a really expert exponent of the art of merchandising and it was a pleasure to witness... his selling techniques.”
Food For Thought, <i>The Bee</i> Jan 1931:78	“take a short walk, note the number of animals grazing in the fields ... each horse and cow is a possible consumer...of mineral supplements.”
Casual Customer, <i>The Bee</i> Feb 1931:113	“dispensing is probably good sound business or Boots would not go to the expense of employing so many qualified chemists and of advertising so freely their dispensing service..”
<i>The Bee</i> Aug 1932:223	“The longer I am in business, the more I study the methods essential to success in business, the more conviction grows that – SUCCESS COMES TO THE RETAIL TRADER IN PROPORTION TO THE SERVICE THAT HE GIVES TO THE GENERAL PUBLIC.”
<i>The Bee</i> Apr 1933:88	“We have a master merchandiser...” [Our new TGM]
<i>The Bee</i> May 1936:152	“No profession today can exist without seriously considering the source of its income, and pharmacy has always looked to the sale of compounded medicines”
Chairman’s statement, 1944	“I have no hesitation in saying that largely thanks to our example the public were getting a much better and more complete chemists’ service at lower cost in 1939 than they were in 1919.” [Annual Report]

Another aspect of the Boots pharmacist commercial identity was a managerial and corporate responsibility, part of their role in the wider business organization. The responsibility of the Manager is manifest in the many articles in *The Bee* in which managers talk about the pressures of competition and shop-life, at the same time competing with each other and inter-regionally for best sales figures, best practice, and best customer service. They also report quite frequently on their community and social

status, giving talks at Rotary and other institutional events as well as participating and officiating at Boots sports and social meetings, dances and Christmas parties.

A selection of articles from 1932, entitled “What Managing a Branch has taught me!”, publish branch managers’ opinions on ‘ideal manager’ success. While the articles are wide-ranging, the following comments stand out as promoting commerce and business ideals:

“I confess that I work because I need money and I try to work well because I need good money.”

“A manager must realise the need, of being not only alive in business, but alive to business.”

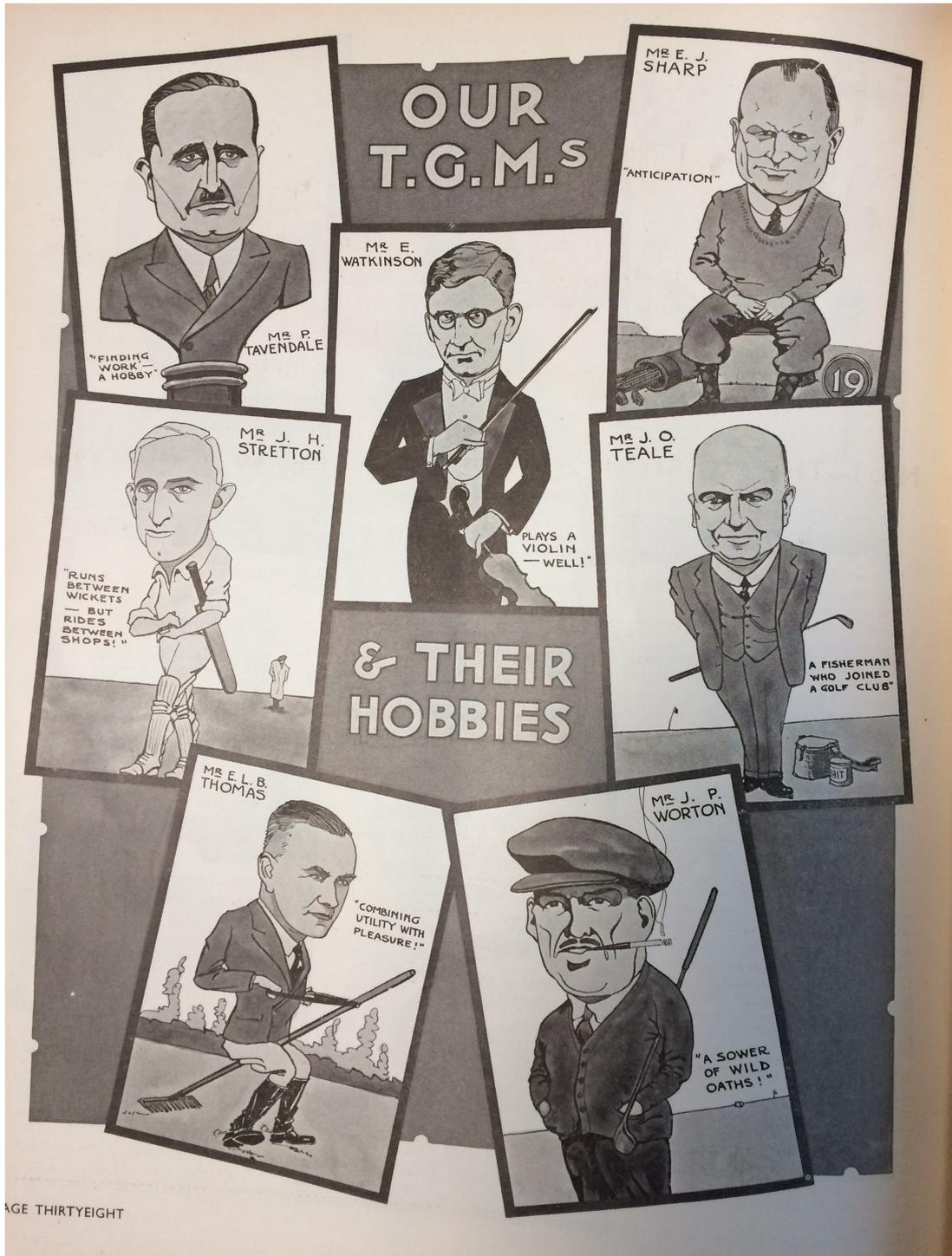
“He must possess that contagious quality, difficult to define, that invaluable asset, the ‘Business Personality’.”

The Bee, Jul-Aug 1932:235-239

The managerial status of Boots pharmacists is celebrated by the series of caricatures developed for *The Mixture* Christmas edition in 1931, examples of which are reproduced in Chapter 4, and below. In the year prior to the series of TGM caricatures being published, an article appeared in the *Chemist and Druggist* (April 1930) in which a private chemist bemoaned the fact that as an independent pharmacist he was overworked and unable to have hobbies or even a social life. Whether or not *The Bee* caricatures were published as a riposte to these claims they certainly did not share the sentiment and as mentioned previously senior Boots pharmacists are depicted enjoying status-imbued past-times with confident and sartorial elegance as Figure 5.2 shows.

Figure 5.2 Caricature illustrations of Territorial General Managers, *The Mixture*, December 1931





The TGMs' secure position as employee pharmacists gave them elevated position within the hierarchy of high street chemists in terms of salary and status, and their managerial responsibilities were the *quid pro quo* for it. The commercial identity of the Boots pharmacist is different from that of the entrepreneurial independent pharmacist; the latter is not protected and

supported by a large organizational entity and is subject to greater commercial risk.

In an interview with a TGM in 1936, the reporter's question and pharmacist's answer amusingly sums up Boots managers' status:

"Now about your work as T.G.M. T.G.M's have a reputation of earning princely salaries, what do you do for it?" The smile which rippled over Mr. Hoyle's face was an answer in itself, but this is what he said: "In common with all the staff of Boots, T.G.M's are treated very well."

The Bee, May 1936:160

Buffering professional identity element

In contrast to their commercial identity, the professional identity of Boots pharmacists is aligned to specific skills, expert knowledge and training. Despite their commercial role in high street retail, it is this expertise that differentiated them from other retailers, and is a strong component in magazine discourse. Professional pride and the primacy of professional expertise and knowledge in identity is captured in the quotation below:

"First and last we are pharmacists. We have built up a reputation as Chemists and that is what we are out to keep and develop"

The Bee, Sep 1930:324

Other examples of the many pro-professional identity statements are tabled below (Table 5.4), including those from an award-winning essay published in May 1936 on pharmacy values, that firstly defines pharmacy then rather defensively implies commercialism may have gone too far and that renewed focus on professionalism is needed.

Table 5.4 Exemplar statements that buffer professional identity

Buffering professional identity, 1930-1948	
<i>Annual Report</i> 1929	"This great Company ... with such a world-wide reputation is one with which any professional man would be very proud to be associated with..."
<i>The Bee</i> Sep 1930:324	"to talk with knowledge and intelligence is to impress.."
Casual Customer, <i>The Bee</i> Apr 1933:98	"well-informed scholarly manner" [of experienced pharmacist]
Shareholder publication, 1933	"More than a thousand branches and every branch a health centre... Shareholders will be gratified to hear that several members of our scientific and technical staff served upon the various Advisory Committees of the Pharmacopoeia Commission."
<i>The Bee</i> Mar 1936:107	"the more one knows of Pharmaceutical Latin, the more one knows of Pharmacy."
<i>The Bee</i> May 1936:152	"...the dispensing, the manufacture of a few galenicals, the training of articled pupils, and a little discreet counter prescribing constitute the professional side of [pharmacists'] existence. For all these, education and scientific training are essential... An increase in dispensing fees, and a drop in the sale of advertised remedies, will be essential to make the public realise once again that the pharmacist is a person who has had scientific training, and not always cleaned the windows and dusted the bottles."
<i>The Bee</i> Jun 1937:153	"Professionalism... without it they simply become merely traders..."
<i>The Bee</i> Sep 1937:191	"If your only interest is your salary, there is something lacking. You must have interest in your work as a vocation. Without it you are just a cog in a machine and a very poor cog at that."
<i>The Bee</i> Aug 1938:210	"We have continued to conduct our medical and scientific research work in close collaboration with distinguished research workers in the universities, hospitals, and other institutions..."
Customer correspondence, <i>The Bee</i> May 1939:94	"I am sure that you will be glad to know how well this man upheld the great tradition of his calling, and your own reputation for kindness to those in pain and trouble."

One of Boots longest-serving pharmacists, E.S. Waring, in a speech published at the end of 1929, explains that the relatively new term “pharmacist” had replaced “chemist and druggist”. He states that this new job title reflects that “examinations had grown more and more stringent, and it was far more difficult today than it was in 1880”. Furthermore he praises the Pharmaceutical Society as existing “for the protection of the public” and suggests that wider responsibility of the professional role, especially in the safe dispensing of poisons and of the management of medicines’ sales results in “scores of lives” being saved (*The Bee*, November 1929:12).

By contrast, in the letters page of the *Pharmaceutical Journal* the new pharmacy standards and qualifications led to a debate about who was best qualified - old apprentices or modern apprentices - pitting the new generation of apprentices and newly qualified pharmacists against their older colleagues. At the same time a provocative question in the *PJ* attacks the Society’s focus on improving educational standards, that is the pursuit of professional expertise: “Is it that our Society is too “highbrow” to be able to get down to the level of a thing so ordinary as the fact of a qualified pharmacist having to earn a living?” (*Pharmaceutical Journal*, Apr 1930:402). This quotation delivers a surprisingly anti-professional message to the professional body. It suggests that the professionalising of pharmacy should not be pursued while basic financial solvency remains an issue; in effect drawing a line between a persistent grievance of some independent pharmacists, and the Boots pharmacists for whom profits’ *maximisation*, not profitability, was the key commercial discourse.

These mixed views on professionalism from as early as 1930 foreshadow the different directions that experiences and perceptions of professionalism and the pharmacy identity take in the decades afterwards. Interestingly, Mr Waring’s views on pharmacy professionalism were not only aired at his local “Rotary” business meeting, but were subsequently published *verbatim* in the community newspaper, the *Newark Advertiser* (and later *The Bee*). This recognizes the status of the speaker as well as his profession, and allows for the dissemination of his views on the profession to the public, and of course to the Boots retail community in due course.

Incidentally this period also saw the educational threshold into pharmacy raised by the Pharmaceutical Society's recognition of pharmacy degrees (at University College London from 1924, and University of Manchester from 1932), though they were not an obligatory part of registration until 1970³¹.

In the 1930s when pharmacy training comprised an apprenticeship as well as written and practical examinations that secured Pharmaceutical Society membership, articles about training and professional topics are regularly published by *The Bee*. Change in the practice of pharmacy work, knowledge and expertise is reflected in wide-ranging discussion, for example customers taking their home "recipes" into Boots to be made up by the pharmacist (*The Bee*, May 1930:208), and instructional columns on the management and use of new technology such as insulin syringes in 1934. Similarly, new medical discoveries like penicillin treatments in the 1940s required updated knowledge and expertise, and articles on this appear throughout the pre-NHS period.

Industrial chemists too promoted Boots pharmacists' professionalism and reputation by stressing the quality of the company's research. An example is Boots Director, Dr Brett (industrial chemist), discussing the professional interaction between Boots R&D and healthcare providers situated in hospitals and the community:

"We keep in touch with advances in the field of medicine, and ... the very wide scope of our research work... support[s] ...the finest consultants...with the cooperation of leading hospitals."

The Bee, May 1936:133

Modern scientific knowledge also appears in *The Bee* as the company's industrial pharmacists discuss new research and developments in the field, all of which touch on the pharmacists' collective identity as scientific

³¹ Source: General Pharmaceutical Council, Historic qualifications leading to eligibility to be admitted to the Register and to Membership of the [Royal] Pharmaceutical Society of Great Britain [[R]PSGB] retrieved on-line, December 2018, at:-
<https://www.pharmacyregulation.org/sites/default/files/Historic%20qualifications%20g.pdf>

innovators and experts, as well as collaborators with the wider scientific and medical communities. This modernity is alluded to in the “gentleman-scientist” portrait of one of the retail TGMs in the 1931 caricatures (Chapter 4, Figure 4.1). Mr Moss is pictured with books and a telescope with the strapline “Twinkle, twinkle, little star.” Similarly, in describing the modern dispensary one pharmacist writes about new and re-organised pharmacies where:

“... the interior equipment and fittings include every up to date adjunct needful to modern dispensing practice ... the surroundings subconsciously induce them to turn out their work with that accuracy and dispatch that the advertised service demands, and thus achieve the maximum of Pharmaceutical efficiency.”

The Bee, Aug-Oct 1933: 287

In this quote, the modern setting and “up to date” equipment etc. is described as having agency in encouraging those at the pharmacy counter to “turn out” accurate and efficient work. This supports a discourse that the investment in Boots dispensaries generated better professional practice. By linking pharmacy, science and modernity it suggests that the shop pharmacies were scientifically advanced and therefore at the cutting edge of medicine services.

Furthermore, *The Bee* publishes the past papers of both the Boots Scholarship examination and the Pharmaceutical Society examination (including practical assessments) so that apprentices can revise and practise their skills, and throughout this research period it publishes lists of successful candidates. In 1933, a column “Dispensing for Apprentices” provides training exercises where prescription ingredients, shorthand and Latin nomenclature are discussed and de-mystified (*The Bee*, Apr 1933:118). By 1936, formal schemes for apprentice training were demanded by the Pharmaceutical Society and *The Bee* promoted a correspondence course that “would at least satisfy the ... requirements” of the Pharmaceutical Society (*The Bee*, May 1936:153). The course was to instruct students in pharmacognosy (materia

medica), elementary forensic pharmacy and dispensing, and its author, Mr Lee, was “confident that it will produce a really efficient assistant, and one who will be more able to meet the difficulties which arise in the Drug Department, both at the counter and in the dispensary” (ibid.).

Learning pharmaceutical Latin - the language of prescription medicine, in effect a secret code between doctors and dispensers - is promoted as a means to enhance pharmaceutical knowledge and consequently enhance professional status. On a lighter note there are frequent competitions for apprentices to show off their skills’ training in deciphering difficult scripts, though the underlying premise here too is that the greater the professional skills, the greater the professional standing of the individual and his/her branch. The language skills tie in with an early cartoon where parents of a schoolboy with poor Latin grades satirically comment, “... it seems he doesn’t pronounce a single Latin word correctly, so I think he must be a born chemist.” [M(is) P(ronouncing) S(onny), 1930; C4, p.131.]

In contrast to instances of intermittent tension amongst healthcare professionals, some of *The Bee* contributors promote equality in relations with the medical profession. It is worth noting that the quotes below come from doctors and to some extent contradict the pharmacists’ own sense of ‘subsidiary’ status, mentioned earlier, when Boots pharmacists cautioned each other against “interfering” with prescribing. There are few doctors’ views printed in *The Bee* but their endorsing comments are quoted verbatim and at length, suggesting their perceived value, certainly from an editorial perspective. The following extract taken from a speech (given to the Nottingham Med-surgical Society and published in *The Bee*) by the British Medical Association president, praises Boots pharmacists:

“Doctors and chemists act as partners in the act of healing ... I believe I speak for every medical man and woman present when I say that your firm makes the best drugs and fine chemicals in the world, and provide doctors and their patients with an incomparable dispensary service.”

The Bee, Aug-Sep 1934:247

Interestingly this quote indicates a mutual reliance and respect between professions, an equal status for the healthcare professionals - though this is tempered by reference to the pharmacists' 'service provider' relationship to patients, *and to doctors*, undermining a parity of status implied up to that point. However two years later a Dr Rawlinson lectures that "both your work and my work mean Service" (*The Bee*, May 1936:136). Similarly collegiate views are expressed by an Inspector of Pharmacy who provides a "triumphant vindication" of Boots pharmacies (in previous decades denigrated as "quack" chemists), declaring "the future of Pharmacy as a profession is to be found in your inspiring example" (*The Bee*, Jun 1937:161).

A newspaper article (reprinted in *The Bee*) entitled 'Drama at an All Night Chemists' reports on the professionalism of the 24-hour pharmacy service provided by Boots Manchester Piccadilly store, one of around a dozen stores that operated in this way. The *Manchester Evening News* journalist describes the work as the antithesis of manual "shift-work":

"You can't work "shifts" here because the men on duty have to be as expert as doctors in regard for the sera, injections, oxygen-treatment, dangerous drugs, first aid, and other middle-of-the-night health alarms. [The] store ... is now known to doctors and hospitals in a radius of eighty miles."

The Bee, Sep 1937:192

In similar vein of promoting mutual respect across healthcare professions, the "best consultant in those parts" recommends Boots iodized tablets, with the remark "These are the best things I know of... to treat throat septicaemia" (*The Bee, Correspondence*, Nov 1930:36)³². This is apparent also in the re-published recruitment advert from the *Pharmaceutical Journal*

³² With layman understanding of such illness today, I would expect septicaemia to out-manoeuvre a throat lozenge, with or without iodine, but this knowledge is contemporary and does not change the public relations coup of physician testimonial in 1930.

requesting a dispensing staff member - "ex-Boots apprentice preferred" (*The Bee*, May 1936:124). It suggests acknowledgment of a superior standard of trainee-ship undertaken by Boots apprentices, but also signals that *The Bee* editor or readership is eager to share publicity that promotes the professional standing of pharmacists, as well as reporting events and news from the wider professional world. While complimentary comments about individual sales staff are reproduced in customers' letters, this professional endorsement stands out as it delivers collective and generic praise to Boots pharmacists and their training capability, as well as the cadre of Boots apprentices.

Identity in transition: commercialising profession

Throughout the 1930s the main mechanism to improve sales is the "companion sale" where a second or third item is pushed to the customer on the back of an initial sale. Examples include toothpaste with toothbrushes; throat syrups with cough sweets, hairbrushes with shampoos. This sales technique is encouraged repeatedly through the 1930s and staff (in the pages of *The Bee*) shared their suggestions for companion products. In the example below, the work of the professional pharmacist is integral to growing potential sales:

"When handing out prescriptions, volume can be increased by remembering that dispensing too, lends itself to "companion sales" and suggestions should be made when handing out the dispensed medicine as to suitable "sundries" for administration or application, for example, Medicine Glasses, Acid Tubes, Eye Droppers, Atomisers, Throat Brushes and many others."

The Bee, Mar 1930:138

The companion sale and professional activity happily co-exist, the pharmacy medicine becoming as commercially 'charged' as general merchandise. The identity work at play here promotes a transitioning identity, deflects conflict between commerce and professionalism and embraces a more synergetic relationship.

Another example from the same issue comes from a shop manager who gives a community lecture on the benefits of vitamins and “as a result... sales have gone ahead and much interest has been aroused locally”; showing the sales benefit of expert public engagement, companion sales being generated by the pharmacist out-of-hours. A further dispensing tip in this issue encourages sale of a “double order”, by offering repeat prescription customers the chance to buy a larger quantity for “proportionally cheaper” price, in effect securing increased product sale, indeed putting volume before profit. This emphasis on volume is echoed in the 1931 illustrative caricature of pharmacist TGM, JF Roberts, in his motto “--- ONE INCREASING PURPOSE --- ‘VOLUME’” (See Figure 5.2).

Examples in Table 5.5, below, describe the pharmacist as a shopkeeper whose trade happens to be in drugs, remedies and medicines. There is little sense that such goods were any more special than others, though the “suffering” customer in need of “speedy relief” was portrayed as vulnerable and an easy commercial target. Similarly, the helpful directive to appear “sympathetic” when dealing with the NHI patients - there is also a suggestion to address them “by name” to gain more trust. This is an unveiled attempt to wring as much business as possible, by deploying the authority of professional identity. All but two of *The Bee* quotes below (the ‘editorial’ Casual Customer and the ‘corporate’ chairman’s statement), are made by pharmacists sharing tips and tactics with their colleagues.

In addition to maximising pharmacy sales, the pharmacist’s professional knowledge is ‘weaponised’ as an indirect means of improving sales income.

*“to sell with confidence, to talk with knowledge and intelligence
is to impress the buying public”*

The Bee, Sep 1930:324

Table 5.5 Identity in transition: shopkeepers with a drugs business

Source	Comment
<i>The Bee</i> , Business Tips May 1930:218	"When receiving 'repeat' prescriptions...the judicious remark "Larger quantities are proportionately cheaper" often results in a 'double order'".
<i>The Bee</i> , Monthly Forum "Companion Lines" Nov 1929:13	"medicinal preparations lend themselves extremely well, a person suffering is naturally inclined to seek the best and most speedy relief."
<i>The Bee</i> , Casual Customer Oct 1930:359	"Chemist-Salesman ... Boots have here a really expert exponent of the art of merchandising and it was a pleasure to witness ... his selling techniques."
Chairman's AGM statement, 1932 WBA/BT/4/15/2/9:98	"Dispensing in the branches, both private and National Health Insurance" prescriptions, showed a greater increase than in any other year of our history."
<i>The Bee</i> , Territorial Supplement Jan-Mar 1934:75	"Tip to increase NHI business, address customer by name, not title..."
<i>The Bee</i> , Territorial Supplement Apr 1934:144	"A sympathetic feeling towards the patient is a most important point, especially when trying to increase the NHI business ... taking an interest ... And not merely dispensing because you have to..."
<i>The Bee</i> , Correspondence May 1939:96	"Can you beat it?" Number of items on NHI prescription.

This quotation shows how the professional identity of the pharmacist is regarded as a sales aid, bestowing commercial advantage, that is, professional identity is regarded as a business asset. So the shopkeeper pharmacist is encouraged to enact a strong professional identity, emphasising knowledge and expertise in order to reap the commercial benefits. The professional and commercial identities openly contested in the previous examples, are bridging towards each other. This discourse gives a sense that 'commerce' is what all retailers were engaged in, but pharmacists have a professional identity that can make them more successful at it, their unique selling point. Once again, identity work deflects tensions between commerce and professionalism.

This is exemplified by early references to the chemist-manager and chemist-salesman which appear in the “Casual Customer”³³ articles in September and October 1930, and is of course the subject of the Chemist-Manager cartoon. The purpose of these articles is to offer ideal type behaviour for the retail staff, through praise and constructive criticism of current practice as experienced by an anonymous customer, or ‘mystery shopper’. The hyphenated linkage of the professional chemist’s name with the managerial and commercial identities suggest that each of these components of identity are essential for success, though in each instant the chemist comes first, perhaps suggesting the prominence of the chemist identity. This is confirmed in a description by a TGM, of branch managers having “twofold responsibility - first as a Chemist - secondly, as a Business Man” (*The Bee*, July 1933:237). Three years later, in an essay entitled “Pharmacy has a Commercial as well as a Professional side - the relative values of each”, the pharmacist author, TB Robson, speaks of difficulty in “[deciding] even today, ...which is the more prominent of the two functions”, concluding that “nowadays, commerce is not just essential to practicing pharmacy: but actually constitutes part of it”. The author also alludes to commercial training in professional education, “Another instance of the recognition of commerce by pharmacy, is the inclusion of a question or so on business control in some of the scholarships for students.” (*The Bee*, May 1936:152-3).

A Boots market research report from 1929 highlights the ability of the competitor independent chemists to outperform the retail [chain] pharmacists in their “personality”. This service-related relationship is perceived to be lacking in ‘anonymous’ chain stores and is regarded as important to pursue as a means of improving public trust. At Boots it is used to spur competitive practice:

³³ The Casual Customer column was published between 1929 and 1933, with reprints of highlights in Casual Cuttings in 1934. It was re-established in September 1934 and published until 1939. Its didactic tone was mocked in a spoof version, A Very Casual Customer, in Xmas 1950 edition of *The Bee*.

"Let us show the private chemist that we can beat him at 'personality'"

The Bee, Jan-Mar 1934:76-77

Competing at 'personality' level displays an inherent commercial edge. Similarly, the pharmacy manager positions are highly competitive in nature - with pharmacists having to think of commercial firms such as grocers and department stores as their 'competition', as well as private and independent chemists. There is also the internal market of the Boots organization where strong competition for promotions is a business certainty. In a TGM job profile produced around 1935, the appointment of store managers in addition to *qualification as pharmacist*, is focused on three criteria - "Leading salesman; Personal responsibility for branch; Sales initiative"³⁴ - indicating the importance of salesmanship to the shop manager role. Unlike casual comments and personal views, this job description illustrates embedded-ness of sales in the pharmacist role. The shared and unique identity - that of belonging to a large organization - is an important aspect of Boots pharmacists' identity. It impacts behaviours and identity issues, collectively impacting individual identity.

Identity in transition: professionalising commerce

Naked commercialism was the business model of Boots late nineteenth/ early twentieth-century success when the tag line "biggest, cheapest, best" was used to advertise Boots Cash Chemists shops. Some medical professionals believed that the so-called 'cash' chemists, Boots shop-front nomenclature at this time, damaged professionalism. However by the inter-war period, perceptions had shifted. In a speech in mid-1930s, the President of the British Medical Association descried the cash model saying, "to reduce an apothecary to a cash chemist seemed to cheapen the profession and lower its dignity". However, he commended Boots pharmacists for distancing themselves from that former identity by changing professional practice and reputation (*The Bee*, Aug-Sep 1934:247).

³⁴ Boots Archives, WBA/BT/5/30/25

Changing sales practice is illustrated by discourse that legitimises the ‘profession’ of selling and by the 1930s a more nuanced approach to selling begins to be reflected in the pages of *The Bee*. Although in 1931 a dispenser is criticised by Boots “Casual Customer” for not pushing sales programme items to a customer, and in the same magazine issue an assessment of modern advertising applauds its “urgent, searching, compelling tones” (*The Bee* Jan 1931:118), there are many examples in the 1930s where this aggressive selling is being contradicted:

“a fight for big sales on one line to beat a rival [Boots] shop, and which look so impressive on paper, does more harm than good.”

The Bee, June 1937:157

The implication here is that the actions of pharmacists, and their retail teams, of pushing sales aggressively may not be productive. In addition the “art”, “profession” and “science” of selling become tropes in the 1930s in the elevation of commerce to a quasi-professional status. In a discussion about business ideals in 1937 the act of selling for profit is superseded by a dissenting voice:

“I do not sell an article for profit. I sell Service. My first thought must be for Service. Profit follows. Profit is the result of Service, not Sales”

The Bee, Sep 1937:197

Another “chemist-salesman” is described as a “really expert exponent of the art of merchandising” implying an equality between the professional and commercial identities, valourising the aspect of retail pharmacy most at odds with the ethics and reputation of professional pharmacists (*The Bee*, Oct 1930:359). The importance of service to the customer, or patient, is irrefutable in the discourse of *The Bee* correspondents, where new ideas and practices promote goodwill and customer loyalty.

Further legitimisation occurs in 1934 with the introduction of a market research department within the company, in an attempt to improve “scientific knowledge” of markets:

"It is our expectation that the Market Research Department will thoroughly justify its existence by enabling Boots to give still better service to the purchasing public."

The Bee, May-Jul 1934:207

This bundling of science, arts, and professionalism together, in pursuit of better sales, enriches the previously one-dimensional notion of sales ‘at all costs’ and could in part have been responding to a more sophisticated external market and in part be a reflection on a more customer service-orientated professional identity. Bearing in mind the economic hardships that befell 1930s Britain, this promotion of goodwill and service as success criteria I believe is tactical, in trying to maintain and grow sales.

Beyond 1939, the wartime economy further erodes the ‘traditional’ market behaviours of sales and selling. Shortages of product and medicines turn a sales environment into one of emergency care with “permanent goodwill” trumping “temporary volumes” (*The Bee* August 1939:120). War deprivations are further highlighted in an instruction published in 1947 which allowed dispensing departments to “use electric lighting and so maintain a confident and speedy service” (*The Mixture*, Mar 1947:2), illustrating the value of the pharmacy counter within Boots stores in ‘keeping the lights on’ in times of metaphoric, and literal, darkness. Indeed in the Chairman’s AGM speech of 10th July 1947, John Boot despairs at the war-torn appearance of Boots shops and staff canteen facilities, which had been refused government licences to repaint, adapt and equip, respectively. He concludes that licence refusals have a knock-on effect for staff, customers and the general public; “We regard it as psychologically a mistake because the present shabby and

cheerless appearance of our city streets exercises a depressing effect upon the spirits and morale of the public.”³⁵

In addition to the physical environment of the shop, the quest for continuous improvement in service and quality of product is a repeated claim throughout this pre-NHS period. As early as 1930 pharmacists are chasing service to try and dispel the public perception of retail pharmacy as lacking the human touch, the perceived ‘personality’ of independent pharmacists. A “Monthly Forum” contributor talks about the importance of personal attitude in business, and of service being “the driving principle behind all good business” (*The Bee*, May 1930:216). A few years later the issues remain the same, and are explicitly presented as representative of pharmacy professionalism:

"In an age of "help yourself" counters where personal contact is reduced to a minimum, sympathy stands out ... as a goodwill-creating factor invaluable to the retailer - above all to the chemist, who has such exceptional opportunities of revealing his profession as one which does not exclude an appreciation of the human factor in everyday transactions."

The Bee, Nov-Dec 1933:19

The language of “sympathy” echoes that in the previous section where it was corralled to deepen NHI customer relations, and once again was part of the identity work imparted from professional pharmacist to customer to improve customer relations and consequent sales, via a commercialising of the professional voice and behaviour. And, interestingly, the pharmacist’s role with its “human factor” is presented in opposition to other professions.

Meanwhile the chemists’ key professional skill, dispensing, at this time the preserve of community doctors, is identified as the factor that elevates and advertises the status of the chemist shop in the high street above the

³⁵ Boots Archives, WBA/BT/4/15/2/9

other retailers. In effect the professionalising of high street commerce maximises company profit.

"In dispensing lies our best advertisement. On it depends our prestige and consequently our commerce"

The Bee, June 1937:153

Dispensing involved exclusive knowledge and physical skills, learned from textbook and through apprenticeship and examination. Firstly to interpret the doctors' prescriptions - their codified numbers, quantities and Latin text and abbreviations, and of course their unique, hand-writing - and then to create medicines from raw ingredients into solutions, emulsions, compounds, and pills of the correct toxicity and dosage. Furthermore the dispensary itself and the chemists' materials had to be managed appropriately and safely, and with due diligence by the pharmacist. These factors together, intrinsic to the pharmacist identity, and performed publicly in the 'theatre' of the high street shop were essential to financial success.

Dispensing and customer service were becoming entwined, the former providing means to a commercial end as illustrated in "Business Tips" of 1933:

"Are we doing our utmost to secure dispensing? ... Try to get to know your doctors ... facts which are vital if we are to increase our dispensing returns."

The Bee, Nov-Dec 1933:21

This comment discloses the commercial potential of establishing good working relations with doctors, as there is a possibility of dispensing private and NHI prescriptions from doctors' patients, particularly where doctors 'on-call' visiting patients at home are unable to dispense and have opportunity and power to refer the patient to a local pharmacy. A letter in a 1933 magazine boasts of a two-item private prescription worth over three pounds to the pharmacy and asks all branches to share their "highest priced prescription" and "largest omnibus prescription" (Nov-Dec 1933:43). This is a further blurring of the commercial and the professional.

Earlier in this chapter there was evidence of Boots pharmacists being encouraged to feel as equals to doctors in the professional hierarchy. These examples since, suggest that closer relationships perhaps had commercial motives. Together, these examples of professionalising of commerce and commercialising of the professional demonstrate a transitioning or bridging professional identity for Boots pharmacists in what seems a very formative period.

Identity hybrid: the incubation of a public service identity

As early as 1930 a group of socialist MPs in the UK Parliament set up a society to work towards the establishment of a national medical service and this was reported in the *Pharmaceutical Journal* (12 April 1930:396) thereby opening up the conversation on public service medicine to the professional pharmacy community. However it was not until 1948 that a structural change took place enabling the National Health Service Bill to become statutory law. In Chapter 6, I interrogate the data to determine if a public service identity emerged from 1948; however with over a decade of build up it is interesting to examine a nascent or prototype 'public service' identity as expressed by the Boots pharmacists.

The economic austerity of the early 1930s is an important backdrop against which discourse on public health and the public role of the pharmacist appears in *The Bee*. A regional manager pharmacist writes about the company's commercial policy which, during the "lean years has definitely been one of making it easy for the poor people to obtain what they wanted from the Chemist, at the least possible cost to themselves" (Jan-Mar 1934:71). Focus on profession in the following quotation foreshadows the establishment post war of the NHS.

*"Every one of our branches, large or small, is a chemist's shop
FIRST... day in, day out, 'we must pay attention to health'.
There is some ground for believing that profound changes will
be made within a few years in the State Medical Services.
When the time comes, our place in the new order will be
assured if we can justify our claim of 'Chemists to the Nation'."*

The Bee, Jan 1938:26

Public duty is naturally part of social and cultural life during the war years, and in a series of articles introduced in 1939 on attributes of successful pharmacists, the theme of public duty is explicitly mentioned. In addition to their pharmaceutical qualifications, pharmacists are described as public and community leaders:

“in devotion to duty and their public spirit many of our managers have come to be regarded with the utmost esteem by the communities they have served.”

The Bee, Editorial, Aug 1939:103

The caveat “many of” acts as inducement and inspiration to all other managers to act in a similar public-spirited way. While wartime accelerated the public service persona of pharmacists, who were not initially drafted due to their value to community healthcare, the 1942 Beveridge Report signalled the realisation of the NHS, the 1948 Act committing it to statute. This new framework, and its effect on Boots pharmacists, is addressed in a prize-winning essay on *The Future of Pharmacy*, published in Summer 1948. The author, apprentice Miss P. Smith, writes that the NHS will have an influence on public opinion of pharmacy and that “the pharmacist's duty, as co-worker with the doctor” should be regarded as benefitting “public health”:

“every pharmacist will thus be enabled to take his fair share in his duties as a citizen in both local and national affairs, as well as his duties as a practising pharmacist...this is necessary if pharmacists are to help build up, and retain, their professional status, and to be adequately and ably represented on the local Health Service Council.”

The Bee, Summer 1948:25-26

It is public service identity that I expected to see the least of in the analysis of pre-1948 identity, as the pharmacists did not yet have a contractual relationship with nationalised healthcare and a regulated duty of care to NHS patients. The dispensing of prescriptions for private patients

which peaked at almost five million per year in 1948 (approximately fifty per week per Boots chemist³⁶) was a fully commercial transaction, a known “sale”. In addition, the NHI prescriptions, available for insured workers aged between 16 and 65, peaked at 2.7 million (approximately twenty-five per week per Boots chemist) but were similarly dealt with in a purely transactional way, as insurance funding was recovered from trades unions and Friendly Societies. For both these populations of sick patients, Boots pharmacists were exchanging drugs for cash, either directly or indirectly; a sense of public service or duty was not necessarily evoked. However this transactional focus, accounted for firstly in statistical records and ultimately on the company balance sheet, hid a more nuanced understanding of the dispensing service which tells a story more aligned to providing public health, service and duty.

The ‘modern’ pharmacist showed “careful and meticulous attention to all dispensing matters” (*The Bee*, April 1930:175) and worked in prominent and in some cases newly positioned dispensaries, “a chief feature in the front part of the shop” (*The Bee*, Apr 1930:191). This supports the earlier assertion that pharmacists were legal gatekeepers, *protecting* the public from the dangers of poisons and narcotics as much as providing medicines. This privileging of the pharmacy and its public health role helps contextualise the first of the cartoons, from January 1930, entitled “At Your Service”. While it was unusual in its presentation of pharmacy identity, stressing messiah-like morality, in the light of pharmacists’ discourse that promotes public safety and public health, the cartoon takes on a greater element of public service identity, proving to be prescient in its claims.

Focussing on the public health role also helped Boots pharmacists gain status for their work. While scientific training and qualifications distinguished them from more ‘commercial’ shopkeepers, their direct link to public healthcare enhanced their reputation.

³⁶ Figures calculated from Boots annual statistical records which include details of numbers of prescriptions dispensed and employee census of qualified and unqualified staff working in retail stores. Source: Boots Archives WBA/BT/3/8/7/6-36

Likewise, public health protection is a contributory incentive behind the provision (from the late 1920s) of Boots 24-hour pharmacy service, which for example collaborated with the Ministry of Agriculture to ensure that a permanent emergency supply of anti-venom serum was available for London hospitals (*The Bee*, Oct 1930:355). A further collaboration with the Royal Institute of Public Health provided disease identification from patient swabs collected in-store. Extension of the service to include “other analytic or bacteriological work” was started in the mid-1930s and a lecture by one of their directing doctors published in *The Bee* emphasises a productive working relationship that benefits public health (*The Bee*, May 1936:21). Later in 1936, *The Bee* reports that Boots stores are collaborating further with the Royal Institute of Public Health by collecting fees on their behalf (*The Bee*, Sep 1936:222).

There is also coverage in *The Bee* of the movement of Boots managers into government committees, and in reciprocal manner, government ministers moving into Boots posts. In 1937 the Minister of Health invited Mr Hilton of Boots to become a member of the Consultative Council on National Health Insurance (Approved Society's Work) while the wartime Minister for Food, Sir Jack Drummond, accepted the position as director of Boots Research from 1945. Similarly, Lord Selborne, MP and Minister for Economic Warfare 1942-1945, was on the Boots Board of Directors both before and after the war. However these high profile appointments are less related to the day-to-day identity of Boots pharmacists than to the positioning of the Boots organization in public health matters. While for that reason the store initiatives are more interesting to my study, the latter remain newsworthy in *The Bee* and so impact at some level the collective pharmacy identity of the Boots pharmacist, as belonging to a group of specialists with public health expertise and responsibility.

This attitude is expressed eloquently in an article in *The Bee* in 1938. The article, quoted earlier, talks about health research progress and Boots chemists' collaborative work with universities and research institutions. It goes a stage further however in challenging conventional notions of research

competition, working instead for the public good and the advancement of science:

"We make our own contribution to the medical research work of the nation by contributing or loaning chemicals or apparatus to other research laboratories, by providing our consultants with qualified research workers to extend the scope of knowledge in special fields, and by placing the results of our own investigations and experiments in the common pool. In these and other ways we keep abreast of current medical discoveries, and play our part in the development of scientific knowledge."

The Bee, Aug 1938:210

Interestingly this voice is that of the chairman, and business leader, John Boot in his address to shareholders at the 1938 AGM; not therefore the voice of the Boots pharmacists, yet sending a strong message about public service and responsibility to the company's individual owners, employee pharmacists and, via press coverage, to customers. These words of course foreshadow the significant collective war effort (1939 to 1945) undertaken by the organization and summarised earlier in Table 5.1

Chapter Summary

My research indicates that, in the 1930s, pharmacist identity was in negotiation as the individual and collective identity work of pharmacists and the corporate Boots 'voice' helped shape best practice in the stores, creating a different Boots pharmacist identity distanced from that of the 'cash chemist charlatan' once derided by the Pharmaceutical Society. Analysis shows that the identities represented in my sources are neither exclusively one-dimensional, nor static. There are examples at the beginning and at the end of the research period where a one-sided identity is promoted, but also evidence of identities in transition and in formation. This 'messiness' illustrates the process of establishing and changing identity as elements became more or less salient and respond to external market change. In the Boots case, there is an internally driven changing status in marketing, selling,

and professionalism where the pharmacist's role itself could be described as a commodity. There is also a changing external market, both economic and cultural culminating in the nationalised / nationalistic politics of wartime. The changing tensions within pharmacy identity and responses to it are represented in Table 5.6, below. My next chapter follows the identity story of pharmacy professionals after 1948, a period which starts with a structural change in the market as nationalised healthcare is established and pharmacist identity faces new challenges and pressures.

Table 5.6 Identity tensions and responses, 1930-1948

Commercial vs. Professional

Primary data	Evidence of conflict or tension	Primary data response to conflict	Response
"How can [the pharmacists] legitimately exploit his qualification...?"	Commercial exploitation of pharmacists' knowledge and expertise is controversial and conflicted.	"Professionalism... without it they ... become merely traders..." "First and last we are pharmacists. We have built up a reputation as Chemists and that is what we are out to keep and develop"	Buffering professional identity.
		"Chemist-Salesman ... Boots have here a really expert exponent of the art of merchandising and it was a pleasure to witness his selling techniques." "The chemist is an accomplished salesman"	Bridging between the two identities – the chemist is lauded as salesman.
		[Pharmacists] "turn out their work with that accuracy and dispatch that the advertised service demands, and thus achieve the maximum of Pharmaceutical efficiency ... Towards 100% efficiency in dispensing..."	Bridging between commercial and professional identities - 'business-like' efficiency in dispensing. Showing that in their professional role they must work to stretching and competitive targets.
"The Manager is up against difficulties in breaking the system" [commissioning problem]	If pharmacists are directly rewarded by sales commission, then they participate in a system that may compromise professional integrity. In their words it is problematic.	Volume can be increased by remembering that "dispensing too, lends itself to companion sales" "Dispensing is probably good sound business or Boots would not go to the expense of employing so many qualified chemists and of advertising so freely their dispensing service.." "in dispensing lies our best advertisement. On it depends our prestige and consequently our commerce"	Bridging between commercial and professional identities - dispensing is a financial transaction and can promote sales. Driving dispensing 'sales' is framed as enhanced customer service, not loss of integrity.

Public Service vs. Professional

Primary data	Evidence of conflict or tension	Primary data response to conflict	Response
"This Company will be quite capable of coping with any extension of the medical services which the Government may decide upon."	The late 1930s tension concerning the possibility of state intervention in pharmacy through nationalization of professional dispensing is countered by identity claims of existing capability, public duty and service.	Through their "devotion to duty and their public spirit, many of our managers have come to be regarded with the utmost esteem by the communities they have served."	Blending public service and professional identities.
		"What happens in chemists shops every day? Scores of lives are saved" Pharmacists protect people.	
		"Boots ...can in truth be called a local health centre, where the staffs are not only professional servants but also friendly personalities. More than a thousand branches and every branch a health centre."	

6. Identity in the post-1948 era

“The focus is on selling”

The Bee, Summer 1948:2

Introduction to the 1948-1960 era

The data for the post-NHS period can only be understood in the context of Boots’ pharmacists’ wartime experiences. The Second World War was, of course, an exceptional set of events, and Boots pharmacists and other employees became “service” men and women. They were often seconded into military positions, while the pharmacies were nominated as official first aid posts for civilians, making the Boots branches a *de facto* part of ‘home guard’.

The economics of shop life were also turned upside down as products became unavailable or rationed, conditions that continued post-war. Shopkeepers could not sell, and consequently customers could not spend - anathema to all sales-chasing retailers. Another aspect of shop economics affected Boots pharmacists in particular, as they were no longer financially rewarded with commission for selling ‘own goods’ products, a remuneration mechanism that had been in place for decades. The normality of business competition was also disturbed by a willingness to supply sixteen million items of stock³⁷ to competitors in *quid pro quo* action for Burroughs Wellcome response to Boots’ “blitzed” warehousing, and by a ‘chain gang’ agreement with other high street retailers to share staff facilities if incapacitated by military bombing (Cox and Hegby, 2014).

Beyond these shifts in national duty and the market, there was also the personal trauma of loss and fear for family members and colleagues in theatres of war, as well as those living in areas of the country subjected to intense aerial bombardment, whose children were sent away to safer communities. The latter reflects both the extreme nature of the wartime situation and the need for trust and inter-dependence among citizens

³⁷ Boots Pure Drug Company Chairman’s statement to AGM, 1945. WBA/BT/4/15/2/7

nationwide. Indeed, social and cultural historians highlight the “mass experience of violence and death during the 1940s” and the “rush to (re-) establish “normality”” that marked the 1950s (Bessel and Schumann, 2003:2).

These factors together meant that both long-serving Boots pharmacists emerging out of the war and the new recruits filling up ‘dead men’s shoes’ represented a cohort changed by the wartime experience. Their professional identities were likely to have been impacted. For example, an identifier of the post-war collective of pharmacists was the increase in women apprentices and pharmacists, a trend that continued throughout this research period³⁸. In addition to more general accounts of qualified female staff in retail pharmacy, *The Bee* records the participation of women in Boots scholarship examinations. For example one sixth of successful candidates in 1953 came from a pool of applicants one third of which were female (*The Bee*, Boots Scholarship Examinations, Oct 1953:5).

Although data in the previous chapter have shown a strong identity link between pharmacists’ professionalism and a nascent ‘public service’ identity or disposition heightened by wartime circumstances, the public service element of identity was formalised by the structural relationship created in 1948. This was when the State contracted pharmacists to dispense NHS prescriptions as a free universal benefit, locking them into a financial and statutory bond that created NHS ‘patient’ customers for Boots and allowed new scrutiny of private pharmacy practice and standards by the state. Likewise there was a political and economic demand for efficiency in government accounting for the expenditure of tax revenue for health services. Although levies were agreed (after some negotiation) to reimburse the pharmacists for the costs of purchase, supply and preparation of prescription medicines, a fundamental change was the use of the chemists’

³⁸ In 1939 there were 4 women branch managers, the first employed in Elgin, Scotland in 1932; in 1961 there were 16 women branch managers (a rise from approx. 0.3% to 1.3% of total number of branch managers), rising to 43 women by 1969. Source: *The Bee*, Sep 1961, *Boots News*, Feb 1975, and Statistical Reports, 1939 and 1961.

retail shop as a site of an NHS service, and the consequent practice of customers entering chemists' shops, using the free dispensing service to acquire medicines, but with no obligation to spend money *per se*. For Boots pharmacists, their competitors, and NHS patients alike this was indeed a new era, as indicated in the Chairman's AGM speech to shareholders in August 1949, subsequently reported in *The Bee*:

"The outstanding event for your Company during the past year was, of course, the inauguration last July of the National Health Service. This has led to a vast increase in dispensing and in the demand for drugs ...we have done our utmost to help in making the pharmaceutical service ... a success from the public's point of view...I should like to pay a special tribute to all our staffs for the fine job of work they have done in dealing with this immense volume of new business with the minimum of delay, and in particular for the high standard maintained in the dispensing."

The Bee, Oct 1949:6

As mentioned previously, the market impact of the NHS included a significant increase in demand for dispensing (See Chapter 3, Figure 3.2, p.88) which taken alongside the 1950s' introduction of self-service and the expansion of Boots stores in terms of numbers and size, resulted in greatly extended workload and changing work practice. Boots pharmacists were also affected in this period by the consolidation of mass-manufactured pills, in particular the newly-developed and efficacious antibiotics, which not only increased demand for medicines, but also cut out the need for in-store medicines' formulation. While Edmunds and Calnan argued that "the shift to mass production of medicines ... made pharmacy's role in production redundant" (2001:944), there were other areas of expertise such as syringe usage and knowledge of drug interactions where new skills were necessary.

For Boots pharmacists, there was also the organizational linkage with the company's research chemists and the manufacturing expertise that led to a strong portfolio of company-developed medicines. In particular, the

company's reported supply of 600 million medicinal tablets during wartime, its innovative production of penicillin and continued participation in the Medical Research Council's work on penicillin production and public availability, boosted the status of its industrial and retail chemists alike (Boots *Annual Report*, 1948-1961). Table 6.1 shows a timeline of historical and structural changes starting in 1948 and continuing through to 1960, providing context for my data analysis.

Table 6.1 Timeline of historical and structural change, 1948-1960

Date	General	Boots *
1948	NHS is operational, from 5 th July 1948	<ul style="list-style-type: none"> • Number of Boots stores: 1232 • Store openings: 30 • Retail employees: 18,035 • Pharmacists and dispensers: 1,861 • Pharmacy apprentices: 915 • Pharmacy staff as % of retail = 20% • Customers: 230,209,607 • Cash takings: £28,698,354 • Stores payroll: £4,176.404 • Net profits: £697,428 • Number of prescriptions dispensed: 12,248,693 (12.2 million) <p>Boots pharmacists no longer “on commission” for own goods’ sales</p> <p>Dispensing bonus introduced</p>
1949	National mortality index “showed a 20 % decline” in the first 12 months of NHS operation. [Source: Ministry of Health Report, 1950]	
1950	Government NHS debt to Boots: £700,000	
1951	Government NHS debt to Boots: £1m	First Boots experimental ‘self-service’ store trialled (<i>The Bee</i> , Apr 1951:2)
1952	June: The new 1/- levy for National Health prescriptions came into force	Despite new levy, Boots NHS dispensing rose because of cold winter and mild influenza epidemic.”
1953	Cessation of sugar rationing	<p>Re-opening of Boots war-damaged Swansea store with dispensary on the first floor</p> <p>John Boot retired as Chairman of Boots Managers’ bonus schemes reintroduced</p>
1955		Majority of retail staff work 5-day week
1956	The 1/- levy for prescriptions extended to apply per item, not per script	Re-opening of Boots war-damaged Hull store with dispensary on the first floor
1957		Boots Research developed first drug effective against antibiotic-resistant bacteria
1958	23,000 GPs in practice	

Date	General	Boots *
1959		Boots released <i>Pharmacy for You</i> recruitment film on behalf of pharmacy profession
1960		<ul style="list-style-type: none"> • Number of Boots stores: 1,304 • Store openings: -7 (i.e. seven closed) • Retail employees: 26,506 • Pharmacists, pharmacy assistants and dispensers: 4,609 • Pharmacy apprentices: 1,280 • Pharmacy staff as % of retail = 22% • Customers: 240,937,400 • Cash takings: £90,093,279 • Stores payroll: £11,532,233 • Net profits: £3,148,027 • Number of prescriptions dispensed: 35,034,277 (35 million) <p>Appointed Jack Drummond as head of research. [Chief Scientific Adviser to the Ministry of Food, 1939-45]</p>

* Source: *Boots Archives annual reports and statistical reports, 1930-1960*

Boots pharmacist identity data

Post-war editions of *The Bee* proved to be a little different from the earlier period. Printing was severely curtailed during the war, and the magazines' focus changed to support morale of staff, and communicate overseas. Immediately post-war this continued, as many pharmacists were either still serving or seconded to the Ministry of Supply. By 1948 a new smaller issue had emerged - around forty pages. There was a visible editorial drive for new content in the first post-war edition of *The Bee* (Summer 1948). There was also an acknowledged increase in staff turnover at Boots as a result of the war, and a whole new tranche of retail workers who did not have previous 'Boots identity' nor a history or knowledge of staff magazine participation. For those who were continuing their pre-war roles as Boots pharmacists, that identity may well have been impacted by years working in wartime theatres or for the Ministry of Supply as civilian healthcare workers.

The change in the nature of *The Bee* as a fecund source of pharmacists' discourse is captured by a letter to the editor in Summer 1948, the first post-war publication of the retail magazine. Contributing pharmacist and head of staff training, WC Jarvis³⁹, wrote with poignancy and insight:

"We have, after a long interval, got back to the same number of branches we had when The Bee lost its identity eight years ago [1939]... There is a quickening interest in every aspect of the business and the contact between the staff and Headquarters is being renewed very rapidly. Many of our practices were so changed as to be reversed. Instead of salespeople persuading customers to buy they were often compelled to limit the customers' buying... We have not to "get back to" anything. The past in that sense means little to thousands of our staff; they never knew it. But we can all join the main road again together...Directions are already appearing – not in the sense of edicts or instructions, but as indications of the way in which movement must proceed. ...Management, whether it be a branch or a department, will once more mean having control of the business in one's hands... I hope, sir, that the readers will use these pages to discuss these matters."

WC Jarvis, *The Bee*, Summer 1948:42

Not only does the letter underline the severity of the wartime experience for the stores and staff, precipitating a "loss of identity", but it also suggests a return from the directives of wartime to "having control of the business in one's hands", and an acknowledgement of the role of "these pages" in moving pharmacy and the Boots business forward. It appeals to staff to end the branches' isolation from Headquarters by using *The Bee* as a vehicle and site for discourse and communication. And as identity was the embodiment of who we are and what we do, Jarvis' letter asked the

³⁹ WC Jarvis joined Boots in 1912, qualified as pharmacist in 1920 (branch manager from 1920 to 1934), and was head of staff training department from 1934 to 1955.

pharmacists to establish a post-war identity; his letter may be interpreted as the rally cry for renewed identity work. It also provides confirmation of the pre-war role of *The Bee* as a site where pharmacy identity was forged, with readers encouraged to “use these pages to discuss these matters”.

To garner comparable voices talking about professional identity from outside Boots pharmacy network, I again searched for *Pharmaceutical Journal* and *Chemist and Druggist* coverage of identity issues and opinions of their readership, as well as looking at national media sources, which are discussed later in this chapter.

Identity tensions

Immediately before the war, a conflict between commercial and professional forces had created tension for the Boots pharmacist identity. It was alleviated by identity work which helped build positive associations between identity elements as well as buffering individual elements and building resilience. It appears that identity element boundaries were flexible or fluid, the professional element extending to encompass a public service or public health ethos.

The introduction of the NHS and the pharmacists' enhanced role as dispensers for NHS scripts, would perhaps build a strong public service identity. Nationalised healthcare in the UK is associated with altruism and social welfare policies, so the nascent public health role of pre-war pharmacists (boosted by wartime experiences) should have been enhanced by the new NHS framework, as it promoted medical benefit to a wider range of people including the poorest, weakest and most disadvantaged in society. However the company's statistical records of NHS prescription throughput shows that the new service also represents an unprecedented increase in workload for the Boots pharmacists and their teams.

The dispensing workload in itself pushes pharmacists away from public gaze at the centre of commercial shop-life to a more full-time position behind the dispensary counter. There is evidence that the dispensary environment was structurally changed in many stores, and indeed in the chairman's AGM speech to shareholders in 1949, he explains:

“our Shopfitting Department has been working to capacity altering and enlarging dispensaries... to give.. the best conditions for both patient and our own staff alike.”

The Bee, Oct 1949:7

Whether altruism and public service gave pharmacists an improvement in status that compensated for time and presence (*ergo* commission) lost on the sales floor as shop managers, is one of the identity questions I hope the pharmacists will answer in their post-NHS discourse. Certainly for those pharmacists who identified with the “Chemist – Manager” cartoon character of 1939, ‘locked’ in the back office handling managerial administration, the expansion of pharmacy duty would have provided a welcome entry back into pharmacist-patient consultation. In particular, the dispensary site was now the main setting for the public ‘performance’ of the retail pharmacist, one in which health consult and medicine instruction was enhanced and the art of salesmanship was diminished.

On the commercial side, following the 1930s model of exploiting NHI prescribing as a “business” target to pursue, the increased footfall in high street chemists post-1948 could translate to a wider customer base for those Boots stores able to ‘convert’ NHS patients into paying customers (of non-prescribed products and merchandise). Therefore my expectation is to see greater harmony between the two traditionally contrary elements of pharmacy identity. However, the evidence below portrays a story in which new tensions appear. Where in the previous era pharmacists used identity work to relieve some of the existing identity tensions, in the post-1948 era, professional, commercial and public service identities project a different, new dynamic.

Commercial vs. professional identity

Despite an expectation that the inherent profits/ethics clash would appear in the data throughout the whole research period, there is little evidence of it in the post-NHS period suggesting that the buffering of these two identities seen in period one, helped to legitimise both elements of the pharmacist identity, allowing them the space to co-exist. Looking back at the

visual analysis of Chapter 4, this was apparent in the *Ages of Man* (1952) cartoon where the successful Boots pharmacist and professional mentor owed his success to both salesmanship and pharmacy expertise (C15, p.142).

Commercial vs. public service identity

A site of tension, post-1948, is the financial viability of participation in the NHS dispensing service for high street pharmacists. The tension is fundamentally an economic one - pharmacists were contracted to the NHS at pre-agreed reimbursement rates per script which were changed as the government responded to overall NHS costs related to take-up rates, and inflationary pressures. The state administrative system of implementing payments was not efficient or timely, leaving pharmacists in economic deficit and facing increased costs from wholesalers and manufacturers. In reality patients often had many items on each prescription and this, compounded by the higher than expected uptake of free scripts, put extreme financial pressure on both the overworked, financially compromised pharmacy profession, and the impoverished post-war British state (and tax-payer) that funded the service as part of the wider NHS.

In the course of the 1950s, reimbursement became a public and political issue, with tensions reported in the press and culminating in threatened strike action as shown in the headlining statements⁴⁰ reproduced in Table 6.2 below.

⁴⁰ See Appendix E for source references

Table 6.2 Examples of commercial vs. public service identity conflict, 1948-1960

Source	Comment
Bee, 1948*	If the New National Health is to prove successful and beneficial to the community "there needs to be higher dispensing remuneration".
Daily Mail, 1950	Edinburgh chemists to strike over imposed NHS 8% reduction in fees. "The saving could be made by proper control of prescribing on the part of medical practitioners".
Daily Mail, 1950	"540 chemists quit health scheme" over 8% reduction, in Northern Ireland.
Daily Mail, 1950	1492 private chemists to quit NH scheme in Scotland. The remaining 263 (contractors and multiples) to stay open.
Daily Mail, 1950	Takes too long to get money back from Ministry. Some chemists offering to sell their NHS scripts on to other chemists.
Daily Mail, 1953	New prescription charge reduces script numbers for only four months before numbers start to rise again.
Boots Annual Report, 1953	The State is the main buyer of Boots researched medicines but to reduce NHS expenditure doctors are encouraged to prescribe limited BP products not own-named products...unfair as Boots needs to recover research costs.
Daily Mail, 1956	"Bob an item" remuneration, rather than per script.

* This is the only example in *The Bee* dataset showing dissent around NHS financials / remuneration, other than at corporate level.

At first sight this reportage shows enough conflict to undermine the nascent dispensing service and illustrate disharmony and difficulty with the implementation of the private / public healthcare initiative. A plea from a newly qualified Boots pharmacist supporting higher dispensing remuneration is made in *The Bee* in 1948 in the context of enabling the NHS to be successful, and a Boots annual report statement in 1953 addresses shareholders about research and development costs and the government's proscriptive prescribing guidelines. But these examples are the only ones in my data showing that Boots pharmacists are not hugely vocal on this issue. Indeed it appears to be a Boots company conflict - between ethical medicines' buyer and supplier - not a Boots pharmacist conflict. Contrast this

with the talk of strike action reported in the *Daily Mail*, whose journalists are referring not to the imminent withdrawal of Boots pharmacists from NHS work but of independent private chemist contractors whose businesses are facing unprecedented hardship. This is due to the cash flow problem created by providing a free up-front dispensing service that is not adequately compensated by a government working in financial arrears.

Of course cash flow did not impact the Boots pharmacy professionals directly as they worked under the 'protection' of a large-scale organization whose shareholders alone were predominantly exposed to the vicissitudes of market economics. Similarly the Boots pharmacists only needed to manage stock orders from head office, not stock purchases from independent wholesalers, so despite their complaints about the administrative burden of working for a company chemist chain, they were professionals whose high street livelihood did not have to depend on tight financial management and personal entrepreneurial risk. Perhaps this protection gave them freedom and space to work collectively to fashion a distinct professional identity for company chemists, which despite their prominent position on the high street may not have been as commercially exposed as it appeared. Indeed while the Boots pharmacists were relatively quiet about NHS remuneration, letters to the editor in the *Pharmaceutical Journal* championed a challenging approach to government, suggesting that "a much stricter line must be taken in our negotiations and a more realistic attitude to our day-to-day problems adopted" (*PJ*, 21 Jan 1956:51).

In 1952 the government introduced a prescription charge of one shilling per script to try and stall uptake of the service and reduce costs⁴¹, and in 1956 each item on a script attracted a charge - the "bob an item" referred to the *Daily Mail* quotation. But these measures only temporarily reined in the continuous increases in numbers of scripts handled by the NHS, as the *Daily Mail* reports in 1953 and internal Boots figures illustrate. My statistical analysis shows that the main burden for Boots pharmacists -

⁴¹ Entry into the Korean War diverted budget away from the NHS, precipitating the resignation of Aneurin Bevan. Source: https://en.wikipedia.org/wiki/Aneurin_Bevan

whose personal salaries were unaffected by delays in script compensation - was workload produced by the throughput of new scripts, the significant new volume of NHS patients and their demands (an approximate 500% increase post-1948⁴²). These are topics covered in *The Bee* discourse both in cartoons and in articles and correspondence.

The chairman's statements in the Boots annual reports from 1949 highlight that the NHS service did disrupt company profitability, as very large value debts were run up by the government and not re-paid for many years. The debt is reportedly between £600,000 and £700,000 in 1949 and rose to over £1,000,000 between 1951 and 1953, which is around one third of 1953 pre-tax profits of £3,195,410⁴³. But the underlying funding, size and economy of scale achieved by Boots' business meant that late payment of government debts could be managed more easily than those carried by independent private pharmacies. In addition the NHS demand for new medicines positively impacted Boots research, development and manufacturing business.

Thus the vertical integration of business interests gave Boots pharmacists an organizational and financial cushion - they appear to be several steps removed from the experiences of financial hardship of some of the private chemists, whose identity issues and opinions appear in professional publications *Pharmaceutical Journal* and *Chemist and Druggist* throughout this period. It seems that despite the strong commercial identity expected of the employee-pharmacists at Boots, it is the shop-owner pharmacist who experience a greater 'commercial' identity and liability, and consequently a greater commercial vs. public service identity tension, post-1948. Therefore the structural organization 'scaffold' that cushions Boots pharmacists financially, helps define their identity position.

Interestingly the independent chemists' position is foreshadowed in an article in the *Pharmaceutical Journal* back in 1930. It is an outlier comment made against the grain of the mainly 'professional' focus in discourse. I did

42 See Chapter 3, Figs. 3.2 and 3.3 (p.87) for prescription statistics

43 Boots Pure Drug Company annual reports 1949-1952

not use it in my analysis because there was doubt about the author's professional identity and reliability⁴⁴. In retrospect the comment is very interesting in the context of the professionalisation of pharmacy, as it identifies an underlying robust commercial calling:

“The chemist ...has a shop window, a customer and a cash-till like the rest of traders. His position is not more dignified than theirs so far as appearances go. He has opportunity, by special training, to make it more dignified by making it more prosperous. His “letters” should give impetus to sales and confidence to his customers. They are practically valuable to him only when they do that ... He will receive the dignity of prosperity when he regards pharmacy as a means to sales, and not sales as something to be demanded from the public in support of pharmacy.”

The Pharmaceutical Journal and Pharmacist, 26 Apr 1930:431

These views, although from a singular voice, were made at the start of my research period as the 1930s began, but are worth quoting here as the post-1948 period was problematic for the independent chemists and it helps show that their issues with the professional body were signalled earlier in time.

Professional vs. public service identity

In the previous chapter I was able to determine that a public health identity was beginning to emerge as part of the professional identity of Boots pharmacists through the symbolic and physical work towards improving public health. In this post-war period of research a new pattern emerges. The structural imposition of the NHS established a different relationship between UK pharmacists and their public, as they are contracted to offer free medicines and advice for NHS patients. In addition, the pharmacists' regulatory relationship with the state changes from one where they had some administrative duties, such as creating and maintaining poisons' registers in

⁴⁴ The author is Chandos Bidwell, unconfirmed as journalist and writer

response to the 1933 Poisons and Pharmacy Act, to a wider level of regulatory duty which brought governmental scrutiny of both their pharmacy practices and their expertise.

Boots pharmacists show support for the principles of the nascent NHS, and hope that it will not suffer as a result of GP overwork, expressing that the “rush of the new Health Service must be placing a heavy strain upon them” (*The Bee*, Jul 1949:42). The remark reflects an anxiety that the anticipated popularity of the NHS could adversely affect the healthcare professionals who deliver it, showing specific professional solidarity with GPs. It also acknowledges the leap in GP patient numbers in the first six months of the NHS when an extra 21.5 million patients registered, taking the national patient list to around 40 million people (MRC: Ministry of Health Report, 1950:262).

Evidence of a problematic relationship with NHS ‘authority’ appear in *The Bee* as well as in the pharmaceutical press and indeed the mainstream media. Boots pharmacists discuss establishing professional associations independent of the company, working at regional level to talk over problems “in particular in connection with the NHS” as well as the more political endeavour “to get Boots pharmacists on the local NHS Committee” (*The Bee*, Mar 1949:11). The first regional association - Boots Surrey and South West Pharmacists’ Association - was formed in June 1948 anticipating the issues to come after introduction of the NHS in July. Within six months of set-up the protagonists share in *The Bee* their collective aspiration to become more influential in professional matters.

“We are an entirely non-political Association of employee pharmacists, existing solely in a constructive and co-operative capacity, knowing that if the Firm goes ahead, we shall go ahead too... It is one of our aims, and also of our neighbouring Association - Boots Pharmacists’ Association, Metropolitan - with whom we work harmoniously in very close co-operation, to get some Boots men on the council of the Pharmaceutical Society. We shall continue to keep a careful eye on all future

developments affecting the welfare of our pharmacists and feel that as long as we continue to strive for the highest ideals, our efforts will not have been in vain.”

The Bee, Mar 1949:11

This statement sends a strong message about the Boots, predominantly male, ‘collective’ who want to represent “our pharmacists” on both the Pharmaceutical Society Council and as previously mentioned the local NHS Committee. Both these initiatives, publicised in *The Bee* in March 1949, show the pharmacists working independently of the Boots organization but self-identifying as “employee pharmacists”. That is, it is not the Boots Executive who are trail-blazing to Pharmaceutical Society Council, but branch chemists who through their own identity work strive to represent the working collective of Boots retail pharmacists. This is perhaps the first tangible structural manifestation of a composite Boots pharmacist identity; professional company or employee chemists engaging with the wider profession. It is interesting that the advent of the public service identity foisted on them by statutory change, energise them to look outwards of the company and indeed aspire to sit on the Pharmaceutical Society Council, the institutional embodiment of their professionalism. However, there is no indication that the public service identity is displacing their corporate identity or loyalty; and the impression given to all other pharmacists within *The Bee* readership, is that this outreach work is in the interests of the company as much as in the interests of its pharmacists. Interestingly this development coincided with hospital pharmacists joining trades unions, or being subject to trades union marketing efforts, and seeking to collectively negotiate salary and remuneration post-1948⁴⁵.

Further tension is evident in the relationship between professionals and the state in the accusations of the latter’s excessive surveillance of pharmacists’ work. The *Daily Mail* publishes an article in 1950 about doctors refusing to “snoop” on chemists by sending them bogus scripts on behalf of

⁴⁵ Trades Union records, Modern Records Centre, MSS/292

the Ministry of Health in order to test their dispensing ability. While this might seem a reasonable check on a public health partner contracted and paid to provide a public service, it raised the hackles of professionals used to self-regulation and in-house training. Some doctors risked disciplinary action for refusing to set these tests, demonstrating solidarity among healthcare professionals against government interference in professional practice. Pharmacists, too, objected to government interference and a letter to the *Pharmaceutical Journal* in 1956 states:

“It is unnecessary to reiterate here the pharmacist’s objection to the continued policing of his professional work.”

Pharmaceutical Journal, 21 Jan 1956:39

“Policing”, here, suggests a level of scrutiny perceived as intrusive, lacking in trust, and ultimately threatening professional independence and professional status itself.

Inter-professional tensions

As discussed earlier, the Boots pharmacists did not seem to share private chemists’ alarm at cash flow issues and therefore did not enjoy professional solidarity with them in openly challenging NHS remuneration. Indeed as private chemists prepared to strike, to withdraw from a scheme that threatened their livelihood, Boots pharmacists made light of NHS patients’ appetite for free medicines. In the post-1948 cartoons the NHS is depicted three times.

Firstly it appears on the front cover of the Christmas 1950 issue portrayed as an overflowing bottle of champagne at a festive meal. Here the NHS is branded as celebratory and intoxicating.

Figure 6.1 Magazine cover, *The Mixture*, Christmas 1950



Secondly, 'Mrs Jones' flirts and shares a chuckle with the Boots pharmacist complicit in giving her unlimited access to NHS prescription medicines (C14, p.140). Thirdly, in the "Dawn of the 'Shilling a form' era" (C16, p.142) the cartoonist makes light of patients pushing I.O.U.s and old bus tickets through Boots letterbox in lieu of payment for scripts. Boots pharmacists by their

actions show public duty in support of NHS implementation and in doing so antagonise some of their private chemist colleagues who had complained and threatened strike action. This difference in response to the challenge of NHS prescribing highlights rivalry and tension within the pharmacy profession.

Investigation of general discourse in this period suggests that the cartoon humour was indicative of the mood of Boots pharmacists in their perception of NHS business and their professional association with it. This is at odds with their private chemist colleagues and marked a significant professional schism, and fragmentation of retail commercial identity.

As Table 6.3 shows there are a few areas of contention raised in professional discourse. The Pharmaceutical Society, the professional institution itself, is attacked by members criticising both the salary issues and an education policy that raises academic entry standards at a time of mass demand for pharmacists. Interestingly Boots' chairman also attacks the professional body for its stance on education of new pharmacists, though his tone is more conciliatory than those published in the Society's own journal:

"It is clear, after a year's working of the new Service that, unless there is an increased intake of men and women into the ranks of qualified pharmacists, there will be a serious risk of a national breakdown on the dispensing side. In these circumstances the actions of the Pharmaceutical Society in tightening up their requirements seems to me to be singularly inopportune. We are, of course, entirely at one with the Council of the Society in their anxiety to maintain a high standard of pharmacy. But we do feel that this is very definitely the wrong moment for the Society to take any action which makes entry into pharmacy more difficult."

John Boot, chairman's speech at AGM, Aug 1949⁴⁶

⁴⁶ Published in *The Bee*, October 1949:8

Table 6.3 Examples of ‘negative’ interaction with other professionals

Source	Quotation	Narrative of conflict
<i>PJ</i> 14 Jan 1950:37	“the main reason we are not paid on a similar scale to the other professions in the Health Service is that the majority of us have not conducted our businesses as professional people, but as tradesmen ... commercialism has undermined the professional status of the pharmacist”	Attack on ‘other’ chemists who focus on commerce instead of profession
<i>PJ</i> 14 Jan 1950:38	“errors of judgment are typical... such prescribing calls for ‘special measures”	Attack on doctors’ skills [see 1959 also]
<i>PJ</i> 07 Jan 1956:17	“Pharmacy may become a profession when, in addition to sorting out the salary problem, the Society gets down to formulating a realistic educational policy.”	Challenging the profession’s [Pharmaceutical Society] stance on salary and qualifications
<i>PJ</i> 07 Jan 1956:17	“We can expect no help from the large firms. But what of the majority of average contractors? Taking all things into consideration I doubt if they show any profit at all on State dispensing.”	Independent chemists perceive company chemists to be unsupportive in lobbying for greater NHS script remuneration
<i>PJ</i> 21 Jan 1956:51	“The multiples should overhaul their dispensing charges to fit in with 1956 overheads.”	Anger over company chemists’ price-cutting private prescriptions
<i>C & D</i> 14 Jan 1956:29	“Much of what is being done at night could come to the family chemist in the morning, and would do but for the opportunism displayed by large interests.”	Independent chemists attacking the company chemists’ 24-hour service
<i>PJ</i> 14 Feb 1959:179	“biggest bugbear that besets modern dispensing: the incomplete prescription....Ignorance of the technique of writing prescriptions is prevalent among doctors who have qualified in the past ten or twenty years.”	Chemists questioning doctors’ skills
<i>PJ</i> 27 Jun 1959:462	“If it is to become the survival of the fittest then the multiples are obviously the fittest financially.”	Independent chemists’ attacking company chemists

Diplomacy is less apparent when he concludes, “This restrictive attitude certainly militates against the best interests of the country and does nothing to enhance the professional standing which the Pharmaceutical Council professes its object”.

Although working pharmacists agree about the Council’s failure to tackle training and recruitment for the profession, the private chemists’ ire is directed mostly in the direction of the retail pharmacy chains, such as Boots. Professional ‘politeness’ or perhaps editorial rigour stops Boots being mentioned by name, but as the biggest and most successful of the multiples it is without doubt the main target. The attacks are common, and the examples in Table 6.3 were selected from both *Chemist and Druggist* and *Pharmaceutical Journal* within the space of a few weeks in the sampled years. Independent chemists are annoyed that company chemists do not support them in lobbying against the government’s unprofitable’ NHS remuneration rates. They despair the lack of “help from the large firms”, as a lost chance to make a collective professional stance for pharmacists’ interests, and highlight an “us and them” relationship between company and independent pharmacists. They also condemn commercialism - often associated with company chemists - as a brake on professional progress.

A second source of tension is private chemists’ anger at the multiples’ price-cutting in the private prescription market. Private prescriptions were profitable for chemists, and prior to the NHS the main source of dispensing income, but the multiples were able through their economy of scale to reduce prices and create high street competition that damaged the private chemists. Private chemists were angry at this price-cutting which was a continuation of the decades-long dispute, which had its origins in the rise of the multiples in the late nineteenth century and their economic power to offer discounted product, which the private chemists had seen off with their prolonged and successful campaign to introduce fixed prices on certain branded medicines (Holloway, 1991). The retail price mechanism on ‘quality’ branded chemists’ items, which these early private chemists collectively introduced, was taken up by Boots in the 1910s by which time the company had capacity to sell alternative ‘own goods’ with higher margins. The experience of private

prescription selling in the 1950s appeared to be taking the same direction with private chemists accusing the multiples of unfairly undermining the market with cut-price prescription services, and demanding an overhaul in unrealistic dispensing charges.

Thirdly, there is criticism published in the *Chemist and Druggist*, from the private chemists attacking opportunism in providing 24-hour pharmacy services; when they believed, by rights, night-time custom could easily be handled in the family chemist the next day. They believed that Boots pharmacists were essentially stealing their morning trade. The correspondent pointed out that the 'multiples' did not open late at weekdays or at all on Sundays so the public health messaging of 24-hour care is somewhat disingenuous (*C&D*, Jan 1956).

These words not only display a frustration at company chemists for setting up 24-hour pharmacies (from the 1920s at Boots) but attack in particular, their motive for doing so which they regarded as unprofessional and competitively unfair. In contrast to *The Bee's* internal discourse on the 24-hour service being altruistic and public service orientated, the private chemists viewed it as tantamount to ethical posturing, a cover for increasing market share at the expense of the private, or in their own words, "family chemists".

This friction within the pharmacy profession hindered a collective 'professional identity' developing amongst all pharmacists and helped consolidate the company chemists' own singular identity formation. This was compounded by the salary and benefits rift between the company chemists, the independents and new NHS hospital pharmacists. While there is no evidence in my data that the Boots pharmacists complained about remuneration or salary, it did differentiate them from other chemists. A staff magazine read by all the retail staff, from cleaners and delivery boys to the TGMs, was not necessarily the place that 'gentleman' managers would complain about their salary or lack of status should they have felt aggrieved; or perhaps editorial (or self-) censorship silenced any such grievances. Moreover Boots pharmacist remuneration continued to grow, and *The Bee* reported on "materially improved" benefits in the Pharmacists' Pension

scheme and annual leave, so the gap between them and many private chemists was considerable. Indeed, the Pharmacy Superintendent, Mr Sparshott, made the particulars of Boots salaries and benefits available to the government as part of Whitley Council negotiations on NHS remuneration, so other pharmacist representatives would have known about them too.

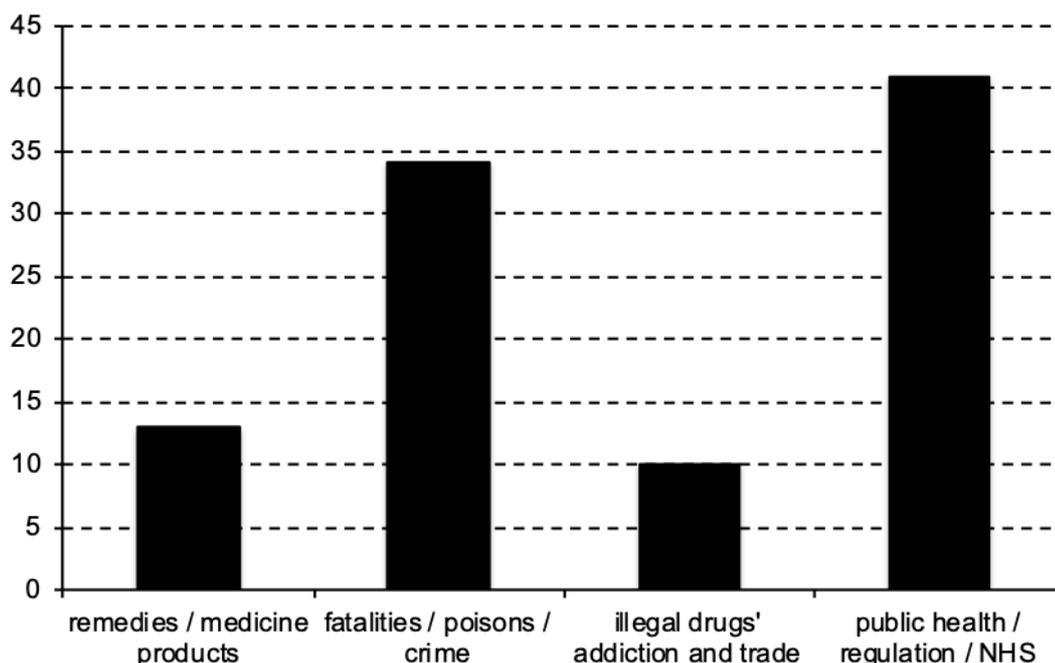
Collective professional negotiation for pharmacy salaries in the NHS was conducted at this time through the Trades Unions Congress to which the Guild of Public Pharmacists (e.g. ex-Poor Law and charitable hospital pharmacists) applied to affiliate after the NHS was formed and the Department of Health became their *de facto* employers. Even by 1959, the average hospital pharmacist was being paid £300 per annum less “than he could get in Boots or Timothy Whites” (Whitley Councils for the Health Service, 1959⁴⁷), a situation that impacted job recruitment and retention, but conversely benefitted Boots. These negotiations made public the inequality in pay across the pharmacy profession, creating a further layer of inter-professional tension.

External media perceptions of pharmacy

I also want to introduce here analysis of the national press coverage for this research period. I used the same search terms to interrogate the *Daily Mail* on-line archive for the period 1948 to 1960 as the previous pre-NHS period (Chapter 5, Figure 5.1, p.168) to find newsworthy stories about pharmacists and their work, and to ascertain how pharmacists’ identity was portrayed in the public domain.

⁴⁷Trades Union Congress, Pharmaceutical Whitley Council Committee C, 28/11/1959. MSS.126/TG/RES/GW/37/X/4

Figure 6.2 The most common articles in *Daily Mail* containing “chemist*” or “pharmacist*”, 1948-1960, by topic



There were fewer articles between 1948 and 1960 than in the previous period, but the most common topic was now the NHS and public health, while the other common articles were similar to those published earlier, namely describing fatalities, illegal drugs, medicines, addictions and crime. The new ‘key’ topic probably reflected the novelty of the new healthcare system and public interest in all aspects of it, including the work of pharmacists and dispensers.

The figures for this latter category captured views that illustrated the intrinsic political and economic conflict within nationalised healthcare. The top two topics were, contrastingly, poor pay and remuneration for NHS dispensing (34% of articles), and the relational cost to taxpayers of NHS dispensing (30% of articles). The third most common article type covered the regulatory demands placed on pharmacists, including administrative ‘paper’ work (22%). Interestingly, this grievance was experienced by the Boots pharmacists pre-NHS, and wonderfully illustrated in the *Chemist-Manager*

cartoon of 1939 where administrative burdens relating to the business and commercial elements of their role as Boots managers caused mental exhaustion and physical displacement from the pharmacy counter (C10, p.136). Boots pharmacists had already experienced the administrative burden or 'red tape' of bureaucratic organizations, a burden that the NHS now bequeathed to even the smallest high street independent.

It was a big change in public discussion that the stories about pharmacy and pharmacists in the decade after the NHS introduction focused on their role in public medicine and the difficulties it posed them, and the government, to implement. The identity of pharmacists, in the public discourse, moved from issues around gatekeeping medicines - legal and illegal - to issues of public service and national healthcare provision, in particular the inherent cost implications of pharmacy services. The public interest was also reflected in Parliamentary debate on such issues. For example, the Minister of Health in response to Parliamentary questions about the introduction of prescription charges in 1952, described the breakdown of pharmacy cost per script in terms of dispensing fee, cost of container, and average ingredient costs of drugs and appliances (1948 to 1952) and the complexity was evident since averages had to be adopted despite wide-ranging drug costs, with no refunds offered to patients whose scripts were not 'worth' one shilling (Hansard, 1952).

Over the decade of the 1950s the script fees did affect government expenditure on health services and for three years between 1951 and 1955, there was a negative annual percentage increase in real terms (Harker, 2018). But this external narrative was not, as seen before, the predominant Boots pharmacist narrative and in my discussion chapter these findings are explored in relation to Boots pharmacist discourse.

Tactical responses to tensions

Buffering commercial identity

As in the pre-NHS era, a way of dealing with identity tensions and conflict is to use discourse to protect and promote aspects of identity that pharmacists believe to be important and an essential part of who they are

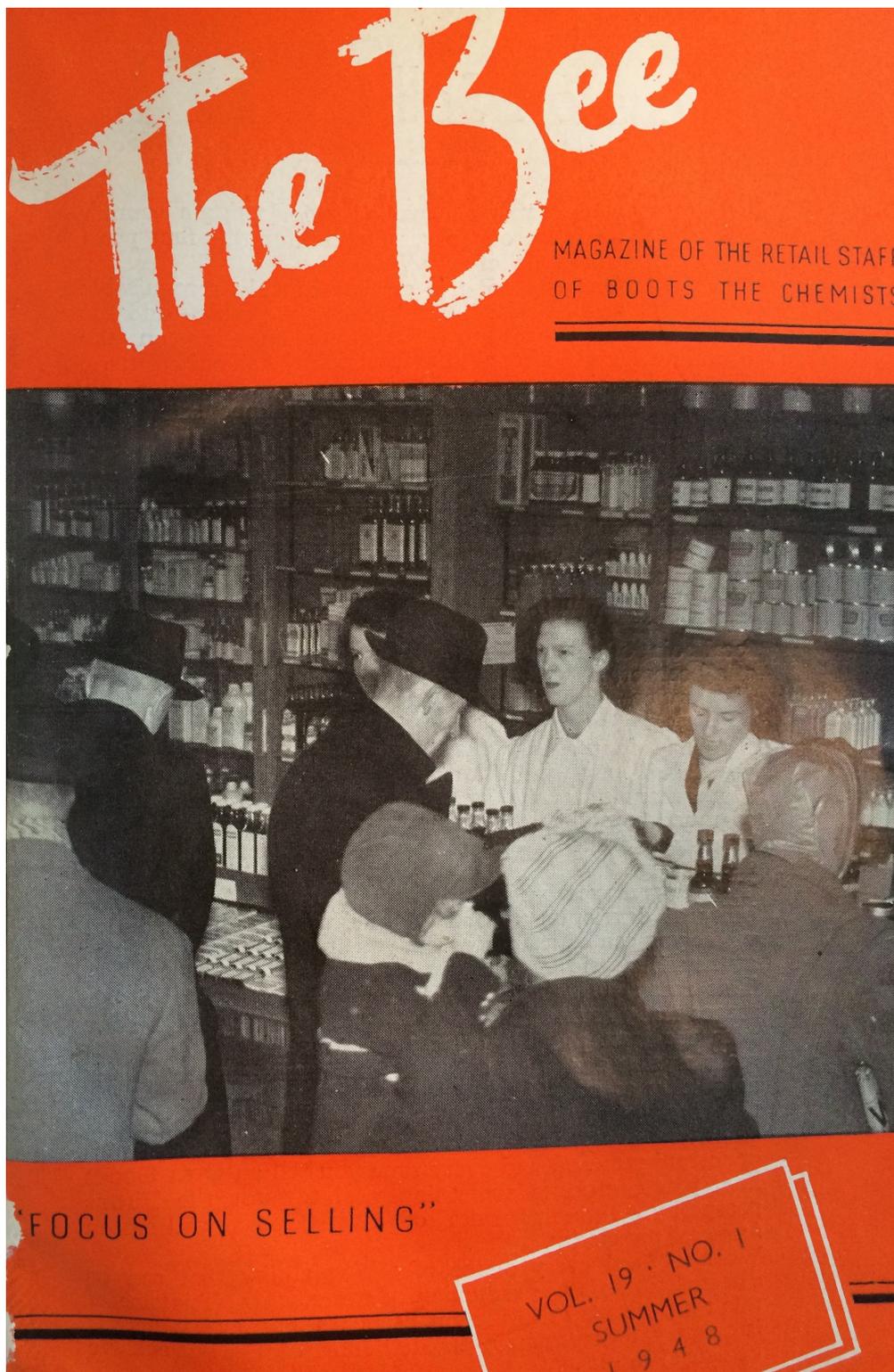
and what they do. In this period, the volume of pharmacist dialogue and discourse in my data around commercial identity is considerably less than in the previous period, yet the immediate post-war imperative across Boots' organization is to increase sales and profitability. The first post-war edition of *The Bee* in summer 1948 has the strapline "Focus on Selling" on its cover and as its editorial title. The cover picture (Figure 6.3) is a photograph of customers clustering around the busy Boots drug counter.

The editorial is targeted and unrelenting in its page-long message about the need for maximum effort on increasing sales and revenues. It explains that the reason that the shop counter features on the cover is to "concentrate attention on the counter, which is, after all, the focal point of all our efforts..." and then describe what is needed of the pharmacist-led sales teams:

*"Now the searchlight switches ... and the focus is on selling....
A great responsibility rests upon you. The responsibility of
developing the art of salesmanship to the point where you can
honestly feel that you are pulling your weight at the selling end
of the business... We need every ounce of selling ability."*

The Bee, Summer, 1948:2

Figure 6.3 Magazine cover, *The Bee*, Summer 1948



The push for sales is unrelenting in the 1950s, and Table 6.4, below, gives examples of commercial discourse, both first-hand from the pharmacist population and from the Boots Executive describing market conditions in the company's annual reports.

Table 6.4 Exemplar statements that 'focus on selling'

Promoting commercial identity, 1948-1960	
Editorial <i>The Bee</i> , Summer 1948:2	"Customers are vital to the continued prosperity of the Firm and to your own continued [financial] security. Every single customer you handle gives you an opportunity to <i>sell</i> "
<i>The Bee</i> Mar 1949:28	"We return to our doorstep... to greet our customers from this hardworking community."
Annual Report 1950	"We have also had to engage a large number of new staff to cope with the increase of business"
Chairman's statement 1957:3	"We have drawn up a programme which envisages modernising all our shops... at least sixty-five branches a year, enlarging as well as modernising wherever opportunity offers.
Chairman's statement 1958:5	"We are extending our experience in self-selection and visual selling, moving gradually but definitely toward a new pattern of shop-keeping in line with today's needs and conditions."
<i>The Bee</i> Dec 1959:35?	"Biggest Shop in Britain [Birmingham Big Top]; "Biggest in the West [Bristol Broadmead]"

I would suggest that the pharmacists' input and tone reflected their managerial positioning to motivate the sales force, rather than the foregrounding of their own sales and selling identity. Indeed this corporate identity is illustrated in a cartoon printed in *The Bee* in 1952 entitled "In 'Good Company'", where an immaculately dressed store manager addresses a wealthy customer with the line "As one shareholder to another..." (Cartoon C17, p.143). So despite the hard commercial times of the immediate post-war period, the company pharmacists are not feeling any personal hardship, as this teasing cartoon shows. The 'focus on selling' discourse is more of an instructional 'boosting' of commercial identity and commercial practice than the buffering seen in pre-1948 period.

As the following sections on professional and public service identity show, more emphasis appears to be made on promoting these aspects of pharmacy identity than the commercial identity we saw 'activated' in the previous period. Indeed staff experience in the post-war shop environment was so different from the 1930s that the managerial responsibility was critical in ensuring a motivated team and harmonious relations amongst co-workers; therefore being on the commercial front-line and being the shop's top salesperson no longer seemed the pharmacists' first priority.

Buffering professional identity

The majority of statements selected in this period relate to the professional elements of the role such as the increased skills, expertise, and the education needed to fulfil the role of modern pharmacist, a role that was described as "progressively more difficult" (*The Bee*, Swansea Souvenir, March 1953). Not only were there new medicines and treatments available as a result of medical research and development creating "advances in prescribing" (*The Bee*, May 1950:35), but also the quantitative leap in prescription processing and dispensing indicated in Boots statistical records ensured pharmacists worked harder, managing an influx of patients to their high street branches. In particular, women and children, who for the first time were accessing medical treatment outside of charity hospitals⁴⁸, added to the diversity of malaises and remedies. Examples of statements that support professional aspects of the Boots pharmacist identity were given in Table 6.5, below.

⁴⁸ A minority of working women had been treated through NHI payments in the pre-1948 period.

Table 6.5 Exemplary statements that buffer professional identity

Source	Promoting professional identity, 1948-1960
<i>The Bee</i> , Summer 1948:25	“Retail pharmacy will progress from the 'handing out' of bottles of stock medicines, to an occupation calling for the highest pharmaceutical skill and knowledge.”
<i>The Bee</i> , Summer 1948:26	Pharmacist no longer “on commission”, and many relocated to the first floor or in “the back room”, off the busy sales floor.
<i>The Bee</i> , Summer 1948:26	“Although retail chemists will still be part of 'chemist shops', there will be a greater distinction between the professional work and the 'counter work’”.
<i>The Mixture</i> , Xmas 1949:42	Book review of Aids to Dispensing pharmacy textbook revised by two ex-Boots women pharmacists to reflect “outstanding advances” in, for example, medicines, ointments and emulgent bases. Promotes Boots staff expertise and increase in pharmacists’ knowledge.
<i>The Bee</i> , May 1950:5	“We, as pharmacists, are vitally interested in pharmaceutical education and grateful for attention given to it.” From speech by Birmingham New Street manager, consolidating links with Nottingham University.
<i>The Mixture</i> , Xmas 1950:9	“It is a great advantage to me to be able to discuss problems of prescribing at any time of day with qualified and experienced pharmacists.” [doctor testimonial]
<i>The Bee</i> , Mar 1953	“Another advantage in having the Dispensary away from the general hubbub of the shop is that the dispenser is able to concentrate more easily on his exacting task - a task which proves progressively more difficult with the latest advances in medical science.” [Swansea insert publication, p.4]
<i>The Bee</i> , Aug 1956:14	The public expects a chemist to know a great deal more than the Society's examiners ever did.

It is unsurprising that there is discussion of a material separation of pharmacists from the busy sales floor in order to better concentrate on pharmacy work, and the physical relocation of the pharmacy counter itself. In some large stores the dispensaries were moved off the ground floor into first floor accommodation. This was part of the change in physical infrastructure in the Boots stores where investment in new and larger dispensing counters was seen as vital to delivering the enhanced NHS service. War damaged stores were re-fitted to include bigger dispensaries, and new stores development extended the size of Boots property portfolio. Photographs of

these new dispensaries such as the Swansea store below (Figure 6.4) were proudly printed in each edition of *The Bee* during the early 1950s, and by the end of the decade many Boots pharmacists could agree that “instead of the old chemist shop we now have a bright and modern pharmacy” (*The Bee*, Dec 1959:50).

In the Chairman’s statement to shareholders at the company’s AGM in

Figure 6.4 Swansea store drug counter, 1953



August 1949, John Boot not only discusses a stores expansion programme with twenty-nine new shops opening, but also stresses the need for store refurbishment. “Priority has been given to enlarging and increasing the facilities in our Dispensaries, and by the end of the year, hundreds of our Dispensaries will have been improved.” (John Boot, *The Bee*, Oct 1949:8). This physical and financial separation of the pharmacy counter and pharmacist from the sales floor and ‘commerce’, created a boundary between these aspects of the role and was apparent in the language used by a trainee pharmacist who anticipated a “greater distinction” between professional work and day-to-day shop work, (See Table 6.5). Perhaps this fed a professional need, and indeed public expectation, to see pharmacists

as more 'elevated' or higher status than shopkeeper of old, evoking the "merely traders" description in the pre-NHS period (*The Bee*, Jun 1937:153). In addition (tax-paid) public service dispensing was separated out from Boots commercial trading.

This buffering of the professional aspect of pharmacist's role heralded a new era and perhaps removed or certainly stalled the historic tension between commerce and professionalism. It is interesting to compare this physical relocation, with the shop re-fittings of the early 1930s when the pharmacy counter and pharmacist moved to the front of shop to bolster the professional and commercial identity of the "chemist-manager" (See Chapter 5). The statements in Table 6.5 together demonstrate how the pharmacists viewed themselves as highly skilled, knowledgeable and increasingly educated and involved with educational training.

Buffering public service identity

The public service role, post-1948, is distinctive from the earlier period in which public service was not institutionalised within a national healthcare system, and where the Boots pharmacists' professional and nascent 'public service' identities were merged in an effective hybrid identity element. That is, an altruistic, public service persona was part of the professional pharmacist's identity, particularly in those communities where doctors were inaccessible either physically or financially, and the chemist was *de facto* community healer.

In the post-NHS era this hybridity was being disentangled and I began to see statements exchanged in *The Bee* that were not only altruistic in descriptions of patient care, but also suggesting a comfortable and mutually supportive relationship with the state medical authorities. A good example appears in a statement showing empathy for mothers whom Boots pharmacists actively and demonstratively cared for in their shops knowing that they had left their sick children unattended at home while collecting their prescription medicine.

"We try our best to make the atmosphere in the branch warm and friendly, so that the worried housewives feel cheered"

These behaviours and attitudes are a response to the many children's prescriptions that were dispensed as a consequence of the NHS. They also indicate that "the doctor has called" to people's homes, a community service that was only available privately pre-NHS and was now a cause of increased prescribing (*The Bee*, Mar 1949:28). The individual pharmacist voice is echoed by Boots chairman's AGM speech in August 1949 when he describes how factory production has been influenced by NHS demand, with resources being diverted from the production of other products (to the detriment of overall sales) so that medicines' supply met dispensing needs. While his statement is in part an explanation to shareholders of a reduced balance sheet, it also carries the message that Boots is geared up to support the NHS and ensure its success. Within a few years, the agency of this early discourse was confirmed in a line of the chairman's AGM statement in 1953:

"the Firm of Boots The Chemists is regarded more perhaps as a public service than as a purely commercial enterprise..."

Boots Annual Report, 1953

Also there is evidence of a more commonplace and collaborative working relationship with state institutions such as hospitals, or the local medical authorities. After debilitating floods in Whitstable, Kent, Boots pharmacists respond to the Medical Officer of Health's request to "undertake the distribution of a gift of whisky, five ounces at a time, on prescription, to distressed folk...[maintaining] Boots reputation for service" (*The Bee*, Jun 1953:22). On the following page of *The Bee* there is another description of Boots pharmacists supporting public health. Here a "hospital trolley of products" is provided for distribution at the Royal National Orthopaedic Hospital in London (ibid, p.23). In both these examples Boots pharmacists demonstrate that they are working for the benefit of the communities in which they serve, at the request of government and on their own initiative.

Interestingly the Boots pharmacists' development of a public service identity is at odds with the views expressed by some private chemists (which

I quoted earlier) for whom conflict between private and NHS work is evident throughout the 1950s. It would appear that the Boots pharmacists, cocooned from direct financial pressure were able to define a new relationship and position for themselves within the NHS healthcare hierarchy; one where they supported and were supported by the wider medical profession, and in which they through their communicative identity work developed a strong public health / public service identity.

This is particularly true in the continuation of the pre-1948 collaboration between Boots pharmacists and their traditional professional rivals, the GPs. In the pre-NHS period there was evidence of a more constructive dialogue between medical professionals and Boots chemists, and positive encouragement to make contact and support GPs, not least as the latter group could refer patients into Boots stores for their scripts. This relationship continues to develop within the new NHS framework where both GPs and pharmacists learned to deliver, at speed, the new public services. In the early years of NHS implementation there are positive comments in *The Bee* about “our doctor friends” (*The Bee*, Jul 1949:42) and sympathy for their heavy workload. There is also advocacy for the pharmacist’s role as co-worker with the doctor, a statement that helps build a picture of the changing professional status and identity of Boots pharmacists in relation to doctors and public service. This contrasts with the more combative discourse across the wider pharmacy profession illustrated earlier in Table 6.3.

Bridging identity elements - commercial and public service

As well as responding to tensions within identity elements by creating an identity buffer, is the activity of transitioning or bridging between them. In the previous research period this was evident as the commercial identity bridged across to the professional identity in effect framing the pharmacists as shopkeepers working in the medicines’ business. There were examples of them professionalising their commercial roles, as well as commercialising their professional roles, specifically elevating salesmanship so that the sales identity aspired to be ‘professional’, while at the same time touting the pharmacists’ knowledge and expertise as a commercial opportunity, indeed a unique selling point.

There is evidence after 1948 that the public health service (NHS) was also framed as a business opportunity that could co-exist happily with the commercial targets of the retail business. As Figures 6.5 and 6.6 show, the Summer 1948 edition of *The Bee* illustrates this point on several levels. A circular about the NHS sent jointly from the Chemist Sales Manager and Chief Pharmacy Superintendent, as well as window displays and show cards about the NHS, proclaim an identity in relation to the NHS and effectively advertise it. The key messages are broken down as follows:

1. "Let us dispense your NHS prescriptions" (top left). You are a (potential) customer, you pay taxes and you can choose who dispenses your prescription. Please choose Boots.
2. "Bring your prescriptions to Boots" (top right). Here, the photo image of the white-coated professional chemist, working diligently to prepare medicines, invites trust in practice and product.
3. "Special Medical Products" (middle, and faint type). We undertake research and development and our laboratories can make up special medical products to order.
4. Photographs of Boots factories (bottom left). We manufacture in state-of-the-art manufacturing facilities on a very large scale. Boots 'glass-curtained' factories provide unique evidence of medical and commercial modernity.
5. "The New National Health Service....". Advertising for NHS. It is free and you are entitled.
6. Products (shelved). We are specialists, we have traditional and modern skills and here are our tools: specie jars, weights and measures, scales, measuring jars, medicine bottles (tonics), medicine boxes (powders), pestle and mortar, and pill roller (near factory images).

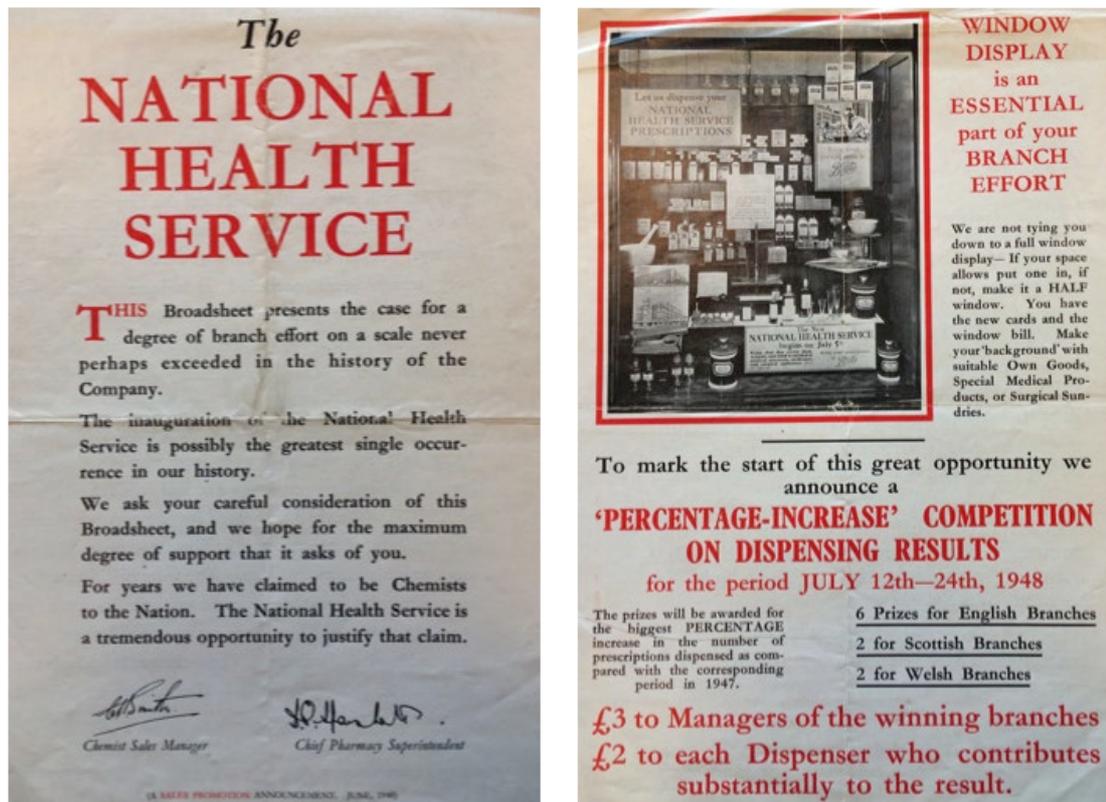
Figure 6.5 Window advertisements for the NHS at Boots branches nationwide. *The Bee*, June 1948.



***“The New
NATIONAL HEALTH SERVICE
begins on July 5th.*”**

***From that day every man, woman and child
is entitled to medical attention, medicines
and surgical appliances free of charge.”***

Figure 6.6 NHS broadsheet, NHS window display and competitions, *The Bee*, June 1948.



The NHS is framed as “the greatest single occurrence in our history”, despite this claim being made in the aftermath of the Second World War with all of its social and economic consequences. It is also described as “a tremendous opportunity” and one that necessitates branch effort on a scale never seen before in order to fulfil Boots’ potential as “Chemists to the Nation”. The NHS ‘narrative’ is given a full window display in all stores, essentially advertising the prescription service alongside medicinal ‘products’. In effect, with over twelve hundred stores, Boots is providing an advertising channel for the government’s national health service.

The NHS ‘business’ is absolutely linked to competitive sales, with the opportunity to win prizes. Here the throughput of NHS scripts is to be measured on an annual like-for-like basis, with cash prizes for the best performing stores in each region. This is an indirect commercialising of the prescription service, a tactic which does not create the old ‘profits vs. ethics’

conflict, since the pharmacists are only processing the scripts, not instigating their procurement. This focus on the NHS as a business opportunity contextualises the 'NHS cartoons' mentioned previously.

The examples illustrated above are presented with others (in Table 6.6) that span the research period so the linkage between commerce and public service is not purely a post-war reaction to exploit any available economic opportunity. For example in 1950 there is the description of a new in-store nursing and surgical service as a "shopping amenity", while in 1959 Boots pharmacists boast of their "monopoly" in private prescription services. This is very much the language of sales and retail borrowed to promote (free) health and prescription services.

Such examples portray both private and NHS scripts as a neo-currency that Boots pharmacists need to chase in order to maximise dispensing income. This antagonised the independent chemists and underlined the adoption of a successful public service dispensing service as integral to Boots pharmacies. By identifying the NHS prescription service as a commercial opportunity, pharmacists are extending the identity bridge that was evident in the pre-NHS period to public service work. Through their discourse, they are normalising public service work as compatible, indeed part of, commercial work and the aims and objectives of Boots organization. They are also happy to see increased levels of private scripts resulting from the cessation of dispensing in doctors surgeries, post-1948. Therefore the pharmacists utilised the coping mechanism of proactive identity work that eased tension between commercial and professional elements of identity pre-1948, to once again ease tension in the post-1948 era, this time between professional and public service elements of identity.

Table 6.6 Exemplar statements that bridge identity elements

Bridging between commercial and public service, 1948-1960	
<i>The Bee</i> , 1948	“Prizes will be awarded for the biggest PERCENTAGE increase in the number of prescriptions dispensed...”
<i>The Bee</i> , Mar 1949:23	We have our National Health patients, who have obeyed our [advertised] exhortation to 'Bring your prescriptions to Boots'
<i>The Bee</i> , Oct 1949:6	“The Shop that has become a service”
<i>The Bee</i> , Oct 1949:27	“though numbers grow we shall not flag...We shall relax and count scripts... and calculate how much your coughs and colds will rate.” NHS poem, [anon]
<i>The Bee</i> , May 1950:8	New surgical department in Manchester Exchange branch, private room for nurse consultations “another typical new shopping amenity”
<i>Hexagon</i> , Oct 1958:10	“The NHS provides the entire home market for ethical proprietaries.”
<i>The Bee</i> , Dec 1959:50	Charing Cross [Glasgow] like Harley St “we had a monopoly of the private prescriptions from this source ...our private dispensing has increased enormously.”

Perhaps the most important change that enhanced self and others' perception of Boots pharmacy professionalism was the cessation from 1948 of decades-long financial reward of pharmacists through a sales commission scheme. The linkage of sales' volume with personal take-home pay was the subject of a satirical cartoon - “The Branch Manager Addresses his Staff” published in 1935 - and a central crux in the profits vs. ethics debate (C7, p.133). In *The Bee's* Summer 1948 issue, the “commissioning problem” that bothered pharmacists in the pre-NHS era was reportedly ended. Indeed a contributor's humorous poem, “With Whom We Served”, describes that with commission gone “the sleek-haired, blue-eyed boys” are now consigned to the back room out of the busy shop; another example of the separation of pharmacy practice from sales and commerce.

Interestingly, beyond this satirical discourse, there is not any other reflection on salary or commission in the magazines, except the complaint (mentioned in Chapter 5) about a salesgirl missing out on commission. It was

problematic for me to find no significant evidence of a commission discourse in *The Bee* since losing sales commission must have had an impact on financial reward for the pharmacists, so I looked away from the retail-facing staff magazines to 'confidential' management records, to try to locate alternative evidence. There are no extant records available for this period on salary policy, or specific wages books showing for example a basic rate pay increase to compensate loss of income, but the statistical records did offer data relating to changes in remuneration practice in general.

Within the annual statistical records is a section on payroll comparisons across wholesale and retail staffs which includes figures on the annual expenditure on retail salaries, with breakdown for branches, TGMs, and relief managers (today's locums). The figures are given as single annual expenditures, not at average employee or store level. There is an additional set of figures for bonus and commission payments, which is very revealing in understanding the intrinsic link between the practical work of the pharmacist and the financial schemes rewarding the work. The recording of bonus and bonus schemes changed over the thirty year period making comparisons difficult, but headline figures show that managers' bonus stopped in 1941, presumably as sales and profits were thrown into turmoil by the war, but re-started in the financial year 1953-54. In addition a new bonus scheme for dispensing started in financial year 1948-1949. This gives evidence of a very direct relationship between dispensing volumes and pay. Figure 6.7 shows headline data in tabulated form for the period pre-dating 1948 and up until 1960.

Table 6.7 Pharmacist annual bonus payment (shared by approximately 1300 managers)

Financial year	Managers' bonus	Managers' stock bonus	Dispensing bonus
1937-38	£17,989	N/a	N/a
1938-39*	£19,070	N/a	N/a
1939-40	£48,126	N/a	N/a
1940-41	£86,720	N/a	N/a
1942-1948	Suspended**	N/a	N/a
1948-49	Suspended	N/a	£144,630
1949-50	Suspended	N/a	£209,428
1950-51	Suspended	N/a	£193,249
1951-52	Suspended	N/a	£246,825
1952-53	Suspended	N/a	£219,719
1953-54	£35,000	N/a	£216,164
1954-55	£37,629	N/a	£207,028
1955-56	£46,907	N/a	£166,762
1956-57	£67,766	N/a	£159,877
1957-58	£52,395	£20,666	£154,150
1958-59	£180,181	£93,738	£156,829
1959-60	£69,042	£9,768	£168,090

* war bonuses paid 1939-1945 (not specified nor itemised)

** payment in lieu of suspended bonus at rate of £170,000 p.a. (not itemised)

Source: Statistical records, WBA/BT/3/8/7/6-36

From 1948-49, a dispensing bonus appears in payroll reporting. This is particularly significant as it shows that the idea of commercialising the prescription service that appeared in pharmacists' discourse was backed up literally and organizationally, with a direct dispensing remuneration which was not, along with the recommencement of management bonus, part of any discussion seen in *The Bee*. The magazine site, a place of open exchange of ideas, of identity formation and identity work was a silent space when it came

to the fundamentals of pharmacists' financial incentives. Perhaps this change in financial benefits provided another explanation for Boots pharmacists' acceptance of pay and conditions in the NHS environment while the private chemists and hospital chemists were threatening strike action and unionising, respectively. Pharmacists paid bonus for *pro rata* dispensing in an era when NHS dispensing figures rose exponentially from zero, certainly fitted with the Boots company chemist identity portrayed in *The Bee*; their sense of financial security, their readiness to compete for scripts, and give a big welcome to the 'Mrs Jones' customers. Also, in the immediate post-war period when Boots was keen to retain experienced pharmacists and the implementation of the new NHS was in planning, Boots pharmacists were put on a new salary scheme "incorporating a Service Salary", benefitting those with or working towards long service.

The "commission problem" that I encountered in the pre-1948 era was therefore resolved by aligning the pharmacists' commission not with commercial sales but with dispensing volume, a significant shift in incentives which for the first time linked take-home pay with core pharmacy work. Removing sales commission relieved the identity conflict in work practices that the pharmacists - in cartoon and in discourse - had identified as contradictory. Instead they were incentivised to increase the professional work of their dispensary teams. By changing the commission policy, whether organization or pharmacist-driven, Boots made a profound change to pharmacy professionalism, a change that separated Boots pharmacists further from private chemists, whose income and livelihood were more directly funded by shop sales. I do not have data for Timothy Whites and Taylors, Boots' main competitor in the post-war era, but as this multiple was bought out by Boots in 1968 at which point its stores were reconfigured and branded as Boots The Chemists, I assume that in the long-term Boots pharmacists' identity permeated the wider company chemists' community.

Bridging identity elements - public service and professional

While these examples illustrate a direct bridging between the commercial and professional aspects of Boots pharmacists identity, there was a secondary bridging between public service and professional identities.

In the previous chapter public service identity was in “incubation” as a part of the pharmacists’ altruistic professionalism but with the new public service identity now a recognisable and structurally imposed element of pharmacist identity, how did they relate?

I mentioned earlier that the relocation of the extended pharmacy counters to the back of the stores or upstairs, promoted Boots pharmacists’ professional identity, as it distanced them, literally, from the purely commercial hub of the shops. By default this new boundary also separated the commercial sales floor from the pharmacists’ NHS dispensing, ring-fencing public service dispensing with pharmacy. Here, the physical architecture of pharmacy professionalism was ‘gifted’ to the pharmacists by the NHS contract. They were already the commercial managers of every Boots store, but the NHS contract magnified their professional identity and extended their professional domain with new intakes of pharmacists, dispensers, and apprentices. John Boot captured the significance of the NHS contract in his AGM speech in 1949:

“Since licences have been made available, our Shopfitting Department has been working to capacity altering and enlarging dispensaries. We have still much to do before we achieve our aim, which is to give the public the finest dispensing service under the best conditions both for patient and our own staff alike ... I would like to pay a special tribute to all our staffs for the fine job of work they have done in dealing with this immense volume of new business... and in particular for the high standard maintained in dispensing.”

Chairman’s speech, August 1949, *The Bee*, Oct 1949:7-8

While the chairman’s language has a rhetorical tone as befitting the occasion, the speech was published in *The Bee*, as well as the *Nottingham Journal* and *The Times*, so the majority of Boots pharmacists would have read it, as would customers engaging with these particular local and national newspapers.

There is another trend that affected the relationship between the Boots pharmacists' professionalism and their new public service duties; the bridging between the pharmacy profession and the medical profession within the NHS framework. The new working relationship with doctors prescribing, and pharmacists picking up their dispensing capability was evidence of pharmacy's expanding role in medicine generally. It was an additional bonus to the profession when the Boots Pharmacy Superintendent was invited to sit on the NHS Committee, which among other duties determined drug choice for doctors.⁴⁹ *The Mixture* (Xmas 1949) reported that the NHS Committee was charged, in line with the government requirement to cut the cost of NHS services, to reduce doctors' prescribing choices, and by extension their prescribing practice. The Pharmacy Superintendent's role on the committee gave public authority to pharmacy professionals, and specifically Boots company pharmacists.

Therefore in their shop locale and in their interactions with doctors and NHS patients, the pharmacists' NHS work had a substantial impact on their professional status. While the 1948 legislation could be seen as a structural event that no amount of pharmacist agency could shape, I would argue that the Boots pharmacists' response to it did demonstrate agency in using the NHS to their professional advantage.

Finally, participation of all pharmacies in NHS work helped, to some extent, the profession as a whole to 'combine' or 'collaborate' more, as was hoped for by the correspondent in the *Chemist and Druggist* in 1930 (Table 5.2, p.178). An example was Boots collaborative film "Pharmacy For You", a version of which was created as an independent, unbranded promotional tool to attract students into pharmacy. The *PJ* and *Times Educational Supplement* gave it good reviews, the former stating in its annual report:

"This is an excellent treatment of the subject and pharmacy is much indebted to the company for its production and for making it available for general exhibition."

⁴⁹ An equivalent function performed today by National Institute of Clinical Excellence

Although this was a marketing tool, its uniform message about retail pharmacy was recognised as a benefit to Boots and competitors alike, and exemplified a professional identity that in this instance superseded company chemists' and independent chemists' loyalty to their respective businesses; in the words of Boots Managing Director, Willoughby Norman, it "enhanced the prestige of pharmacy as a calling" (*The Bee*, Dec 1959:21-22).

Chapter Summary

In the post-war era the focus on selling was a commercial imperative to pull neo-nationalised industries and corporations back into profitability, and Boots was no exception. There is evidence that the pharmacy professionals actively boosted this aspect of their identity in response to the economic crisis. In addition the establishment of the NHS had a critical impact on pharmacists as it contracted them to provide public service dispensing, free of charge, to a new population of patients. For all Boots retail staff this was a big departure from the usual shop life, as customers were now to be welcomed into store to pick up prescribed medicines without necessarily purchasing goods. While there is evidence that private chemists found the transition to public service difficult, specifically because of financial risks they were exposed to, Boots pharmacists responded differently and their discourse demonstrates an identity work that actively bridged between commercial and public service identity. However, as in the pre-1948 period, there is also evidence of identity buffering to protect the singular elements of their professional identity. Examples of the identity tensions and responses are represented by exemplary data in Table 6.8.

In the next chapter, I analyse identity issues and dynamics across the whole period, 1930 to 1960, to work out what happened across this identity 'landscape' and how the mid-century pharmacists were able to steer their professional identity in the longer-term, through the constant dialogue, advocacy, and humour of their magazine discourse.

Table 6.8 Commercial vs. Public Service

Commercial vs. Public Service

Primary data	Evidence of conflict or tension	Primary data response to conflict	Response
<p>"If the New National Health is to prove successful and beneficial to the community there needs to be higher dispensing remuneration.</p>	<p>Chemists' need better rates of return on NHS dispensing otherwise its not financially viable. Independent chemists are ready to strike over this.</p>	<p>"the Firm of Boots The Chemists is regarded more perhaps as a public service than as a purely commercial enterprise..." "every man, woman and child is entitled to medical attention, medicines and surgical appliances free of charge." [shop window advertisement]</p>	<p>Bridging between public service and commercial identities.</p>
<p>Post war economic slump</p>		<p>"Focus on selling" "Every single customer you handle gives you the opportunity to sell."</p>	<p>Buffering or 'boosting' commercial identity.</p>
<p>NHS work is 'for free' and onerous. Think of it as a sales target.</p>		<p>"Prizes will be awarded for the biggest PERCENTAGE increase in the number of prescriptions dispensed..."</p>	<p>Bridging between commercial and public service identities. Driving dispensing 'sales' despite remuneration issues.</p>

Professional vs. Public Service

Primary data	Evidence of conflict or tension	Primary data response to conflict	Response
<p>"It is unnecessary to reiterate here the pharmacist's objection to the continued policing of his professional work."</p>	<p>Pharmacists do not need to be tested for competency and doctors have full confidence in them, and are prepared to face disciplinary action in their defence.</p>	<p>"The public expects a chemist to know a great deal more than the Society's examiners ever did."</p> <p>"Instead of the old chemist shop we now have a bright and modern pharmacy."</p> <p>"It is a great advantage to me to be able to discuss problems of prescribing at any time of day with qualified and experienced pharmacists. [doctor's testimonial]"</p>	<p>Buffering professional identity.</p>
<p>"It was felt we should have an association to talk over our problems ...in particular in connection with the NHS..."</p>	<p>'Call to arms': employee chemists need to demonstrate professional agency in engagement with NHS and Pharmaceutical Society. Workload may be an issue.</p>	<p>"We shall continue to keep a careful eye on all future developments affecting the welfare of our pharmacists and feel that as long as we continue to strive for the highest ideals, our efforts will not have been in vain."</p>	<p>Bridging professional and public service identities.</p>

7. Discussion

“Penicillin comes to the chemists’ shop.”

Daily Mail, 30th May 1946

Introduction

My thirty-year research period offers insights into the construction of professional identity, the changing characteristics of that identity and evidence of agency from the actors involved in creating their unique ‘company pharmacist’ identity. Professional identity issues and behaviours are captured in dialogue and cartoons as pharmacists participate in the staff magazine discourse; propelling change through didactic advocacy and identity work. The research period also reveals expected complexity, where identity is affected by structural and economic transitions and by the changing expectations of the public, and the state.

By looking at professionals over a time period in which structural change to their professional environment is significant and unrelenting, I demonstrate identity work in a continuum, responding to actors’ experiences and evolving understanding of their situation. Initial reactions, intermediate reactions and longer-term reactions to changed circumstances and slow-moving processes are evident. And across time, the responses of the professional collective - pharmacists at all stages of their careers and connected only by the ‘virtual’ threads of a staff magazine, help to articulate identity creation, transition, consolidation and re-creation. Studying transformation between 1930 and 1960 allowed for the dynamic mechanisms and outcomes of identity work to be visible.

As discussed in the previous empirical chapters there are three strands to the pharmacists’ identity apparent within each of the two time periods. Firstly in the pre-NHS era the pharmacists’ identity has strong commercial and professional elements. Their commercial identity is managerial, financial and sales-driven while the professional interest focuses on medicines and health advice and their ‘expert’ ability to provide both. In addition there is a public service identity element, where their government-

regulated role in public protection in relation to poisons and dangerous drugs develops, through the wartime experience of nationalised service, into a more generic public health role. This nascent public service identity is cultivated as part of the professional identity.

In the post-1948 era the professional identity picture is more complex and it is impacted by more diverse factors, for example the public expectation of NHS service provision which essentially objectified the high street chemist as part of the new, free NHS. The data for this period show a reiteration of the previous NHI discourse that commercialised NHS dispensing services as a Boots “offer”. By embracing the NHS as a commercial target, while private chemist competitors vilified it in the public and trade press and threatened strike action, the Boots chemists appropriated it in a unique way.

A secondary factor impacts Boots pharmacists; namely the changes in retail store design - the refitting, enlargement, and re-positioning of Boots dispensaries - as a response to increased NHS dispensing. The pharmacy counter becomes a metaphoric bridge linking public service and professional identities. The shop setting in the post-1948 era, just as in the pre-NHS era, affects ‘who we are and what we do’ by changing ‘where we are’ in relation to customers and other shop staff.

There is also a new post-war intake of apprentices and pharmacists with different training and life experiences who, in addition to using the staff magazine to exchange views, are turning outwards and reassessing their relationships with other healthcare professionals such as doctors with whom they are now more closely allied through the nationalised health system. Incidentally, despite significant staff and store number increase in the 1950s - and the editor’s pleas for fresh engagement and participation - the amount of published discourse about professional identity is smaller than in the pre-war period. While this study cannot surmise causal factors, this evidence does somewhat refute prior findings linking identity complexity and tension with high rates of identity work. It suggests to me that identity work itself may take a toll on protagonists; perhaps when exhausted with new demands at

work, like the exponential rise in dispensing work post-1948, professionals have less energy to undertake identity work.

With historical hindsight, it is apparent that supporting the NHS had long-term consequences for both organizations. The NHS, despite being severely tested in its first year of operation,⁵⁰ became a trusted and effective health institution, one of the top ten employers worldwide⁵¹; while in parallel, Boots increased its footprint on the high street and provided a successful economic model for future retail pharmacy chains, including the large UK supermarket pharmacies.

Pharmacy identity, 1930-1960

My research illustrates the development of pharmacy professionalism over a long time period. It allows for observation of the interaction of identity elements ebbing and flowing as external and internal change takes place altering perceptions, economics, environment, and the professional framework supporting pharmacists. It shows how trends such as the aggrandisement of science in the inter-war and post-war period was co-opted through identity work by the pharmacists to enhance public and company perception of pharmacy's professional status. The laboratory and white coat image and the clean and 'bleached' pharmacy counter in the 1950s, are physical manifestations of identity far from the tweed-wearing gentlemen portrayed in the TGM caricatures of 1931.

Another mechanism to enhance professional status was, perhaps unexpectedly, the pharmacists' new role as NHS 'workers', post-1948. Public service work was part of their identity in the austere 1930s, when duty and altruism followed by wartime nationalism had the pharmacists talking about this aspect of their role. Post-1948 when NHS scripts came flooding in to the pharmacies I expected that the vast numbers of non-paying customers would antagonise the Boots pharmacists as much as their private chemist competitors. However the empirical evidence shows that, on the contrary, the

⁵⁰ Ministry of Health report, 1950.

⁵¹ World Economic Forum, 2018. Available at <https://www.worldatlas.com/articles/the-world-s-largest-employers.html>

adoption of NHS work and NHS patients was pursued vigorously with the same competitive edge as their pre-war 'own goods' sales and selling. In their discourse about the public sector work pharmacists were able to identify with GP colleagues and with the public role of working with the new and innovative social healthcare system that was to become a British institution. Above all it gave them higher status than other high street vendors, as they were now active protagonists in a nationwide health service from which every citizen could benefit.

While the link between commerce and public service was neither entirely novel post-war nor merely a response to a new commercial opportunity, there was something distinctive about it in relation to professional identity. Through the post-war Health Service Act, pharmacists became responsible to, and indeed functioned as, an arm of the state. This linkage validated their professionalism in terms of status and claims, as their dispensary work was embedded in a structural partnership with GPs. But on the other hand it exposed them more keenly to statutory controls and 'contractee' responsibilities to the state. To head off the potential 'servant of two masters' conflict, changes within payroll and remuneration meant that the corporate entity employer began to reward public service professionalism, negating latent or potential tensions. Structural linkage, and a more co-dependent relationship with GPs and their NHS patients, depicted in the pharmacists' own dialogue, pushed their professional status upwards away from high street shop-keepers towards more patient-focused medical experts.

The impression given in my research is that not only is there constant flux in the sense of identity and its makeup over time, but that there is also a 'direction of travel' in the integrated Boots pharmacist identity which creates space for itself within the wider pharmacy and medical profession. At the start of the pre-NHS period in 1930, there was autonomy and insecurity where other professionals were the competition, whether private chemists or doctors. But this autonomy was gradually broken down by a discourse that positioned pharmacy as complementary to medicine. While private chemists remained key competitors during the period, doctors were treated initially

with deference, a self-serving acknowledgement of doctors' power to send scripts and patients to Boots, and latterly with a more collegiate empathy.

Insights - professions and professional identities

Abbott (1988) called for research on the *histories* of professions to support his systems theory and my research provides insight into the development and dynamics of the pharmacy profession. Pharmacy has roots in the nineteenth century and constantly evolves with medical jurisdiction changes in twentieth and early twenty-first century healthcare. Threats to professional status came not only from doctors' expertise and the relative subordination and de-skilling of pharmacy as a profession (Edmunds and Calnan, 2001), but also from technological advances (Harding and Taylor, 1997), pharmaceutical marketing (Quirke, 2015), and even medicines efficacy (Moberg and Cohen, 1990). In examining 1930 to 1960, I capture a very formative period of retail pharmacy history, arguably the moments of early professionalisation - when company pharmacy transitioned from an occupation to a profession - as well as its response to the critical event of NHS formation in the immediate aftermath of the Second World War.

My study focuses less on the external 'jurisdiction' combat between competing professional groups, than on the internal jostling between identity elements that comprised company pharmacists' identity over time. The empirical data show that identity conflicts (Ashforth and Mael, 1989; Noordegraaf, 2011; McGivern et al., 2015) are quite complex, with professionals using identity work to neutralise conflict, and that exogenous factors contribute to relentless new tensions across the research period.

Tensions between aspects of pharmacy identity were present before, during, and after the period of my research, and indeed have reappeared in modern times as evidenced in recent investigative journalism (Chakraborty, 2016; BBC, 2017). What the study shows is how the tensions manifest, and the means by which the pharmacists use their agency to manage and contain them (Brown, 2017). For example conflict exists between professional and commercial identity elements during the 1930s but appears to be neutralised by the pharmacists finding a way to bridge between them.

Subsequently the wartime economy and its cultural impact reinforce the newly attained identity equilibrium.

Identity conflict post-1948 comes from a different source, namely tensions that arise because of the NHS demands placed on pharmacists who have to 'act as public servants' in delivering new free dispensing services. This consumes the pharmacists' time and appears in their discourse. As a new and 'overnight' phenomenon in the shops, this is perhaps expected, but the level of complexity it brings to the identity debate is unprecedented and it raises interesting questions in particular around resolution of identity conflict (Fitzgerald and Ferlie, 2000; Doolin, 2002; Ahmad and Broussine, 2003). An element of identity that was previously perceived as part of the pharmacists' professionalism, was now a drain on resources, apparently unprofitable, and yet through positive identity work is 'turned round' into a strategic asset.

The next section looks at the types of identity work that the company pharmacists engaged in, that allowed for variation in responses to tensions and potential conflict. Although some of those pharmacists whose words (and cartoons) appeared in *The Bee* across the duration of the research period worked in pharmacy management at head office in Nottingham, most of the thousands of pharmacists exposed to and contributing to the magazine over time were pharmacists from different communities and social class, from the newly-qualified apprentice to the retired 'relief' chemist. Those who contributed, and those who participated as readers, created an imagined community (Anderson, 2006) that collectively steered Boots pharmacist identity.

Identity work - buffering and boosting

For the Boots pharmacists all three elements of identity are buffered. That is, the pharmacists engage in identity work - buffering - to protect commercial, professional and public service identities independently and simultaneously, specifically where elements of identity are antagonistic. In the pre-1948 period, pharmacists champion directly the two key elements of their unique commercial / professional identity, so that when (internal and external) pressures and tensions appear that upset the balance, they

acknowledge, through their discourse, that both elements are critical success factors and provide support and reassurance and a voice to those pharmacists who perhaps fear the dominance of one aspect of their role over the other. Crucially, this protection of existing identity elements stops individual voice being closed down as circumstances change, by either an organizational voice, or by the collective of pharmacy voices writing in *The Bee*. Interestingly in the immediate post-war period, the hybrid identity equilibrium is challenged by a temporary 'boosting' of the commercial identity. Empirically, the "focus on selling" is a short-term phenomenon, an expedient response to a faltering economy. But response to it demonstrates, theoretically, a new dynamic within hybrid identity, whereby the protagonist actively boosts an element (commercial) of identity.

With such a large population of pharmacists represented in this study, the evidence of buffering of specific identities may also have worked to accommodate the personal preferences of the individuals involved, in terms of which 'identity' they most identified with. The high volume of pharmacists and diversity in their career stages is a unique feature of my research. In effect it directs focus on their universal 'company' and 'professional' status - that is, as Boots employees, professionally registered or apprenticed pharmacists and latterly providers of NHS patient services. The expression of pluralist opinion (Hatch and Schultz, 2002) within the collective demonstrates freedom and flexibility across the professional population, so that the transitioning or creation of hybrid identities became just another version of the 'Boots pharmacist'. The identity work of the pharmacists themselves facilitated on-going identity change, and where organizational or institutional advocacy was present, in the form of editorial or directorate-led communication on identity issues, this was one of many voices. This tolerance of variation is contrary to any notion of an 'ideal type' Boots chemist.

The buffering of discrete identities contradicts results of existing research on healthcare professionals where rejection of commercial and managerial identity elements exists in both public and private sectors. Studies throughout a twenty-year period have shown that NHS healthcare

professionals working in hospital settings are hostile towards NHS commercialisation, and managerial interference elicits a protectionist and defensive response from them (Fitzgerald and Ferlie, 2000; Ahmad and Broussine, 2003; Currie and Croft, 2015).

Curchod and Reyes' contemporary study of independent owner-manager pharmacists in France finds that they undertake "reactive identity work" which saw them "re-focusing on the professional core, and rejecting alternative professional models" (2017:15). In the French case a defence of the professional identity is made at the expense of other identity facets and the impression given is that these pharmacists felt a sense of shame and conflict at their commercial role, for example by trying to limit customers' exposure to marketing and advertising or selling non medical goods. However, some of the pharmacists in the study had annual turnover of over 2.5 million Euro, so managed significant commercial enterprises. It is an interesting finding that financial skills were present, but not presented, claimed or visible as an identity facet. It appears that expression of commercial identity was deliberately subdued in order to 'perform a more professional identity' to customers (Pratt et al., 2006).

Curchod and Reyes (2017:23) call for research into professionals working in "a more organized context" where the pharmacists are "exerting their profession" as employees of pharmacy chains, that is company pharmacists. The authors predicted that identity tensions for those pharmacists would be even greater than for the private chemists because of "profit-driven orientations" of the employing organizations, characterised as corporate masters. This view echoes the comments made by Boots competitors, the independent chemists of the day (Chapter 6, Table 6.3, p.218). However my study shows that while commercial orientation was a strong driver, and was buffered as an identity element, it did not cause the predicted disruption or stress to professional development. Where tensions did prevail, and appeared serious, the pharmacists were able to engage in versatile, negotiated and non-directional identity work to counter them. [However, our studies are culturally, contextually and methodologically

different, and therefore are perhaps better viewed as complementary, than conclusively comparative.]

Identity work - bridging

There is evidence of bridging in the pre-1948 period in the relationship between commercial and professional identities, which I describe as the commercialising of professional practice and the professionalising of commercial practice. Bridging was again evident in the second research period between commercial and public service identities. This seems at odds with previous findings where historians (Anderson, 2007; Cooter, 2007; Weindling, 2015; Slinn, 2015) and social scientists (Blomgren, 2003; Currie and Croft, 2015; Curchod and Reyes, 2018) found that cultural divisions between identity elements were not necessarily resolved by identity work.

Two actions helped bridging between identity elements for the pharmacists. Firstly, despite working within the NHS framework where commercial focus of sales at all costs was no longer the goal, the Boots pharmacists described the work as NHS “business” which they needed to chase. The commercialisation of professional service and the close integration with primary healthcare provision is a model on which the Boots pharmacists built. It set them apart from the private chemists of the period who waged a public and fairly hostile battle with their new NHS ‘masters’, the government agents who negotiated the pharmacy service and financial compensation contracts.

Secondly, the Boots organization rewarded NHS dispensing through bonus payments. By offering cash incentives to deliver prescription services Boots monetised the unique working practice that was at the heart of pharmacy professionalism. The financial incentive to embrace public service medicine had a parallel in the GP contracts of 1948 where remuneration was paid by the State on a *per capita* basis for the number of registered patients in each GP practice (Webster, 1996). While this latter example did not monetise patient appointments (cash for patients seen), it followed a principle of financially rewarding actions and behaviours that would increase numbers of NHS patients (cash for patients registered). The bonus schemes

at Boots monetised both aspects of pharmacists' work - as shopkeepers and as medicines' specialists. They were paid to be professionals and they were paid to be shopkeepers; their locale was the shop, and their work was dispensing drugs and selling drugs. Here the organization had a supportive role in the process of identity change (Chreim, 2007), rather than a hostile one (Creed et al., 2010).

What makes the pharmacists' case interesting is that the negotiation and facilitation of the dispensing bonus was kept private within the pharmacist population; the space for identity work and collective identity evocation was not a site for discussion of incentivising and rewarding script throughput. The bonus schemes were not shared in *The Bee* magazines and were kept a private matter for the pharmacists, the TGMs and the directorate. Perhaps for all the perceptions of the moral superiority and special status of the professional expert (Lawrence, 1994; Bynum, 2006), and the particular altruism of the medical professional (Cooter, 2007), it was the financial reward that mostly incentivised them. However they kept salary structure confidential, keeping the link between knowledge and its price, within the 'closed shop' of the profession.

Identity work - blending

Opportunities for company pharmacists to impact public health and public duty discourse emerged in 1930s society, both from an economic angle in response to growing poverty and sickness, and from a governmental angle, where political seeds to institute nationalised healthcare existed alongside the overtures of a wartime narrative where nationalism and nationalisation naturally concur. In this way public service merged and blended with professional identity not least as it provided a stronger ethical brake on 'overindulgent' commercialism which if unchecked was seen to undermine professional advantage on the high street.

However, "retail pharmacist" and "company chemist" are the ultimate hybrid job titles, acknowledging both professional and commercial identities; these were qualified *pharmacists* working in *shops*. For retail pharmacists, both aspects of professional identity appeared to be important, and pursuit of

profit and medical professionalism was a normalised part of occupational practice, seemingly without contradiction or conflict, certainly for Boots “Satisfied Customers”.

But my study shows that across the whole research period inherent hybridity is also the source of many tensions. Hybrid roles, later characterised in the professional literature as problematic, were initially of interest to organization scholars because their creation in healthcare promised to combine the benefits of professional and managerial expertise (Firth, 2004). These positions were introduced to improve efficiency in the management of the NHS in the so-called NPM period of the nineteen-nineties (Hood, 1991), especially where there was apparent conflict and tension. However, some studies refute this claim suggesting that commercial / professional tensions cannot be overcome especially in populations where gender and ethnicity impact on the success of hybrid roles (Blomgren, 2003; Croft et al., 2015; Spyridonidis et al., 2015). Indeed research discovering ‘willing and unwilling’ hybrids found a range of resistance to these roles (McGivern et al., 2015).

The commercial / professional dichotomy was influenced by the emergence of public service identity which made an initial impact in the pre-1948 era as a blended facet of professional identity, but was then made structural by the founding of the NHS and the contractual need for pharmacists to perform public service duties. How the pharmacists responded to this new situation that inundated them with work, and brought little perceived financial gain, was by pulling NHS work into the commercial world proactively by making it subject to commercial targets. It became a fully developed dispensing “service” like any other customer service. In addition, they interpreted the increased dispensing and customer footfall in the dispensaries as a boost to their professionalism, and their discourse celebrated an enhanced social and professional role in their communities.

The blended professional / public service identity of the pre-1948 era was therefore ultimately transformed by the identity work of the company pharmacists in their own terms and at their own speed. The merged identities were de-merged, and re-aligned by bridging public service with commercial

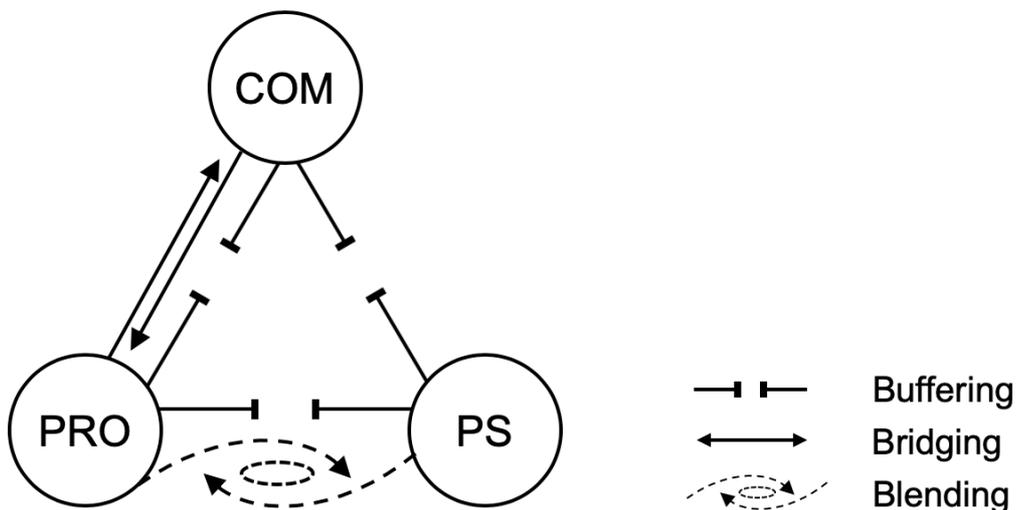
identity, with a simultaneous and continued identity work that also preserved, through buffering, the autonomy of the three individual identity elements.

Identity work dynamics

The impression presented by my research is that of a constant flux in identity and its makeup, and identity work over time. Despite the nature of the dynamic described above there was a 'direction of travel' in the integrated Boots pharmacist identity as it created space for itself within the wider pharmacy and medical profession. This supports the 'continuous process' of identity work in the findings of Simpson and Carroll (2008) and Carroll and Levy (2008) and to an extent corroborates the findings around identity work prevalence and critical events (Beech; Lutgen-Sandvik, Wilson; 2008). However in my study the 1948 critical event (NHS introduction) and its aftermath did not provide a spike in identity work. Although identity work does manifest alongside critical events, when observed here in the longer term the manifestation is part of a more complex dynamic.

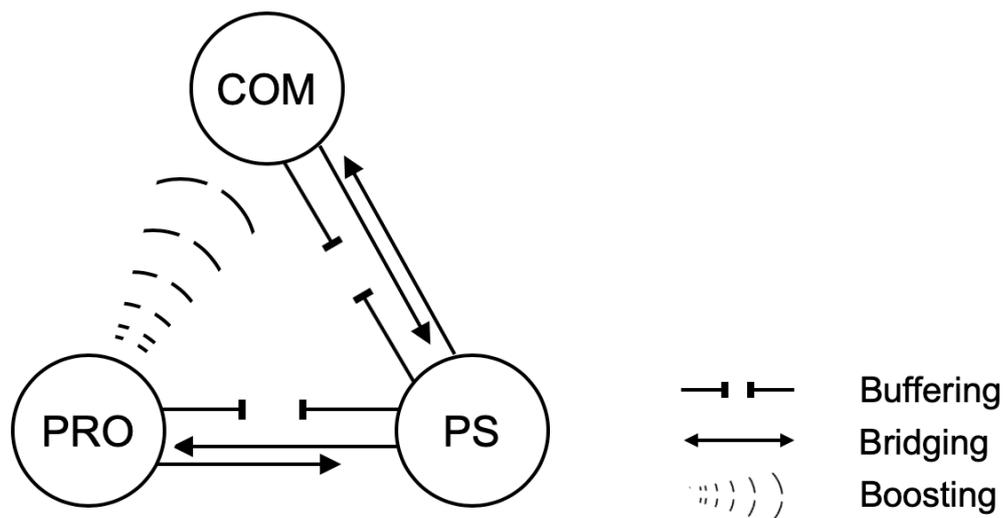
In order to envisage what happened with identity elements in the periods pre and post-1948 and to show the extent of change, Figures 7.1 and 7.2 model the dynamics; where COM = commercial, PRO = professional and PS = public service.

Figure 7.1 Elements in company pharmacist identity, 1930-1948



The diagram shows that for the time period from 1930 to 1948, each identity element is buffered, or defended; where buffering is identity work that singularly celebrates or promotes a particular identity, excluding others. At the same time the commercial and professional identity elements have a second, different dynamic whereby they bridge towards each other. This was evident in the empirical data as a commercialising of professional identity and a professionalising of commercial identity, making the professional work a unique selling point, and elevating commercial activity to an 'art-form' with professional pretension, respectively. A third dynamic is the merged relationship between public service and professional identity elements. The public service role in the 1930s is not comparable with the contracted public service role of NHS work, post-1948, although there is a development towards it with during the war years. For this reason, the two identity elements are similarly categorised, and appear blended.

Figure 7.2 Elements in company pharmacist identity, 1948-1960



In the second period, between 1948 and 1960 the dynamics are changed (Figure 7.2). Once again the identity elements are buffered as strong, positive identity characteristics of the Boots company pharmacist. However, rather than the professional and commercial identity elements bridging together, that same identity work is being undertaken between the

commercial and public service identities. This represents the commercialising of NHS (public service) work, through the financial incentivising of dispensing and the task focus on dispensing at the enlarged and more isolated drug counters. In addition, the once blended professional and public service identity elements de-merge, with the public service identity element having status enough to stand as a discrete identity element.

Figure 7.2 also shows a new form of identity work - 'boosting' - within the pharmacists' hybrid identity. While evidence of commercial / professional tension in the pre-NHS period necessitated the 'buffering' response, the period post-NHS produces a differently nuanced identity work. I suggest that within the hybrid identity, the commercial element is 'boosted' in response to external pressures. That is, the focus on selling is not a reaction against professionalism or public service identity elements, but fulfils an imperative business need of the pharmacist shop managers; and so they willingly boost the commercial aspect of their identity in response, without denigrating or disrupting their professional altruism. By undertaking identity work that boosts a specific element of their identity in response to market change, the pharmacists demonstrate flexibility in the practice or enactment of professional identity; in this case to inspire the collective Boots retail team. This boosting of the commercial identity does not come at the expense of pharmacy professionalism but represents a flexible 'activation' of this identity element, switched on temporarily and with deliberation.

Together these figures depict an evolving professional identity (Alvesson et al., 2008) that in many ways is self-determined (Pratt et al., 2006) through protagonists' identity work (Alvesson and Sveningsson, 2003). Also the notion that professional identity is context bound (Brown, 2017) is borne out by the differences found between Boots company pharmacists and the independent owner-chemists (Curchod and Reyes, 2017).

While my study shows that contemporary theorising fits with data from the past, it is useful to compare it with other identity research conducted over the long-term. Goodrick and Reay's study (2010) discovered that, in the longer-term, identity formation and change took place at a conservative pace. They use academic textbooks in the nursing profession as their

archival data source. Contrary to their findings my study of staff magazines, which, as explained, brought ethnographic immediacy to the research design, shows that identity change can be speedy, particularly when triggered by 'critical events', in this case war and politics.

Together, these figures (7.1 and 7.2) demonstrate the dynamics of professional identity formation and transition for a large sample of company pharmacists over thirty years in terms of identity elements or facets. The study provides a better understanding of how the flow of identity change and transition is managed within a very large collective of professionals working in 'isolation' in their local communities, bound by diverse market and environmental conditions, and subject to unpredictable external and regulatory events. It therefore offers new insights for organizational studies research on professional identity where the professionals are situated not within head offices or other institutional settings such as hospitals, but in isolation in the field or perhaps in the case of multi-nationals, in different international or cultural settings.

Identity work enablers

Through the use of mixed methods, investigating the pharmacists' voices in the company magazine but also the visual discourse implicit in cartoon and humorous illustration, I analyse and interpret in close detail the rich collective discourse of a significant number of professionals over a long time period. This gives me insight into the method and practice of their identity work. The voices challenge the *status quo* as well as maintaining it; they buffer and promote individual identity elements while at the same time encouraging transition and hybridity. As a result of identifying the diversity in identity work I consider the theoretic enablers, drawn from the data, below.

Space to perform

Firstly, the magazine itself as a communication tool is highly significant to the company pharmacists' identity work. While it is technically a head office or organizational communiqué with potential to disseminate a "discourse of control" (Evetts, 2006:140), the data show that it provides the space for voices of pharmacists to be heard. It is used by them actively in

issue after issue over the thirty years (1930 to 1960) as the site where they communicate who they are and what they do, in the context of their retail environment and their developing profession. In this historic work environment of a relatively un-connected world, pre-phone and pre-Internet and without the infrastructure to travel frequently outside geographic locale, the ability to exchange views and read feedback is used to foster an initial shared identity and then develop it.

There is diversity of opinion in the rich data of the large, geographically-spread sample, and apparent flexibility in the views and claims of the Boots pharmacists. This is communicated by wide-ranging identity work in the articles, correspondence and cartoons, which expose them to each other's 'personality' and opinions. It is a genuinely 'broad church' publication, and while there will be subjects that did not appear either as a result of editorial control or the contributors' self-censorship, there is plenty of material in which a singular element of identity is championed or celebrated.

The magazines also allow the 'performance of pharmacy' to be experienced by the pharmacist collective, from a distance but also close-up, as the descriptions of "doing the job" and "serving the customer" and "being professional", and indeed "becoming professional" for the apprentices and new employees, were conjured up in every issue. It shares real time shop interactions and experiences with the readers [and latter day researchers] through the anecdotes, correspondence, editorials, cartoons, informative features and so on.

This is a space that is apparently unbound by tight editorial rules; rather it is a community where actors are encouraged to contribute "original" opinion pieces and views. The contributors appear to dominate the rule book, communicating and reinforcing aspects of their identity through the exchange of ideas in narratives, cartoons, fictions, as well as expert-lead discussion, customer feedback and management rhetoric. The magazines are a crucible of ideas that speak to, and of, pharmacy identity in the making.

The Bee gives pharmacists a unique opportunity to create and share their views and opinions at a time when they are not professionally unionised, nor wholly supported by the wider professional associations, more representative of independent pharmacists. While illustrating the enactment of identity work in a relational space (Kellogg, 2009), my study broadens this concept as the professionals here are not unified by a cause or united in spirit over a grievance but in fact have disparate points of view and opinion. I demonstrate that protagonists do not need to be 'the maligned workers' in order to make use of relational spaces. Indeed the pharmacists resolve a proliferation of tensions by re-using this space, at times, to repeat, re-visit and re-order identity work. Even complex tensions are resolved if the space is available - space that encourages (visually) imagined and theoretical discussion of identity issues and concerns, as well as capturing pragmatic tactical actions to resolve conflicts by bridging and blending professional identity elements.

Form and tone

Although many 'serious' subjects are addressed in *The Bee* articles and correspondence, it is essentially an entertaining publication with a casual, funny and relaxed tone. The pharmacists use humour in cartoons, and in general writing, to keep the readership enthralled and informed and as a consequence the magazines are inclusive and informal. Pharmacists make fun of work challenges, they create insider/outsider boundaries and they generate comradeship and emotional bonds as a means of breaching the gaps of class, geography, and their own quasi-anonymity. By using the head office publication, and making it their own, by deriding those in authority, those in other professions, and competitors, they signal to each other the value of identity choices and their agency in making them.

The cartoon and visual data in Chapter 4 show that across the timespan, pre and post-1948, humour was a means of conveying change, of highlighting grievances and pressures, and of collaboration and consensus building. The fact that the 'entertainment factor' within the magazine is commandeered on frequent occasions to lay bare identity issues, indicates the strength of feeling shaping some of the cartoons, and the need to expose

the pressures with a view to issuing challenge, inciting response and moving the identity debate. While Griffiths' (1998) study of healthcare sector employees showed them resisting professional dominance with their humour, the Boots pharmacists resist, on many different occasions, commercial, managerial and professional dominance. Their humour-imbued collective identity formation and co-construction (Melucci, 1995; Forminaya, 2007; Angouri and Marra) expresses self-deprecation (Warren and Fineman, 2007), self-censorship (Godfrey, 2016), "sense of self" (Simpson and Snow, 2017:85) as well as joy and articulation of feelings (Kavanagh and O'Sullivan; 2007).

The cartoons, at first sight the most frivolous of magazine contributions, became, as I conducted my research, the most important of identity markers. Their power to capture zeitgeist and move the identity conversation has been a revelation in my research - used consistently by the professionals to communicate with each other irreverently, concisely, directly or with coded subtlety. The theoretical importance and utility of humour, and the visual, to the success of professional identity construction, transition and maintenance in challenging times cannot be overstated.

Corporate environment

The scope of my research reveals diversity, and adds to the conversation on professional identity formation within organizations. While the professionals in this study are 'corporate' actors, their situation at store/branch level and not *in situ* at head office allows for little personal contact, nor hegemony due to the locality of their shops. That is, a pharmacist operating in a rural farming community, a seaside holiday resort, a metropolitan borough or city centre had diverse experiences and customers, all of whom objectified the professional pharmacist differently, as is so cleverly conceived in the 1950 cartoon *Urban vs. Rural* (C13, p139).

Contributions to *The Bee* were moderated by the magazine's editor and presumably there were articles that were refused or editorial rules that had to be followed. However, knowing that the editor was a qualified pharmacist, as were many senior managers at head office, and also that the

management structure of the company ensured that branch managers were within two steps of company director level⁵², means that the contributing pharmacists had not only the personal status as spokesperson for their own shop, but also the authority and relative autonomy to 'write their own scripts'. This allows the company pharmacist identity its dynamic and paradoxical expression, in the moment and over time.

Despite this diversity in professional practice and relative 'freedom of speech', they are unified in their commercial identity as company employees. The pharmacists at Boots worked in a relatively risk-free business environment where the risk was being taken and managed by the organization and the "head office" community. The day-to-day running of the pharmacies was in the hands of professionals who had not sunk personal finance into the fabric of their building, nor were dependent on a stable economic climate for their salary and status, or independent investment for their pension provision. These are not entrepreneurial pharmacists who study the price of raw materials, products, and medicines on a weekly basis sourcing what they can in negotiation with wholesalers, but in many respects are allowed to function as professionals, albeit in a shop environment, cushioned and cocooned from hard-edge commerce, their only 'burden' being the demands of organizational administration, store effectiveness and (preferred) profitability. Therefore, the structural uniformity in the relationship between the professionals and the organization plays a part in determining their professional development.

Finally, by observing professionals working for a single entity in this unique setting, my case controls for organizational variance (Pratt et al., 2006). At the same time, by being historically situated at a time when professional population was homogenously 'white and male', it also eliminates demographic variance (Eisenhardt, 1989). These factors allow for a focus on the concept of professional identity, without the background

⁵² Peat Marwick Mitchell Report, Part II, 1966. Boots Archives WBA/BT/17/7/1&2

'noise' of peripheral identities brought into the workplace setting (Spyridonidis et al., 2015).

In summary, my thesis makes a contribution to identity knowledge in three ways. Firstly, I extend the concept of hybrid identity to encompass a multi-faceted role - commercial, professional and public service - and explicate the dynamics therein. Secondly, I find a new dynamic - identity boosting - whereby within the conceptual bounds of hybrid identity there is flexibility for actors to boost one aspect of identity in response to exogenous change. And thirdly, my *longue durée* investigation allows for the observation of professional identity over a prolonged time period and consequently makes visible different stages and complexities in identity work, including organizational enabling factors.

Methodology insights

Archival ethnography

My research contributes to methodology in business and management research. The thesis is based on archival research, and my design and method rely on archival ethnography over an extended period of time. The study therefore adds to a growing body of work already using business archives to interrogate historic reasoning (Wadhvani and Bucheli, 2014), organizational memory (Decker, 2014; Rowlinson et al., 2014; Blagoev, 2018) and rhetorical or founder narratives (Suddeby et al., 2010; Basque and Langley, 2018).

By immersing myself in an ethnographic observation of subjects' discourse and interaction through archival source material, I was able to interpret and analyse their behaviour in their real time communication, with the ability in my temporal setting 'to stop and start the clock'. I was also able to read documents back-to-back that were originally produced at least monthly, consecutively across three decades. Therefore a periodisation of thirty years took a fraction of that time - three years - to research. The temporal dimension that this research method permits is a huge advantage in research of evolving phenomena within organizations, as has been demonstrated in a number of studies cited previously and in my literature

review (Bucheli and Wadhvani, 2014; Ybema, 2014; Rowlinson et al., 2014; Decker, 2014; Esler, 2017; Blagoev et al. 2018; Basque and Langley, 2018; Oertel and Thomas, 2018; Suddeby et al., 2010). Through my archival ethnography lens, I add professional identity to this group.

My contribution extends the use of historical sources in management studies beyond showing how historicity and historiography fashion organizational identity, and the use of archives themselves as a tool to drive corporate strategy and communication, brand, and CRS agenda. It makes the 'history' aspect of this type of organizational research subsidiary to the 'ethnography' aspect, that is, it is the interplay of the actors, their identity work and their agency that takes precedence in my analysis, just as any contemporary ethnographic study prioritises action and behaviour and practice of individuals, and leaves the context (in my case the historic setting) to research design and explanatory discussion, not the basis of theoretical discussion of phenomena.

Furthermore, from my temporal position in the subjects' 'future' I am not questioning, or interacting with subjects and this gives archival ethnography, as a method, two key strengths. Firstly, my methodology negates any self-consciousness or politically-conscious interaction between actor and researcher, an aspect of 'live' ethnography that can be problematic. Secondly, I had the luxury of observing rich data that was created over a long time period, so that trends could be identified and investigated and contextualised across the whole working life of single pharmacists, and pharmacists at all stages in their working lives from apprenticeship to retirement.

Therefore, within my research population, identity construction is not limited to locales or short periods of change such as internships or medical residencies (Pratt et al., 2006). I am instead looking across thirty years, at discourse created by thousands of different voices. I am reading and listening to the pharmacists' voices to sense the mood, feelings, emotions and the beliefs of the protagonists, distinguishing irony and satire, highbrow and lowbrow examples of identity work. This ethnographic approach within a historical analysis tradition enables the unusual combination of high absolute

numbers of subjects, and consequential diversity in geographic, and demographic representation, plus qualitative research. This makes this study of professional identity especially interesting and formative, and complementary to extant studies framed in the shorter-term with lower participant numbers.

Visual humour

The second area of methodological contribution is my use, in the evolution of the research design, of the visual humour to act as an early indicator of what identity issues are present and important in my general data, that I could then seek out in the rich textual data of magazine content. My design developed so that my first empirical chapter - analysis of cartoons and other visual material - was taken to a theoretical level to try and fully understand how the pharmacist-illustrators were trying to influence and/or reflect the changes in professional identity. I linked visual and humour theorising to identify cartoonists' agency following a tradition in visual research (Rose, 2016; Meyer et al. 2013; Boxenbaum et al., 2018), humour research (Angouri and Marra, 2011; Kemnitz, 1973; Knoblauch, 2014; Warren and Fineman, 2007; Forminaya, 2007; Westwood and Rhodes, 2007), and multi-modal sense-making (Hollerer et al., 2018).

Previous organization studies have utilised historical context, analysis and utility (Decker, 2013, 2014; Hatch and Schulz, 2017; Heller and Rowlinson, 2019; Ravasi et al., 2019; Rowlinson et al., 2014; Sasaki et al., 2019; Suddaby et al., 2010) to investigate organizational or business history, and include McKinlay's (2003, 2013) work, specifically highlighting the agency of cartoons in challenging organizational power in the past. My research uses the analytical power of humour theory in a novel way. My visual and humour analysis of the historical Boots cartoons co-opts both humour theory and identity theory as analytical tools to draw out insights into the professional identity of organizational actors. Working at the intersection of humour theory and identity theory thus extends existing work in the 'historical' or business history field within organizational studies.

The 'cartoon chapter' [Chapter 4] acted as the springboard from which I re-entered the voluminous textual data with learnings already in mind that iteratively guided secondary data collection and analysis. Bearing in mind that the magazine content was not digitised and ran for many thousands of pages, I believe my approach was a targeted and effective device to access the data for my second and third empirical chapters. Indeed without the preliminary research the archival sources could have been impenetrable for this line of research enquiry.

As far as I am aware, the use of visual and humour analysis as an investigative tool with which to probe the main research data, has not been done before. It became part of my research design by chance as I came to recognise the value of the 'ephemeral' cartoons to the identity research. Boots pharmacists shared self-imagined representations of themselves and each other in this way, making an unparalleled communication of identity, and used humorous tricks to spotlight issues and advocate change. These nominally superficial magazine illustrations therefore became, for me as researcher, iconic indicators of identity work and tools of agency.

The Case

This is the first academic investigation of Boots company pharmacists' professional identity. As mentioned in my research design chapter, having access to Walgreens Boots Alliance company as my case study is important both because of Boots pharmacist exemplar role as the prototype 'company pharmacist', and also as Walgreens Boots Alliance is a global business currently operating 18,500 retail pharmacies worldwide⁵³. July 1948 was the start of a seventy-year plus integrated service between Boots (and other high street chemists) and the NHS, an iconic public service. For the Boots pharmacists who worked through this mid-century period it was a new and novel healthcare framework, one in which they were contracted to contribute, and one which they have supported continuously to the present day. My research highlights a critical mass of service provision enabling NHS

⁵³ Walgreens Boots Alliance, 2018. [on-line] Available from:
<https://www.walgreensbootsalliance.com/about/>

implementation, yet situated within the private sector; awareness of which has been absent in modern narratives of the NHS.

Finally, my research also contributes to the wider history of medicine. In particular it uncovers that Boots company pharmacists supported the emerging NHS, in an era and professional climate when other pharmacists did not; for example my data contrasts with evidence showing independent pharmacists angry at the NHS' high workload and delayed financial payback, as well as their new beholden-ness to state health institutions. Indeed, not only are Boots pharmacists incentivised to support the NHS but their identity work reflects a positive attitude to their NHS patients both in terms of expanding numbers of patients, and improved relationship/ status with doctors.

8. Conclusion

“Fragments of lives and pieces of time are interred there [in the archive], their shadows and footprints inscribed on paper and preserved like so many relics.”

Achille Mbembe (2016:44)

My research tells the story of the invention and re-invention of a professional occupation within the healthcare sector. It is a story from the past, but it is a didactic and relevant case for identity research today because this professional group not only dominate UK pharmacy, but like many professions, operate in a changing marketplace where public and private sectors intersect. In this case, it is not only identity re-invention to ‘move with the times’ or update practice in light of technological change. It is also a response to a seismic and profound change in the role of the company pharmacist, when NHS dispensing identified them as public servants, literally overnight.

Theoretical contribution

My case focuses on a population of company pharmacists - professionals and high street shopkeepers - whose roles and work straddle both public and private sector and whose inherent commercialism gives them a unique identity traceable in “the material practice of sales” (Cohen and Musson, 2000:32). My research extends knowledge of professional identity conceptualization, identity work practice and identity transformation within an organizational population of professionals that is rooted in the private sector but delivers a public service role. It reveals the theoretical relationships between different identity elements (professional, commercial, public service) and different types of identity work (buffering, boosting, bridging and blending), making visible the dynamics and complexity of these relationships over time.

I demonstrate how pharmacists work to simultaneously buffer, boost, bridge and blend different aspects of their professional identity in response to tensions arising from critical events or structural and market changes, and

find somewhat counter-intuitively, that they use their commercial identity ('who they are' and 'what they do' in the private sector) to help them succeed with public sector work. My research explicates the reactive and progressive dynamics of their identity work for example showing their agency in commercialising professional work, demonstrating hybridisation and de-hybridisation of identity elements, and boosting elements within the hybrid identity. I also isolate three factors in my case that contribute to the success of the professionals' identity work, namely a shared space for communication, the agency of visual humour, and an enabling structural environment.

My research study invigorates the historic turn in organization studies by demonstrating, through the use of archival ethnography, the ability of primary source material from the past to impact and potentially drive current scholarship. This research method and design allows for 'real time' access to a corpus of temporally-framed empirical data. It is a novel approach in social science research, as it combines the in-depth observational method of ethnography with the rich interpretation of historical research. As a result the slow, inexorable, change in professional identity over time (Goodrick and Reay, 2010, 2011) is made accessible and visible through the professionals' own voice. My methodology also allows professional identity to be studied without the magnified single-actor opinions and biases of short-term, contemporaneous studies, and therefore broadens the research field.

It makes further methodological contributions by using humour and visual data as a point of entry to access a diverse and voluminous data source. The inter-disciplinary fusion of historical and management research practice therefore provides a unique methodological contribution and for the first time the voice of a significant population of company pharmacists - thousands over the research period - is accessible for qualitative academic scrutiny. Finally, by utilising humour theory and identity theory together in the analyses of historic cartoons, my research extends the business history field within organizational studies.

Transferability

The research findings have resonance for all professionals working in corporate environments, for example economists, accountants, lawyers, engineers or other medical professionals. For these professional groups, company profits and even solvency may depend on practices that put pressure on professional codes or the interpretation of them, putting professionals in conflicted moral or ethical positions. Also, as professional status in general means higher pay, status and respect (Larson, 1977), occupational groups aspire to 'professionalise', so professional identity in terms of participant actors and variety of roles is a growing field. This makes the understanding of identity conflict and tactical resolution especially useful for both protagonists and organizations.

In healthcare itself, NHS professionals today experience an era of continuous change, where the "marketisation" of healthcare services pushes new roles and responsibilities onto a previously conservative and hierarchically aligned workforce. In general, monetary transaction is absent from health professionals' exchanges with patients. Only in high street pharmacy does the 'paying customer' remain the business model, so understanding how the hybrid pharmacy professionals' identity evolved can benefit other professionals navigating the private / public market, and indeed impact other sectors where politically-driven options to nationalise or privatise exist. Whether the market delivers wholesale nationalisation or privatisation, or whether public sector professionals move into the private sector or private sector professionals are co-opted into public service work, the company pharmacy experience is a relevant case study.

Research limitations

Since retail pharmacy, where a single organizational entity owns a chain of chemists, is not a common phenomenon worldwide, there are limits of comparability across national contexts of this UK-based pharmacy experience and research. Furthermore, situating the research in the past, the aspect of my methodology that uniquely allows for 'observation' of identity change over a long time period paradoxically creates its own limitations. I acknowledge that since the Boots pharmacists' voices are 'archival', and the

study comprises archival ethnography, there is no possibility of triangulation through dialogue with new actors, and the analysis depends wholly on my singular interpretation of sources.

Another limitation of the study centres on the way in which past experience and primary source ethnography can relate to present day experiences. It would have been good to run a contemporary research project in tandem, and as part of my doctoral training I did carry out an ethnographic study of practising pharmacists so was tantalisingly close to 'live' data, and could see the overlap in professional identity issues. Indeed, during a presentation on my research at Boots I was asked if any work was being done on contemporary identity tensions.

Finally, I felt limited by the physical format of the archival record which forced me to sample the data on a three-yearly basis and even within the sample years restrict the number of magazine issues researched. While this was testament to the richness of the data source, knowing that there was a great deal more data available was frustrating, so the logistics was a limiting though not invalidating factor in the research.

Research impact and engagement

I took the opportunity to showcase my research topic to Boots executives at an event at Nottingham University in May 2017 and shared preliminary findings to the Pharmacy team at Boots head office in September 2018, and it was well received. In particular, the identity tensions humorously portrayed in the cartoons were acknowledged to be "relevant today", reflecting the value of the historic pharmacy voice.

It is important to me that my research can have an impact on today's debates around the value of community pharmacy, and I have been asked to contribute to a project to communicate about pharmacy professionalism to the public, via the history of the contractual and practical link between Boots pharmacists and the NHS. It is proposed to exhibit research materials on sales floors in selected large stores, nationwide, for maximum public impact. This work is contingent on a Research Enrichment Public Engagement grant from the Wellcome Trust for which Boots Archives is bidding.

At Warwick University I presented research on Boots relationship with the NHS as part of the 70th anniversary celebrations of the NHS in 2018. This involved participating in a conference “Cultural Histories of National Health Care” organised by Professor Bivins. My paper focused on consumerism and the NHS and will be published as a chapter in a forthcoming collection on the cultural history of the NHS, edited by Jane Hand and Jenny Crane for Manchester University Press (in preparation).

The ‘cartoon humour’ research was presented at the EGOS conference in Tallinn and at the Social History of Medicine conference in Liverpool, both in July 2018, but with appropriate research slant, respectively. In addition, I have co-authored a chapter on hybrid identity with Professor Currie for OUP’s *Handbook of Identity in Organizations*, edited by Andrew Brown (2020).

Future research

My research offers some new insights into professional identity and also methodology in management and business research, and both provide opportunities for future research. For example my findings on the impact of bonus schemes in incentivising professional practice, are interesting in terms of the remuneration of professionals working across public and private practice. Research in the healthcare sector could be extended by investigating NHS consultants with separate private practices; likewise, physicians who train in NHS ‘public medicine’ but then practice in private healthcare either in the UK or in international clinics. In terms of retail pharmacy, comparing professional identity experience in the ‘supermarket pharmacies’ or the dedicated pharmacy chains like Superdrug and Lloyds Pharmacy may or may not provide similar data to Boots pharmacists, despite their different historic context, but could provide a different perspective on company chemists.

The literature on professionalism, prioritising as it does the training, education and self-regulated aspect of the role, assumes that professional work is aspired to and a ‘higher form’ of occupation than craft-based, administrative or manual labour. Yet my research explicates a professional

group who for whatever cultural reason rate the commercial aspect of the role very highly. Perhaps the locale of pharmacists in high street retail promotes a more open and direct relationship between professionals and making money, in contrast to those professionals whose work and consultations take place behind closed doors, and for whom the financial transactions of selling services are akin to 'dirty' work (Hughes, 1951). It would be interesting to analyse differences in professional identity between pharmacists working in GP surgeries and other private settings with those that are shop-based, with a view to understanding both the professionals' and the patients' perceptions of professionalism in such settings. And indeed, can private consultations and clinic-based pharmacy professionals raise status and earning potential as a consequence?

I think the ability of the Boots pharmacists to use their retail magazine or journal as a conduit for identity work also raises research questions around the space given to professionals and other occupational groups situated within corporations to express identity-related issues (and frustrations) and resolve them. Company magazines in today's workplace tend to drive a more corporate agenda (certainly *The Bee* at Boots in 2019 is far removed from its earlier iteration), and it would be interesting to find out what networks are in place and used, if any, as alternative means to drive identity work and professional identity discussion. Related to this is the unanswered question about the drop in the amount of 'identity content' in post-1948 magazines. Is identity work energy-sapping or exhausting or do the professionals find a different means to dissipate identity tension? These are questions that my *longue durée* study has posed, but cannot answer, that perhaps contemporary studies may?

Finally, conducting archival ethnography or using general business archives as research data offer opportunities to investigate a plethora of business and management phenomena and many market-leading brands and sectors have made access to archives part of their corporate responsibility agenda. The ability to access archives on-line has made new collections available, and the UK has between twenty and thirty per cent of its FTSE companies (and many private companies) investing in archive

management programmes that welcome academic researchers (HMSO, 2009).

Likewise when facilities such as the Modern Records Centre, housed at Warwick University, has one of the most significant trade union and employer organization archives in Europe (with good on-line accessibility) it is surely time for more organization and management researchers to scrutinise these records and investigate how businesses in the past dealt with market volatility, change, stagnation, and of course the significant events like UK entry into the European Union.

While the past and the present are perhaps incomparable empirically, the theoretical potential of explicating past experience is, unlike individual human memory, infinite. “Each of us is a metaphor for history” (Yang Lian, 2017:23), and we have potential to access the theoretical through the material archives of our ‘history’.

9. Appendices

Appendix A *The Bee* – regular article titles, 1930-1948

Article Title	General content
Correspondence	This is very general correspondence from retail staff and the public, raising issues of concern or surprise or 'entertainment-worthy'.
Newsy Notes	Miscellaneous gossip and opinion from the stores.
Gems from the TGMs	Territorial General Managers' shared views and advice.
Gleanings from the Fields of Service	Observations on all aspects of shop and pharmacy experience, from different stores.
The Casual Customer	Critique of three random Boots stores (usually in same city or town) describing in great detail aspects of good and bad customer experience from words spoken, gestures, communication skills to technical expertise for example in labeling and packing medicines. From level of critique I deduced this 'mystery' shopper was head office pharmacist(s).
Business Tips	Usually tips to improve sales and selling, customer service and loyalty.
From Satisfied Customers	Customer letters – "happy". Tend to express gratitude for exceptional service, or manners, or kindness, or to praise individual staff member.
As We See Others	Observations on general retailing.
Editorial	Journal editor has a page to contribute key corporate messages. It could be about specific issues, but also ideological and occasionally socio-political, for example discussing "selling" or "ambition" or "wartime".
Territorial Supplement (preceded by Round the Branches)	Focus on one territory per issue, containing articles from each of its stores. Provided by store managers and probably edited by their TGMs.
Sundry Jottings	Miscellaneous material.
Test Prescriptions	Technical challenges for chemists and trainee dispensers.
In Lighter Vein	Jokes and humorous stories.
Plain Speaking	Opinionated views, usually of store managers.
Competitions	Best window display, sales targets, scripts dispensed, individual items (e.g. hot water bottles in November). Often competition set by store with high volumes asking "who can beat this...?"
Notes on New Appointments	Show staff movement between stores, appointment of relief chemists (usually retirees), promotions.

Appendix B *The Bee* – regular article titles, 1948-1960

Article Title	General content
Annual Pension meetings / Pensioner Corner	Pension financials and other fund information.
New appointments / retirements	Staff changes.
Quarterly forum	Territorial General Managers' shared views and advice.
Casual Customer (only one article, Casual Customer at Home, April 1952); A Very Casual Customer, 1950	Critique of sales/customer experience at random Boots stores.
Territorial Titbits	News and stories from each region's branches
Branch focus, preceded by From our doorstep	Article about individual stores, for example refurbishment, new store opening, or existing stores. Usually a long article with lots of detail about the store and its staff.
From the other side of the Counter	Customer service issues.
Boots Scholarship candidates	Lists of candidates applying for and winning scholarships to fund pharmacy apprenticeships.
"Dear Sirs..."	This is very general correspondence from retail staff and the public, raising issues of concern or surprise or 'entertainment-worthy'.
General articles	Includes articles about international stores, research development, people (retirees, long-servers, specific job or career focus), products or initiatives.
The 'Mixture' Fund	Hardship fund – financials and recipient news.
Conversation Pieces	Articles; miscellaneous content.

Appendix C Statistical report, contents page, 1958

WBA/RT/3/8/7/33

BOOTS PURE DRUG COMPANY AND ASSOCIATED COMPANIES

STATISTICAL RECORD FOR ONE YEAR ENDED 31st MARCH, 1958

<u>Page</u>	<u>Contents</u>
1.	Miscellaneous Sales
2.	Census of Employees
3.	Branches Open
<u>Sales Comparisons</u>	
4.	Monthly Record of Cash Takings
5.	Comparative Takings by Territories
6.	New Branches
7.	Details of Shops Closed
8.	Sales at Twenty Largest Branches
9.	Sales at Twenty Smallest Branches
10.	Prescription Dispensing Summary
11.	Supplies to Branches by Departments
12.	Branches' Customers by Territories
<u>Drug Company Departments</u>	
13.	Retail Section Accounts (Warehouse & Office)
<u>Expense Comparisons</u>	
14.	Summary of Expense Comparisons
15.	Payroll Comparison
<u>Stock Comparisons</u>	
16.	Stock Comparisons
17.	Warehouse Stock Comparisons
18.	Summary of Allocations
19.	Research Allocation Summary
20.	Research Divisional Summary
21.	Research Summary in Expense Classification
22.	Standards Allocation Summary
23.	Standards Divisional Summary
24.	Standards Summary in Expense Classification
25.	Accumulative Summary of Advertising Expenses
26.	Reconciliation with Accounts.
<u>Special Trading Account</u>	
27.	Welfare Expenses

Appendix D Cartoon details and cartoonists' biographies

Ref.	Cartoon title or description	Publication	Artist	Additional information
C13	"Urban vs. rural"	<i>The Mixture</i> , Xmas 1950	Anon	
C7	"The Branch Manager addresses his staff"	<i>The Bee</i> , June 1935	P.W. Allen	
C10	"Chemist – Manager"	<i>The Bee</i> , Aug 1939	P.W. Allen	
C15	"The Ages of Man"	<i>The Bee</i> , Dec 1952	P.W.A[llen]	
C16	"Dawn of the 'Shilling-a-Form' Era"	<i>The Bee</i> , Xmas 1952	P.W.A[llen]	Idea suggested by 'James' of Branch 163
C1	"At Your Service"	<i>The Bee</i> , Jan 1930	Wyndham Jones	
C2	"A Little Misunderstanding"	<i>The Bee</i> , Feb 1930	Wyndham Jones	
C3	"First Club Member"	<i>The Bee</i> , Aug 1930	Wyndham Jones	
C4	M(is) P(ronouncing) S(onny)	<i>The Bee</i> , Oct 1930	Wyndham Jones	
C5	World Renowned Chemist	<i>The Bee</i> , Dec 1930	Wyndham Jones	
C6	"Thanking You in Anticipation"	<i>The Bee</i> , Jul 1933	Wyndham Jones	
C8	"A Hit! Are you a chemist?"	<i>The Bee</i> , Sep 1936	Wyndham Jones	
C9	"Poor Boy!"	<i>The Bee</i> , May 1939	Wyndham Jones	
C11	"The Amateur"	<i>The Mixture</i> , Dec 1947	B.H. Lucas	
C12	"NHS Christmas"	<i>The Mixture</i> , Xmas 1950	Geoffrey Page	
C17	"In 'Good Company'"	<i>The Mixture</i> , Xmas 1952	Rob	
C18	"Automation comes to the dispensary!"	<i>The Mixture</i> , Xmas 1956	'Rob'	Idea suggested by Mr. W Barrow, Branch 868A
C14	"We've missed you...Mrs. Jones"	<i>The Bee</i> , Feb 1951	S.H.S	

P.W Allen – according to the cartoon signature, PW Allen was a chemist at Branch 752, Hammersmith, from 1935-1938. He then became a relief chemist for the T27 region, which would have entailed providing holiday cover or short-term contract work for Boots branches in the south west region of England. This would have exposed him to a number of different Boots stores in both city-centre and small locales and of course a wide diversity of colleagues. From 1942 until 1952 he is based at Branch 1464, Reading. He was a regular cartoonist for *The Bee*, over a twenty-year period, publishing fifteen cartoons, some of whose themes were inspired by colleagues whom he duly recognized.

E. Wyndham Jones – was an apprentice with Boots in Tonypany, Wales, in the 1920s and qualified as a chemist in 1929. Unfortunately he soon had to relinquish his position due to ill-health, but continued to be the main magazine cartoonist for the research period 1930-1960. He was a talented illustrator (who retrained at Art School) and having experienced training and working at Boots he retained an ‘insider’ status. It is unknown if he was professionally engaged by Boots, though they do promote him as the in-house “artistic humourist” in 1932 and there is an inference that he may be commissioned. His output was prolific, creating around forty cartoons for *The Bee* and *The Mixture*.

B.H. Lucas – based at Branch 938, Bexhill-on -Sea, Lucas contributed thirteen cartoons to the staff magazines, within this research period, from 1930 to 1957. Pharmacist.

Geoffrey Page – There is no extant information available for this illustrator and my best assumption is that he was a commissioned artist for the Christmas edition of *The Mixture*. Often *The Mixture* included the work of professional cartoonists as it was a subscription publication produced to raise funds for Boots’ staff charity and the publishing standards were higher than usual for example publishing the front cover in colour rather than black and white. This is the only illustration credited to Geoffrey Page. The fact that it is a cover illustration rather than a cartoon and that it was probably professionally composed suggests that the commissioning editor may have requested the ‘NHS’ content.

'Rob' – the *nom de plume* of cartoonist based at Branch 1009, Wokingham. He contributed six cartoons to the staff magazines; though this one featuring change in professional practices was based on an idea from Mr. Barrow (pharmacist?), Branch 868A. The fact that ideas and suggestions came from staff at geographically dispersed branches acknowledges that the popular cartoonists created cartoons by proxy for colleagues.

S.H.S. – based at Branch 237, Stourbridge, S.H.S produced just this one cartoon for *The Bee* in 1951.

Appendix E Archival sources and references

Boots Archives, Nottingham

Published records (external)

Boots *Annual Reports* and Accounts, 1920-2005

Film: Pharmacy For You, 1959. WBA/BT/5/57/3/1 Part 1

Film: Pharmacy with Boots The Chemists, 1959. WBA/BT/5/57/3/1
Part 2

Scribbling Diary, 1934. WBA/BT/16/8/43/26

Published records (internal – private circulation)

The Hexagon, 1958-60

The Bee, 1921-1969

The Mixture, 1928-50

Unpublished records

Peat, Marwick, Mitchell & Co, Report on the Management Structure
14th June 1966. WBA/BT/17/7/1&2

Statistical reports. WBA/BT/3/8/7/6-36

Market research report, 1929, J Walter Thompson Co Ltd.
WBA/BT/11/17/2/5

'The Growth of Multiple Pharmacy in Great Britain', Walter
Sneaker. WBA/BT/34/55/1

H.E. Davis, a "pharmacist-turned-editor", September 1962.
WBA/BT/27/39/2/2/169

TGM job profile, c.1935. WBA/BT/5/30/25

Oral history reminiscences, Derek Happs and AW Bull,
WBA/BT/32/51

Modern Records Centre, University of Warwick

MSS.126/TG/RES/GW/37/X/4 Pharmaceutical, Optical and Medical
Councils: Circulars and Minutes, 1951-1969. [TGW/2/GW/37/X/4]

MSS.200/C/3/P3/12/90 CBI files, Legal Affairs Directorate, including state pension scheme; Sainsbury report on the relationship of the pharmaceutical industry with the NHS; and government stores contracts, 1967-68.

MSS.292/54.07/1 TUC, Organisation of special industries, chemical workers and chemists, 1927-1942.

MSS.292/54.07/2 TUC, Organisation of special industries, pharmaceutical employees, 1946.

MSS.229/6/C/CO/3/10 Confederation of Health Service Employees, correspondence file of Miss L. Mitchell, Secretary of Medical Services Guild (MSG) of COSHE, 1943-1953.

MSS.200/F/5/S1/2/23 Anglo-American Council on Productivity, Pharmaceuticals, productivity team report September 1951.

MSS.292/84.3/89 TUC, National Union of Distributive and Allied Workers v. Association of Scientific Workers, 1943.

MSS 292/85160/18 TUC Specific disputes considered by disputes committee, Chemical Workers' Union v. Transport and General Workers Union, National Union of General and Municipal Workers, 1943-1954.

MSS.292/847.23/3 TUC, NHS, Pharmacy Shops, 1949-1957.

MSS.125/1/3/63 Papers of Maurice Edelman MP (1911-1975), file re NHS, prescription charges and cost of drugs, 1956-1965.

MSS.179/SAL/6/BUR/5/1/25 NUT, Burnham Committee on the salaries of teachers in secondary and technical schools, Jan 1929. Includes application by Pharmaceutical Society for acceptance of the Chemists Qualifying Exam plus professional experience as equivalent to university degree.

MSS.126/TG/RES/GW/37/X/4 TGWU, Whitley Councils for the Health services (Great Britain), Pharmaceutical, Optical and Medical Councils: Circulars and Minutes, 1951-1969.

MSS.292/847/1/60 TUC NHS Joint Committee 3/2 1937-38 A.R.M 2a 1938 Supplement to the British Medical Journal London Saturday April 30 1938 A General Medical Service for the Nation, 1930. Includes Ministry of Health,

Public health in 1948: Remarkable statistics. The first months of the National Health Service, 31 March 1950.

British Cartoon Archive [on-line]

British Library, London [on-line]

Catalogue notes of Stuart Anderson interview (29/06/1995) of Boots manager Michael Peretz available at:

[http://explore.bl.uk/primo_library/libweb/action/search.do?ct=facet&facetN=facet_rtype&facetV=audio&rfnGrp=1&rfnGrpCounter=1&frbg=&&fn=search&indx=1&dscnt=0&scp.scps=scope%3A\(BLCONTENT\)&vl\(2084770704UI0\)=any&tb=t&vid=BLVU1&mode=Basic&ct=search&srt=rank&tab=local_tab&dum=true&vl\(freeText0\)=Lord%20TRent&dstmp=1568221339714](http://explore.bl.uk/primo_library/libweb/action/search.do?ct=facet&facetN=facet_rtype&facetV=audio&rfnGrp=1&rfnGrpCounter=1&frbg=&&fn=search&indx=1&dscnt=0&scp.scps=scope%3A(BLCONTENT)&vl(2084770704UI0)=any&tb=t&vid=BLVU1&mode=Basic&ct=search&srt=rank&tab=local_tab&dum=true&vl(freeText0)=Lord%20TRent&dstmp=1568221339714)

Mass Observation Archive, University of Sussex [on-line]

A Report on Chemists Shops (with special reference to Boots) April, 1949, prepared by Mass Observation 7, Kensington Church Court, London, W8

Financial Times Historical Archive [on-line]

(From our own correspondent). "The Pharmaceutical Society." Times, 23 July 1930, p. 9. The Times Digital Archive, <http://tinyurl.galegroup.com/tinyurl/8qosT4>. Accessed 22 Jan. 2019.

"Advertising by Boots." *Financial Times* [London, England] 27 Feb. 1948: 5.

Financial Times. Web. 21 Nov. 2017 at:

<http://0-find.galegroup.com/pugwash.lib.warwick.ac.uk/ftha/infomark.do?&source=gale&prodId=FTHA&userGroupName=warwick&tabID=T003&docPage=article&docId=HS2303407685&type=multipage&contentSet=LTO&version=1.0>

"Boots Group & Advertising." *Financial Times* [London, England] 2 June 1949: 5.

Financial Times. Web. 21 Nov. 2017 at:

<http://0-find.galegroup.com/pugwash.lib.warwick.ac.uk/ftha/infomark.do?&source=gale&prodId=FTHA&userGroupName=warwick&tabID=T003&docPage=article&docId=HS2302686417&type=multipage&contentSet=LTO&version=1.0>

A Correspondent. "Chemist's Sales and the National Health Service." *Financial Times* [London, England] 16 Mar. 1950: 4.

Financial Times. Web. 21 Nov. 2017. URL at:
<http://0-find.galegroup.com.pugwash.lib.warwick.ac.uk/ftha/infomark.do?&source=gale&prodId=FTHA&userGroupName=warwick&tabID=T003&docPage=article&docId=HS2302709034&type=multipage&contentSet=LTO&version=1.0>

A Correspondent. "Doing Business with the Health Service." *Financial Times* [London, England] 15 Sept. 1951: 4.
Financial Times. Web. 21 Nov. 2017. URL at
<http://0-find.galegroup.com.pugwash.lib.warwick.ac.uk/ftha/infomark.do?&source=gale&prodId=FTHA&userGroupName=warwick&tabID=T003&docPage=article&docId=HS2302220246&type=multipage&contentSet=LTO&version=1.0>

"Dispensing of Drugs." *Financial Times* [London, England] 14 Sept. 1954:2. *Financial Times*. Web. 21 Nov. 2017. URL at
<http://0-find.galegroup.com.pugwash.lib.warwick.ac.uk/ftha/infomark.do?&source=gale&prodId=FTHA&userGroupName=warwick&tabID=T003&docPage=article&docId=HS2303652259&type=multipage&contentSet=LTO&version=1.0>

"Examination of Patent Medicines." *Financial Times* [London, England] 11 Oct. 1958: 5. *Financial Times*. Web. 21 Nov. 2017. URL at
<http://0-find.galegroup.com.pugwash.lib.warwick.ac.uk/ftha/infomark.do?&source=gale&prodId=FTHA&userGroupName=warwick&tabID=T003&docPage=article&docId=HS2302835561&type=multipage&contentSet=LTO&version=1.0>

"Boots' Advertising Inquiry." *Financial Times* [London, England] 11 Mar. 1959: 12. *Financial Times*. Web. 21 Nov. 2017. URL at:
<http://0-find.galegroup.com.pugwash.lib.warwick.ac.uk/ftha/infomark.do?&source=gale&prodId=FTHA&userGroupName=warwick&tabID=T003&docPage=article&docId=HS2303160792&type=multipage&contentSet=LTO&version=1.0>

Daily Mail Historical Archive [on-line]

Langdon-Davies, John, Daily Mail Science Editor. "Penicillin comes to the chemists' shops." *Daily Mail* [London, England] 30 May 1946: 2. *Daily Mail Historical Archive*. Web. 22 Jan. 2019.

URL

<http://0-find.galegroup.com.pugwash.lib.warwick.ac.uk/dmha/infomark.do?&source=gale&prodId=DMHA&userGroupName=warwick&tabID=T003&docPage=article&searchType=AdvancedSearchForm&docId=EE1865087441&type=multipage&contentSet=LTO&version=1.0>

"One-Minute News." *Daily Mail* [London, England] 23 Jan. 1947: 3. *Daily Mail Historical Archive*. Web. 22 Jan. 2019.

URL

[http://0-](http://0-find.galegroup.com/pugwash.lib.warwick.ac.uk/dmha/infomark.do?&source=gale&prodId=DMHA&userGroupName=warwick&tabID=T003&docPage=article&searchType=AdvancedSearchForm&docId=EE1865091127&type=multipage&contentSet=LTO&version=1.0)

find.galegroup.com/pugwash.lib.warwick.ac.uk/dmha/infomark.do?&source=gale&prodId=DMHA&userGroupName=warwick&tabID=T003&docPage=article&searchType=AdvancedSearchForm&docId=EE1865091127&type=multipage&contentSet=LTO&version=1.0

Stanford, Graham, Daily Mail Industrial Correspondent. "Switch on for food shops and chemists." Daily Mail [London, England] 14 Feb. 1947: [1]. Daily Mail Historical Archive. Web. 22 Jan. 2019.

URL

[http://0-](http://0-find.galegroup.com/pugwash.lib.warwick.ac.uk/dmha/infomark.do?&source=gale&prodId=DMHA&userGroupName=warwick&tabID=T003&docPage=article&searchType=AdvancedSearchForm&docId=EE1865498997&type=multipage&contentSet=LTO&version=1.0)

find.galegroup.com/pugwash.lib.warwick.ac.uk/dmha/infomark.do?&source=gale&prodId=DMHA&userGroupName=warwick&tabID=T003&docPage=article&searchType=AdvancedSearchForm&docId=EE1865498997&type=multipage&contentSet=LTO&version=1.0

Daily Mail Reporter. "Stop this 'cure-all medicine racket'." Daily Mail [London, England] 17 May 1947: 3. Daily Mail Historical Archive. Web. 22 Jan. 2019.

URL

[http://0-](http://0-find.galegroup.com/pugwash.lib.warwick.ac.uk/dmha/infomark.do?&source=gale&prodId=DMHA&userGroupName=warwick&tabID=T003&docPage=article&searchType=AdvancedSearchForm&docId=EE1865314457&type=multipage&contentSet=LTO&version=1.0)

find.galegroup.com/pugwash.lib.warwick.ac.uk/dmha/infomark.do?&source=gale&prodId=DMHA&userGroupName=warwick&tabID=T003&docPage=article&searchType=AdvancedSearchForm&docId=EE1865314457&type=multipage&contentSet=LTO&version=1.0

Daily Mail Industrial Reporter. "Boots to fix prices." Daily Mail [London, England] 21 Feb. 1948: [1]. Daily Mail Historical Archive. Web. 22 Jan. 2019.

URL

[http://0-](http://0-find.galegroup.com/pugwash.lib.warwick.ac.uk/dmha/infomark.do?&source=gale&prodId=DMHA&userGroupName=warwick&tabID=T003&docPage=article&searchType=AdvancedSearchForm&docId=EE1865329968&type=multipage&contentSet=LTO&version=1.0)

find.galegroup.com/pugwash.lib.warwick.ac.uk/dmha/infomark.do?&source=gale&prodId=DMHA&userGroupName=warwick&tabID=T003&docPage=article&searchType=AdvancedSearchForm&docId=EE1865329968&type=multipage&contentSet=LTO&version=1.0

Hall, John. "There's gold in your teeth . ." Daily Mail [London, England] 27 Sept. 1948: 2. Daily Mail Historical Archive. Web. 29 Jan. 2019.

URL

<http://find.galegroup.com/dmha/infomark.do?&source=gale&prodId=DMHA&userGroupName=warwick&tabID=T003&docPage=article&searchType=AdvancedSearchForm&docId=EE1865653465&type=multipage&contentSet=LTO&version=1.0>

"Heroin rate is doubled." Daily Mail [London, England] 3 Jan. 1950: 2. Daily Mail Historical Archive. Web. 30 Jan. 2019.

URL

[http://0-](http://0-find.galegroup.com.pugwash.lib.warwick.ac.uk/dmha/infomark.do?&source=gale&prodId=DMHA&userGroupName=warwick&tabID=T003&docPage=article&searchType=AdvancedSearchForm&docId=EE1864615790&type=multipage&contentSet=LTO&version=1.0)

find.galegroup.com.pugwash.lib.warwick.ac.uk/dmha/infomark.do?&source=gale&prodId=DMHA&userGroupName=warwick&tabID=T003&docPage=article&searchType=AdvancedSearchForm&docId=EE1864615790&type=multipage&contentSet=LTO&version=1.0

Daily Mail Parliamentary Correspondent. "Britain Must Exhibit." Daily Mail [London, England] 24 Mar. 1950: 7. Daily Mail Historical Archive. Web. 30 Jan. 2019.

URL

[http://0-](http://0-find.galegroup.com.pugwash.lib.warwick.ac.uk/dmha/infomark.do?&source=gale&prodId=DMHA&userGroupName=warwick&tabID=T003&docPage=article&searchType=AdvancedSearchForm&docId=EE1864830271&type=multipage&contentSet=LTO&version=1.0)

find.galegroup.com.pugwash.lib.warwick.ac.uk/dmha/infomark.do?&source=gale&prodId=DMHA&userGroupName=warwick&tabID=T003&docPage=article&searchType=AdvancedSearchForm&docId=EE1864830271&type=multipage&contentSet=LTO&version=1.0

Smith, Montague. "Father pays £34 9s. a year to put family of four on the panel." Daily Mail [London, England] 25 Mar. 1950: 5. Daily Mail Historical Archive. Web. 30 Jan. 2019.

URL

[http://0-](http://0-find.galegroup.com.pugwash.lib.warwick.ac.uk/dmha/infomark.do?&source=gale&prodId=DMHA&userGroupName=warwick&tabID=T003&docPage=article&searchType=AdvancedSearchForm&docId=EE1864830395&type=multipage&contentSet=LTO&version=1.0)

find.galegroup.com.pugwash.lib.warwick.ac.uk/dmha/infomark.do?&source=gale&prodId=DMHA&userGroupName=warwick&tabID=T003&docPage=article&searchType=AdvancedSearchForm&docId=EE1864830395&type=multipage&contentSet=LTO&version=1.0

"Chemists' fees cut." Daily Mail [London, England] 22 Apr. 1950: [1]. Daily Mail Historical Archive. Web. 30 Jan. 2019.

URL

[http://0-](http://0-find.galegroup.com.pugwash.lib.warwick.ac.uk/dmha/infomark.do?&source=gale&prodId=DMHA&userGroupName=warwick&tabID=T003&docPage=article&searchType=AdvancedSearchForm&docId=EE1863845202&type=multipage&contentSet=LTO&version=1.0)

find.galegroup.com.pugwash.lib.warwick.ac.uk/dmha/infomark.do?&source=gale&prodId=DMHA&userGroupName=warwick&tabID=T003&docPage=article&searchType=AdvancedSearchForm&docId=EE1863845202&type=multipage&contentSet=LTO&version=1.0

"Chemists may rebel." Daily Mail [London, England] 17 May 1950: [1]. Daily Mail Historical Archive. Web. 30 Jan. 2019.

URL

[http://0-](http://0-find.galegroup.com.pugwash.lib.warwick.ac.uk/dmha/infomark.do?&source=gale&prodId=DMHA&userGroupName=warwick&tabID=T003&docPage=article&searchType=AdvancedSearchForm&docId=EE1864833525&type=multipage&contentSet=LTO&version=1.0)

find.galegroup.com.pugwash.lib.warwick.ac.uk/dmha/infomark.do?&source=gale&prodId=DMHA&userGroupName=warwick&tabID=T003&docPage=article&searchType=AdvancedSearchForm&docId=EE1864833525&type=multipage&contentSet=LTO&version=1.0

Daily Mail Reporter. "No drugs threat by city's chemists." Daily Mail [London, England] 23 June 1950: [1]. Daily Mail Historical Archive. Web. 30 Jan. 2019.

URL

[http://0-](http://0-find.galegroup.com/pugwash.lib.warwick.ac.uk/dmha/infomark.do?&source=gale&prodId=DMHA&userGroupName=warwick&tabID=T003&docPage=article&searchType=AdvancedSearchForm&docId=EE1865032404&type=multipage&contentSet=LTO&version=1.0)

[find.galegroup.com.pugwash.lib.warwick.ac.uk/dmha/infomark.do?&source=gale&prodId=DMHA&userGroupName=warwick&tabID=T003&docPage=article&searchType=AdvancedSearchForm&docId=EE1865032404&type=multipage&contentSet=LTO&version=1.0](http://0-find.galegroup.com/pugwash.lib.warwick.ac.uk/dmha/infomark.do?&source=gale&prodId=DMHA&userGroupName=warwick&tabID=T003&docPage=article&searchType=AdvancedSearchForm&docId=EE1865032404&type=multipage&contentSet=LTO&version=1.0)

Daily Mail Reporter. "540 chemists quit Health Scheme." Daily Mail [London, England] 1 July 1950: [1]. Daily Mail Historical Archive. Web. 30 Jan. 2019.

URL

[http://0-](http://0-find.galegroup.com/pugwash.lib.warwick.ac.uk/dmha/infomark.do?&source=gale&prodId=DMHA&userGroupName=warwick&tabID=T003&docPage=article&searchType=AdvancedSearchForm&docId=EE1865214550&type=multipage&contentSet=LTO&version=1.0)

[find.galegroup.com.pugwash.lib.warwick.ac.uk/dmha/infomark.do?&source=gale&prodId=DMHA&userGroupName=warwick&tabID=T003&docPage=article&searchType=AdvancedSearchForm&docId=EE1865214550&type=multipage&contentSet=LTO&version=1.0](http://0-find.galegroup.com/pugwash.lib.warwick.ac.uk/dmha/infomark.do?&source=gale&prodId=DMHA&userGroupName=warwick&tabID=T003&docPage=article&searchType=AdvancedSearchForm&docId=EE1865214550&type=multipage&contentSet=LTO&version=1.0)

"Chemists say 'We quit'." Daily Mail [London, England] 31 Aug. 1950: 3. Daily Mail Historical Archive. Web. 30 Jan. 2019.

URL

<http://find.galegroup.com/dmha/infomark.do?&source=gale&prodId=DMHA&userGroupName=warwick&tabID=T003&docPage=article&searchType=AdvancedSearchForm&docId=EE1864838650&type=multipage&contentSet=LTO&version=1.0>

Daily Mail Reporter. "Police Run Six Drug Centres." Daily Mail [London, England] 13 Nov. 1950: 3. Daily Mail Historical Archive. Web. 30 Jan. 2019.

URL

[http://0-](http://0-find.galegroup.com/pugwash.lib.warwick.ac.uk/dmha/infomark.do?&source=gale&prodId=DMHA&userGroupName=warwick&tabID=T003&docPage=article&searchType=AdvancedSearchForm&docId=EE1864626108&type=multipage&contentSet=LTO&version=1.0)

[find.galegroup.com.pugwash.lib.warwick.ac.uk/dmha/infomark.do?&source=gale&prodId=DMHA&userGroupName=warwick&tabID=T003&docPage=article&searchType=AdvancedSearchForm&docId=EE1864626108&type=multipage&contentSet=LTO&version=1.0](http://0-find.galegroup.com/pugwash.lib.warwick.ac.uk/dmha/infomark.do?&source=gale&prodId=DMHA&userGroupName=warwick&tabID=T003&docPage=article&searchType=AdvancedSearchForm&docId=EE1864626108&type=multipage&contentSet=LTO&version=1.0)

"Health Service helped millions—Minister." Daily Mail [London, England] 6 July 1953: 2. Daily Mail Historical Archive. Web. 30 Jan. 2019.

URL

[http://0-](http://0-find.galegroup.com/pugwash.lib.warwick.ac.uk/dmha/infomark.do?&source=gale&prodId=DMHA&userGroupName=warwick&tabID=T003&docPage=article&searchType=AdvancedSearchForm&docId=EE1864473710&type=multipage&contentSet=LTO&version=1.0)

[find.galegroup.com.pugwash.lib.warwick.ac.uk/dmha/infomark.do?&source=gale&prodId=DMHA&userGroupName=warwick&tabID=T003&docPage=article&searchType=AdvancedSearchForm&docId=EE1864473710&type=multipage&contentSet=LTO&version=1.0](http://0-find.galegroup.com/pugwash.lib.warwick.ac.uk/dmha/infomark.do?&source=gale&prodId=DMHA&userGroupName=warwick&tabID=T003&docPage=article&searchType=AdvancedSearchForm&docId=EE1864473710&type=multipage&contentSet=LTO&version=1.0)

Daily Mail Reporter. "1s-A-HEAD Gave Doctors a Rest." Daily Mail [London, England] 10 Sept. 1953: 7. Daily Mail Historical Archive. Web. 30 Jan. 2019.

URL

<http://0->

find.galegroup.com.pugwash.lib.warwick.ac.uk/dmha/infomark.do?&source=gale&prodId=DMHA&userGroupName=warwick&tabID=T003&docPage=article&searchType=AdvancedSearchForm&docId=EE1864102165&type=multipage&contentSet=LTO&version=1.0

Terry, Walter. "BOB-an-ITEM on Health Charges." Daily Mail [London, England] 26 Oct. 1956: [1]. Daily Mail Historical Archive. Web. 30 Jan. 2019. URL

<http://0->

find.galegroup.com.pugwash.lib.warwick.ac.uk/dmha/infomark.do?&source=gale&prodId=DMHA&userGroupName=warwick&tabID=T003&docPage=article&searchType=AdvancedSearchForm&docId=EE1864148278&type=multipage&contentSet=LTO&version=1.0

The Times Archive [on-line]

"Pharmacists And The Army." Times, 24 Apr. 1939, p. 19. The Times Digital Archive, <http://tinyurl.galegroup.com/tinyurl/8tAaU2>. Accessed 25 Jan. 2019. Gale Document Number: GALE|CS320550040

10. Bibliography and references

- Abbott, A., 1988. *The System of Professions. An essay on the division of expert labour*. London: University of Chicago Press.
- Ackerknecht, E., 1947. The Role of Medical History in Medical Education. *Bull. Hist. Med.*, 21, pp. 135-146.
- Ahmad, Y. and Broussine, M., 2003. The UK public sector modernization agenda. *Public Management Review*, 5(1), pp. 45-62.
- Alvesson, M., and Willmott, H., 2002. Identity regulation as organizational control: producing the appropriate individual. *Journal of Management Studies*, 39, pp. 619-644.
- Alvesson, M., Ashcraft, and K., Thomas, R., 2008. Identity Matters: Reflections on the construction of identity scholarship in organization studies, *Organization* 15(1), pp. 5-28.
- Anderson, B., 2006. *Imagined communities: Reflections on the origins and spread of nationalism*. London: Verso.
- Anderson, S., 2006. From 'bespoke' to 'off-the-peg': Community pharmacists and the retailing of medicines in Great Britain 1900-1970. In Curth, L.H., (ed.) *From Physick to Pharmacology. Five Hundred Years of British Drug Retailing*. New York: Routledge.
- Anderson, S., 2007. Community Pharmacy and public health in Great Britain, 1936 to 2006: how a phoenix rose from the ashes. *Journal of Epidemiology and Community Health*, 61, pp. 844-848.
- Angermuller, J., 2015. Discourse Studies. In Wright., J.D., (ed), *International Encyclopedia of the Social and Behavioural Sciences*, 2nd edition. Amsterdam: Elsevier, pp. 510-515.
- Angouri, J., and Marra, M., 2011. *Constructing Identities at Work*. Basingstoke: Palgrave Macmillan.
- Appiah, K. A., 2018. *The Lies That Bind*. Rethinking Identity. London: Profile Books.

Ashforth, B. E., 1998. Becoming: How does the process of identification unfold? In Whetton, D., and Godfrey, P.,(eds), 1998. *Identity in Organizations: Developing Theory Through Conversations*. Thousand Oaks, CA: Sage, pp. 213-222.

Ashforth, B. E., 2001. *Role Transitions in Organizational Life: An Identity-Based Perspective*. Mahwah, NJ: Erlbaum.

Ashforth, B. E., Harrison, S. H., and Corley, K. G. 2008. Identification in organizations: An examination of four fundamental questions. *Journal of Management* 34(3), pp. 325-374.

Ashforth, B. E., and Kreiner, G. E., 1999. "How can you do it?": Dirty work and the challenge of constructing a positive identity. *Academy of management Review*, 24(3), pp. 413-434.

Ashforth, B. E. and Mael, F., 1989. Social identity theory and the organization. *Academy of Management Review*, 14, pp. 20–39.

Bamberg, C. and Kerevan, G., 2018. *Catalonia Reborn*. Edinburgh: Luath Press.

Banks, J., Shaw, A., and Weiss, M., 2007. The community pharmacy and discursive complexity: a qualitative study of interaction between counter assistants and customers. *Health and Social Care in the Community*, 15(4), pp. 313-321.

Basque, J., and Langley, A., 2018. Invoking Alphonse: The founder figure as a historical resource for organizational identity work. *Organization Studies*, 39(12), pp. 1685-1708.

Battilana, J. 2011. The Enabling Role of Social Position in Diverging from the Institutional Status Quo: Evidence from the UK National Health Service. *Organization Science*, 22(4) pp. 817-834.

Beech, N., 2008. On the nature of dialogic identity work. *Organization* 15(1), pp. 51-74.

- Bell, E., and Davison, J. 2013. Visual Management Studies: Empirical and Theoretical Approaches. *International Journal of Management Reviews*, 15(2), pp. 167-184.
- Benoit, A., 2014. "An advertising world gone completely haywire": MAC VIVA GLAM. *Advertising and Society Review*, 15(1). [on-line] Accessed at <http://muse.jhu.edu/article/541385>
- Berridge, V., Gorsky, M., and Mold, A., (eds), 2011. *Public Health in History*. Maidenhead: McGraw-Hill.
- Bessel, R., and Schumann, D., (eds), 2003. *Life after Death. Approaches to a cultural and social history of Europe during the 1940s and 1950s*. Cambridge: Cambridge University Press.
- Bevan, A., 1952. *In Place of Fear*. London: Heinemann, pp. 109.
- Bishop, S. and Waring, J., 2016. Becoming hybrid: the negotiated order on the front line of public-private partnerships. *Human Relations*, 69(1), pp. 1937-1958.
- Bivins, R., 2017. Picturing Race in the British National Health Service, 1948-1988 *Twentieth Century British History*, 28(1) pp. 83-109.
- Blagoev, B., Felten, S. and Kahn, R., 2018. The career of a catalogue: Organization memory, materiality and the dual nature of the past at the British Museum (1970-Today). *Organization Studies*, 39(12), pp. 1757-1783.
- Blomgren, M., 2003. Ordering a profession: Swedish nurses encounter new public management reforms. *Financial Accountability and Management*, 19(1), pp. 45-71.
- Bloor, D., 1991, Second Edition. *Knowledge and Social Imagery*. London: University of Chicago Press, pp. 91.
- Bodewitz, H.J.H.W., Buurma, H., de Vries, G.H., 2012. Regulatory Science and the Social Management of Trust in Medicine. In Bijker, W.E., Hughes, T.P., and Pinch, T. *The Social Construction of Technological Systems*, London: MIT Press.

- Bolton, S.C., 2005. Making up managers: the case of NHS nurses. *Work, Employment and Society*, 19(1), pp. 5-23.
- Booth, C. and Rowlinson, M., 2006. Management and Organizational history: prospects. *Management and Organizational History*, 1(1), pp. 5-30.
- Booth, W., Colomb, G., Williams, J., Bizup, J., and Fitzgerald, W., 2016. *The Craft of Research*, 4th edition. London: The University of Chicago Press.
- Bothma, F.C., Lloyd, S., and Khapova, S., 2015. Work identity; Clarifying the concept. In Jansen, G.W., Roodt, G., (eds), *Conceptualising and Measuring Work Identity. South African Perspectives and Findings*. Dordrecht: Springer.
- Boxenbaum, E., Jones, C., Meyer, R., and Svejenova, S., 2018. Towards an articulation of the material and visual turn in organization studies. *Organization Studies*, 39(5-6), pp. 597-616.
- Brake, L., and Demoor, M., (eds), 2009. *Dictionary of Nineteenth-century Journalism in Great Britain and Ireland*. London and Ghent: Academia Press.
- Brandt, A. M., 1991. Emerging Themes in the History of Medicine. *The Millbank Quarterly*, 69(2), pp. 199-214.
- Brown, A. D., 2015. Identities and identity work in organizations. *International Journal of Management Reviews*, 17(1), pp. 20-40.
- Brown, A.D., 2017. Identity work and organizational identification. *International Journal of Management Reviews Special Issue: Exploring the Registers of Identity Research*, 19(3), pp. 296–317.
- Brown, A. D., 2019. Identities in organizations. *Organization Studies*, 40(1), pp. 7-21.
- Brown, A.D., and Lewis, M.A., 2011. Identities, disciplines and routines. *Organization Studies*, 32(7), pp. 871-895.
- Bucheli, M., and Wadhawani., D. (eds.), 2014. Organizations in time. History, theory, methods. Oxford: OUP.

- Bynum, W.F. 1994. *Science and the Practice of Medicine in the Nineteenth Century*. Cambridge: Cambridge University Press.
- Bynum, W.F., (ed.), 2006. *The Western Medical Tradition: 1800-2000*. Cambridge: Cambridge University Press.
- Bynum, W.F., 2008. *The History of Medicine: A Very Short Introduction*. Oxford: Oxford University Press.
- Bynum, W.F. and Porter, R., (eds), 1993. *Companion Encyclopaedia of the History of Medicine*, Vols 1 & 2. London: Routledge.
- Cailluet, L., Gorge, H., and Ozcaglar-Toulouse, N., 2018. 'Do not expect me to stay quiet': Challenges in managing a historical strategic resource. *Organization Studies*, 39(12), pp. 1811-1835.
- Carr, E.H., 1961. *What is History?* Basingstoke: Palgrave Macmillan.
- Carroll, B., and Levy, L., 2008. Defaulting to management: Leadership defined by what it is not. *Organization* 15(1), pp. 75-96.
- Caza, B., Vough, H., and Puranik, H., 2018. Identity work in organizations and occupations: Definitions, theories, and pathways forward. *Journal of Organizational Behavior*, 39(7), pp. 889-910.
- Chakraborty, A., 2016. Boots staff under pressure to milk the NHS for cash, says pharmacists' union. *The Guardian*, 13/04/2016. [on-line] Available at <https://www.theguardian.com/business/2016/apr/13/boots-staff-under-pressure-to-milk-the-nhs-says-pharmacists-union>
- Chapman, S., 1974. *Jesse Boot of Boots The Chemists*. London: Hodder and Stoughton.
- Charmaz, K., 2006. *Constructing grounded theory. A practical guide through qualitative analysis*. London: Sage.
- Chimbwete-Phiri, R., and Schnurr, S., 2017. Negotiating Knowledge and creating solidarity: Humour in antenatal counselling sessions at a rural hospital in Malawi. In press, *Lingua* (2017). [on-line] Accessed at: <http://dx.doi.org/10.1016/j.lingua.2017.03.003>

- Chreim, S., Williams, B., and Hinings, B., 2007. Inter-level influences on the reconstruction of professional role identity. *Academy of Management Journal*, 50(6), pp. 1515-1539.
- Church, R., and Tansey, E.M., 2007. *Burroughs Wellcome and Co. Knowledge, Trust, Profit and the Transformation of the British Pharmaceutical Industry 1880-1940*. Lancaster: Crucible.
- Clark, P. and Rowlinson, M., 2004. The treatment of history in organisation studies: towards an 'historic turn'? *Business History*, 2004
- Cohen, L., and Musson, G., 2000. Entrepreneurial identities: reflections from two case studies. *Organization*, 7(1), pp. 31-48.
- Collinson, D., 1988. "Engineering humour": Masculinity, joking and conflict in shop-floor relations. *Organization Studies*, 9 (2), pp. 181-99.
- Collinson, D., 2002. Managing Humour, *Human Relations*, 39(3), pp. 269-88.
- Cook, T., 2001. Archival science and postmodernism: new formulations for old concepts. *Archival Science*, 1, pp. 3-24.
- Cook, T., and Schwartz, J., 2002. Archives, records, and power: From (postmodern) theory to (archival) performance. *Archival Science*, 2, pp. 171-185.
- Cooper, R.J., Bissell, P., and Wingfield, J., 2009. 'Islands' and 'doctor's tool': The ethical significance of isolation and subordination in UK community pharmacy. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine*, 13(3), pp. 297-316.
- Cooper, R.J., Bissell, P., and Wingfield, J., 2007. A new prescription for empirical ethics research in pharmacy: A critical view of the literature. *Journal of Medical Ethics*, 33(2), pp. 82-86.
- Cooter, R., 2006. "Framing" the End of the Social History of Medicine, pp. 309-337, in Huisman, F., and Warner, J.H. (ed), *Locating Medical History*. London: John Hopkins University Press.

Cooter, R. and Pickstone, J., (eds), 2000. *Medicine in the Twentieth Century* Amsterdam: Harwood.

Corley, T.A.B., 2003. The British pharmaceutical industry since 1851. In Richmond, L., Stevenson, J. and Turton, A. (eds.) *The pharmaceutical industry: a guide to historical records*. Aldershot: Ashgate, pp. 14-32.

Coser, R.L., 1960. Laughter Among Colleagues, *Psychiatry*, 23, pp. 81-95.

Costas, J., and Fleming, P., 2009. Beyond dis-identification: A discursive approach to self-alienation in contemporary organizations. *Human relations*, 62(3), pp. 353-378.

Cox, P., and Hopley, A., 2014. *Shopgirls*. London: Penguin Random House.

Creed, W.E.D., DeJordy, R., Lok, J., 2010. Being the Change: Resolving institutional contradiction through identity work. *Academy of Management Journal*, 53(6) pp. 1336-1364.

Crellin, J.K., 2004. *A Social History of Medicines in the Twentieth Century: to be taken three times a day*. New York: Pharmaceutical Products Press.

Croft, C., Currie, G. and Lockett, A., 2015a. Broken 'Two-Way Windows'? An exploration of professional hybrids. *Public Administration*, 93(2), pp. 380-394.

Croft, C., Currie, G. and Lockett, A., 2015b. The Importance of Emotionally Important Social Identities on the Construction of Managerial Leader Identity: A challenge for nurses in the English NHS. *Organization Studies*, 36(1), pp. 113-131.

Cross, W.E., Seaton, E.K., Yip, T., Lee, R.M., Rivas, D., Gee, G.C., Roth, W.D., and Ngo, B., 2017. Identity work: enactment of racial-ethnic identity in everyday life. *Identity* 17(1), pp. 1-12.

Curchod, C., and Reyes, G. 2017. Producing one's own medicine: identity tensions and the daily identity work of pharmacists. *Academy of Management Proceedings*, 2017(1), pp.1-28. [on-line] Accessed at: <https://doi.org/10.5465/AMBPP.2017.14092abstract>

- Currie, G., Burgess, N., Tuck, P. (2016). The (un)desirability of hybrid managers as 'controlled' professionals: Comparative cases of tax and healthcare professionals. *Journal of Professions & Organization*, 3, pp. 142-153.
- Currie, G. and Croft, C., 2015. Examining Hybrid Nurse Managers as a Case of Identity Transition in Healthcare: developing a balanced research agenda. *Work, Employment and Society*, 29(5), pp. 855-865.
- Currie, G. Lockett, A., Finn, R., Martin, G., and Waring, J., 2012. Institutional Work to Maintain Professional Power: recreating the model of medical professionalism. *Organization Studies*, 33(7), pp. 937-962.
- Currie, G., and Logan, K., 2020. Hybrid professional identities: responding to institutional challenges. In Brown, A.D., (ed.) *The Oxford Handbook of Identities in Organizations*. Oxford: Oxford University Press.
- Currie, G. and Spyridonidis, D., 2016. Interpretation of multiple institutional logics on the ground: Actors' position, their agency and situational constraints in professionalized contexts. *Organization Studies*, 37(1), pp. 77-97.
- Curth, L.H., 2006. *From physic to pharmacology: Five hundred years of British drug retailing*. Hampshire: Ashgate.
- Decker, S., 2013. The Silence of the Archives: Business history, post-colonialism and archival ethnography. *Management and Organizational History*, 8(2), pp. 155-173.
- Decker, S., 2014. Solid intentions: An archival ethnography of corporate architecture and architectural remembering. *Organization* 21(4) pp. 514-542.
- Digby, A., 1999. *The Evolution of British General Practice 1850-1948*. Oxford: Oxford University Press, pp. 318-322.
- DiMaggio, P. J., 1991. Constructing an organizational field as a professional project: US art museums, 1920-1940. In DiMaggio, P.J., and Powell, W.W., (eds.), *The New Institutionalism in Organizational Analysis*. Chicago: University of Chicago Press.

- Donaldson, T., 2000. Are business managers “professionals”? *Business Ethics Quarterly*, 10(1), pp. 83-94.
- Doolin, B., 2002. Enterprise, Discourse, Professional Identity and the Organizational Control of Hospital Physicians. *Organization Studies* 23(03), pp. 369-390.
- Doyle, B., 2007. Power and accountability in the voluntary hospitals of Middlesbrough, 1900-1948, pp. 207-224. In Borsay, A., and Shapely, P., (eds) *Medicine, Charity and Mutual Aid: The Consumption of Health and Welfare in Britain, c. 1550-1950*. Abingdon: Routledge.
- Doyle, B., 2010. Labour and Hospitals in Urban Yorkshire: Middlesbrough, Leeds and Sheffield, 1919-1938. *Social History of Medicine*, 23(2), pp. 374-392.
- du Gay, P., Evans, J., and Redman, P., 2000. *Identity: a reader*. London: Sage.
- Edmunds, J., and Calnan, M.W., 2001. The Reprofessionalisation of Community Pharmacy? An exploration of attitudes to extended roles for community pharmacists amongst pharmacists and general practitioners in the United Kingdom. *Social Science & Medicine*, 53, pp. 943-955.
- Einstein, M., 2012. *Compassion Inc.: How Corporate America Blurs the Line Between What We Buy, Who We Are, and Those Who Help*. Berkeley, CA: University of California Press.
- Eisenhardt, K.M, 1989. Building theories from case study research. *Academy of Management Review*, 14, pp. 532-550.
- Emerson, J.P. 1973. Negotiating the serious import of humour. In Birenbaum, A. and Sagarin, E. (eds) *People in Places: The Sociology of the Familiar*. London: Nelson.
- Esler, P., 2017. *Babatha's Orchard: The Yedin Papyri and an Ancient Jewish Family Tale Retold*. Oxford: Oxford University Press. Available online at:
DOI:10.1093/acprof:oso/9780198767169.003.0001

- Evans, R., 1999. *In Defense of History*. New York: W.W. Norton and Company.
- Evetts, J., 2011. A new perspective: Challenges and opportunities. *Current Sociology* 59(4), pp. 406-422.
- Evetts, J., 2006. The Sociology of professional groups: New directions. *Current Sociology*, 54(1), pp. 133-143.
- Faulconbridge, J., and Muzio, D., 2008. Organizational professionalism in globalizing law firms. *Work, Employment and Society*, 22(1), pp. 7-25
- Ferlie, E., Fitzgerald, L., Wood, M., and Hawkins, C., 2005. The Nonspread of Innovations: The mediating role of professionals. *Academy of Management Journal*, 48(1), pp. 117-134.
- Fontana, A. and Frey, J., 2000. 'The interview: from structured questions to negotiated text'. In Denzin, N., and Lincoln, Y., (eds). *Handbook of Qualitative Research*, 2nd edition. Thousand Oaks, CA: Sage, pp. 645-72.
- Foreman, P., and Whetten, D. A., 2002. Members' identification with multiple-identity organizations. *Organization Science*, 13(6), pp. 618-635.
- Forminaya, C., 2007. The role of humour in the process of collective identity formation in autonomous social movement groups in contemporary Madrid. *International Review of Social History*, 52(15), pp. 243-258.
- Foucault, M., 1963. *The Birth of the Clinic*. (A.M. Sheridan, Trans.1973). London: Tavistock Publications Ltd.
- Fournier, V., 1999. The appeal to 'professionalism' as a disciplinary mechanism. *The Sociological Review*, 47(2), pp. 280-307.
- Freidson, E., 1999. Theory of professionalism: Method and substance. *International Review of Sociology*, 9(1), pp. 117-129.
- Freud, S., 1905. Jokes and their Relations to the Unconscious (A. Richards, Trans. 1991). London: Penguin.

Friedland, R. and Alford, R. R., 1991. Bringing society back in: symbols, practices, and institutional contradictions. In Powell, W.W., and DiMaggio, P.G., (eds), *The New Institutionalism in Organizational Analysis*. Chicago: University of Chicago Press.

General Pharmaceutical Council, 2018. *Historic qualifications leading to eligibility to be admitted to the register and to membership of the [Royal] Pharmaceutical Society of Great Britain [[R]PSGB]*. [on-line] Available from: <https://www.pharmacyregulation.org/sites/default/files/Historic%20qualifications%20g.pdf>

Gilbert, L, 1998. Pharmacy's Attempts to Extend its Roles: A case study in South Africa. *Social Science & Medicine* 47(2), pp. 153-164.

Gioia, D. A., Corley, K. G., and Hamilton, A. L., 2012. Seeking qualitative rigor in inductive research: notes on the Gioia methodology. *Organizational Research Methods*, 16(1), pp. 15-31.

Glaser, B. and Strauss, A., 1967. *The discovery of grounded theory. Strategies of qualitative research*. Chicago: Aldine.

Glenn, P., 1994. Laughing at and laughing with: negotiations of participant alignment through conversational laughter. In ten Have, P., and Psathas, G. (eds) *Situated Order: Studies in the Social Organization of Talk and Embodied Activities, Studies in Ethnomethodology and Conversational Analysis No 3*. Lanham, Maryland: International Institute for Ethnomethodology and Conversation Analysis and University of America Press.

Glynn, M.A., 2000. When Cymbals become Symbols: Conflict over Organizational Identity within a Symphony Orchestra. *Organization Science*, 11(3), pp. 285-298.

Glynn, M.A. 2006. Maestro or manager? Examining the role of the music director in a symphony orchestra. In Lampey, J., Shamsie, J., and Lant, T (eds), *The Business of Culture. Strategic perspectives on entertainment and media*. London: Lawrence Erlbaum Associates.

- Godfrey, R., 2016. Soldiering on: Exploring the use of humour as a disciplinary technology in the military. *Organization*, 23(2), pp. 164-183.
- Goodrick, E. and Reay, T., 2010. Florence Nightingale Endures: Legitimizing a new professional role identity. *Journal of Management Studies*, 47(1), pp. 55-84.
- Goodrick, E. and Reay, T., 2011. Constellations of Institutional Logics: Changes in the professional work of pharmacists. *Work and Occupations*, 8(3), pp. 372-416.
- Gorsky, M., Mohan, J., and Powell, M., 1999. British Voluntary Hospitals, 1871-1938: The geography of provision and utilization. *Journal of Historical Geography*, 25, pp. 463-482.
- Gorsky, M., Powell, M., and Mohan, J., 2002. British Voluntary Hospitals and the public sphere: Contribution and participation before the National Health Service, in Sturdy, S. (ed.), *Medicine, Health and the public sphere in Britain, 1600-2000*. London: Routledge, pp. 123-144.
- Gouldner, A.W., 1957. Cosmopolitans and locals: Toward an analysis of latent social roles - I. *Administrative Science Quarterly* 2(3), pp. 281-306.
- Greenwood, A., and Bernardi, A., 2013. Understanding the rift, the (still) uneasy bedfellows of History and Organization Studies. *Organization*, available on-line at <https://doi.org/10.1177.1350508413514286>
- Grey, C., 1998. On being a professional in a "Big Six" firm. *Accounting, Organizations and Society* 23(5/6), pp. 569-587.
- Griffiths, L. 1998. Humour as resistance to professional dominance in community mental health teams. *Sociology of Health and Illness*, 20(6), pp. 874-895.
- Grimmett, P., and Chinnery, A., 2009. Bridging policy and professional pedagogy in teaching and teacher education: Buffering learning by educating teachers as curriculum makers. *Curriculum Inquiry*, 39(1), pp. 125-143.

- Guillemin, M., 2000. Working Practices of the Menopause Clinic. *Science, Technology, & Human Values*, 25(4), pp. 449-71.
- Gutting, G., 2005. *Foucault A Very Short Introduction*. Oxford: Oxford University Press.
- Halgin, D., Glynn, M., and Rockwell, D., 2018. Organizational Actorhood and the Management of Paradox: A Visual Analysis. *Organization Studies*, 39(5-6), pp. 645-664.
- Hammersley, M., 1998. *Reading ethnographic research: a critical guide*, 2nd edition. London: Longman.
- Hammersley, M. and Atkinson, P., 2007. *Ethnography principles in practice*, 3rd edition. London: Routledge.
- Hand, J., 2014. Visualising food as a modern medicine: Gender, the body and health education in Britain, 1940-1992. Doctoral thesis. Available from: <http://go.warwick.ac.uk/wrap/70950>
- Hand, J., 2017. Marketing health education: advertising margarine and visualing health in Britain from 1904-c. 2000. *Contemporary British History*, 31(4), pp. 477-500.
- Hansard 1803-2005*. June 1952, National Health Service. [online] London: UK Government. Available from: <https://api.parliament.uk/historic-hansard/written-answers/1952/jun/26/prescription-charges>
- Harding, G. and Taylor, K., 1997. Responding to Change: The case of community pharmacy in Great Britain. *Sociology of Health and Illness*, 19(5), pp. 547-560.
- Hardy, A., 2001. *Health and Medicine in Britain since 1860*. Basingstoke, UK: Palgrave.
- Hardy, C., and Phillips, N. 1999. No joking matter: Discursive struggle in the Canadian refugee system. *Organization Studies*, 20(1), pp. 1-24.
- Harker, R., 2018. *NHS funding and expenditure, Briefing Paper CBPO724*. London: House of Commons Library.

- Harris, V., 2002. The Archival sliver: power, memory, and archives in South Africa. *Archival Science*, 2, pp. 63-86.
- Harrison, S., and Corley, K., 2011. Clean Climbing, Carabiners, and Cultural Cultivation *Organization Science* 22(2), pp. 391-412.
- Hatch, M.J., 1997. Irony and social construction in the humor of a management team. *Organization Science*, 8(3), pp. 275-288.
- Hatch, M.J., and Schultz, M., 2017. Toward a theory of using history authentically: Historicizing in the Carlsberg group. *Administrative Science Quarterly*, 62(4), pp. 657-697.
- Hatch, M.J., and Schultz, M., 2002. The dynamics of organizational identity. *Human Relations* 55(8), pp. 989-1018.
- Heller, M., and Rowlinson, M., 2019. Imagined corporate communities: Historical sources and discourses. *British Journal of Management*, 00, pp. 1-7.
- Hibbert, D., Bissell, P., and Ward, P.R., 2002. Consumerism and professional work in the community pharmacy. *Sociology of Health and Illness* 24(1), pp. 46-65.
- HMSO, 2009. [See Logan, K., 2009]
- Hollerer, M., Jancsary, D., and Grafstrom, M., 2018. 'A Picture is Worth a Thousand Words': Multimodal Sensemaking of the Global Financial Crisis. *Organization Studies*, 39(5-6), pp. 617-644.
- Holloway, S., 1991. *Royal Pharmaceutical Society of Great Britain 1841-1991*. London: The Pharmaceutical Press.
- Holstein, J. and Gubrium, J., 1997. The active interview. In D. Silverman (ed.), *Qualitative Research: Theory, Method and Practice*, 2nd edition. London: Sage.
- Holton, J., 2010. The coding process and its challenges. *The Grounded Theory Review*, 9(1), pp. 21-40.

- Hood, C., 1991. A Public Management for all Seasons. *Public Administration*, 69, pp. 3-19.
- Hopfl, H., 2007. Humour and violation. In Westwood, R., and Rhodes, C., (eds) *Humour, Work and Organization*. Abingdon: Routledge.
- Huber, G., and Brown, A.D., 2017. Identity Work, Humour and Disciplinary Power. *Organization Studies*, 38(8), pp. 1107-1126.
- Hughes, E.C., 1951. Work and the self. In Rohrer, J.H., and Sherif, M., (eds) *Social Psychology at the Crossroads*. New York: Harper and Brothers.
- Hughes, T.P., 2012. The Evolution of Large Technological Systems. In Bijker, W.E., Hughes, T.P., and Pinch, T., *The Social Construction of Technological Systems*, London: MIT Press
- Huising, R., 2015. To hive or to hold? Producing professional authority through scut work. *Administrative Science Quarterly* 60(2) pp. 263-299.
- Huisman, F., Warner J.H., eds, 2006. *Locating Medical History: The Stories and their Meanings*. Baltimore: John Hopkins Press.
- Ibarra, H., 1999. Provisional Selves: Experimenting with image and identity in professional adaptation. *Administrative Science Quarterly*, 44(4), pp. 764-791.
- Iggers, G., 2005. *Historiography in the Twentieth Century: From Scientific Objectivity to the Postmodern Challenge*. Second edition. Connecticut: Wesleyan University Press.
- Jackson, M., (ed.), 2013. *The Oxford Handbook of the History of Medicine*. Oxford: Oxford University Press.
- Jackson, M., 2014. *The History of Medicine*. London: Oneworld.
- Jacyna, S., 2006. Medicine in Transformation. In Bynum, W.F., Hardy, A., Jacyna, S., Lawrence, C., and Tansey, E.M., (eds), *The Western Medical Tradition, 1800-2000*. Cambridge: Cambridge University Press, pp. 11-101.
- Jenkins, K., 1991. *Re-thinking History*. Oxford: Routledge.

Jenkinson, H., 1922. *A Manual of Archive Administration*. London: Clarendon Press.

Jordanova, L., 2006. *History in Practice*. 2nd edition. London: Bloomsbury

Jordanova, L., 2012. *The Look of the Past. Visual and Material Evidence in Historical Practice*. Cambridge: Cambridge University Press.

Jorland, G., Opinal, A., and Weisz., G., eds, 2005. *Body Counts: Medical Quantification in Historical and Sociological Perspective*. London: McGill-Queen's University Press.

Joyce, C., and Piterman, L., 2009. Farewell to the handmaiden? Profile of nurses in Australian general practice in 2007. *Australian Journal of Advanced Nursing*, 27(1), pp. 48-58.

Jucker, A., 2012. *Social Stylistics: Syntactic Variation in British Newspapers*. Berlin: De Gruyter, pp. 47- 58.

Karreman, D., and Alvesson, M., 2004. Cages in tandem: Management control, social identity, and identification in a knowledge-intensive firm. *Organization* 11(1), pp. 149-175.

Kavanagh, D., and O'Sullivan, D., 2007. The Organizational Production of Humour in Westwood, R., and Rhodes, C., (eds) *Humour, Work and Organization*. Abingdon: Routledge.

Kemnitz, T.M., 1973. The Cartoon as a Historical Source, *The Journal of Interdisciplinary History*, 4(1), *The Historian and the Arts* (Summer, 1973), pp. 81-93.

Kellogg, K. 2009. Operating room: Relational spaces and microinstitutional change in surgery. *American Journal of Sociology*, 115(3), pp. 657-711.

Kenny, K., Whittle, A., Wilmott, H., 2011. *Understanding Identity and Organizations*. London: Sage.

Kerridge, G., 2016. Reconceptualising organizational identity: a critical realist and historical case study of Walgreens Boots Alliance (1892-2002). PhD thesis, University of Warwick.

Khun, T., 1962. *The Structure of Scientific Revolutions*. Chicago: University of Chicago Press.

Kiang, L., Yip, T., and Fuligni, A., 2008. Multiple social identities and adjustment in young adults from ethnically diverse backgrounds. *Journal of research on Adolescence*, 18(4), pp. 643-670.

King, N., 2004. *Using interviews in qualitative research*. In Cassell, C. and Symons, G., (eds), *The essential guide to qualitative methods in organizational research*. London: Sage.

Kipping, M and Usdiken, B., 2014. History in organization and management theory: More than meets the eye. *Academy of Management Annals*, 8, pp. 535-588.

Knights, D., and Clarke, C.A., 2014. It's a bittersweet symphony, this life: Fragile academic selves and insecure identities at work. *Organization Studies*, 35(3), pp. 335-357.

Knoblauch, H.K., 2014. "A Campaign Won as a Public Issue Will Stay Won" Using Cartoons and Comics to Fight National Health Care Reform, 1940s and Beyond. *American Journal of Public Health*, February 2014, 104(2), pp. 227-236.

Kreiner, G., Hollensbe, E.C., and Sheep, M.L., 2006. On the edge of identity: Boundary dynamics at the interface of individual and organizational identities. *Human Relations*, 59(10), pp. 1315-1341.

Kyratsis, Y., Atun, R., Phillips, N., Tracey, P. and George, G., 2016. Health systems in transition: Professional identity work in the context of shifting institutional logics. *Academy of Management Journal*, 60(2), pp. 610-641.

Larson, M.S., 1977. *The Rise of professionalism. A sociological analysis*. Berkley: University of California Press.

Latour, B., 1999. On recalling ANT. In Law, J., and Hassard, J., (eds), *Actor Network Theory and After*. Oxford: Wiley, pp. 15-25.

- Latour, B., and Woolgar, S., 1979. *Laboratory Life. The Social Construction of Scientific Facts*. London: Sage.
- Latour, B., and Woolgar, S., 1986. *Laboratory Life, The Construction of Scientific Facts*, 2nd edition. Oxford: Princeton University Press.
- Lawrence, C., 1994. *Medicine and the Making of Modern Britain*. London: Routledge.
- Lepisto, D. A., Crosina, E. and Pratt, M.G., 2015. Identity Work within and beyond the Professions: Toward a theoretical integration and extension. Management Faculty Publications 1. [on-line] Available from: http://scholarworks.wmich.edu/management_pubs/1
- Lincoln, Y.S., and Guba, E.G., 1985. *Naturalistic Inquiry*. California: Sage.
- Lipartito, K. (2014). Historical Sources and Data. In Bucheli, M., and Wadhvani, D., (eds), *Organizations in Time. History, theory, methods*. Oxford: Oxford University Press.
- Llewellyn, S., 2001. 'Two-Way Windows': Clinicians as medical managers. *Organization Studies* 22(04), pp. 593-623.
- Logan, K., 2009. National Strategy for Business Archives (England and Wales). London: HMSO. [on-line] Available from: https://www.businessarchivescouncil.org.uk/materials/national_strategy_for_business_archives.pdf
- Logan, K., 2017. An introduction to business archives. In Turton, A., (ed.) *The International Business Archives Handbook*. Abingdon: Routledge.
- Loudon, I., Horder, J., and Webster, C., 1998. *General practice under the National Health Service, 1948-1997*. London: Clarendon Press.
- Lowe, R., 2005. *The Welfare State in Britain Since 1945*. Basingstoke: Palgrave Macmillan.
- Lowy, I., 2011. Historiography of Biomedicine "Bio", "Medicine" and In Between, *Isis A Journal of the History of Science Society* 102(1), pp. 116-122.

- Lubinski, C., 2018. From 'history as told' to 'history as experienced': Contextualising the uses of the past. *Organization Studies*, 39(12), pp. 1785-1809.
- Lutgen-Sandvik, P., 2008. Intensive remedial identity work: responses to workplace bullying trauma and stigmatization. *Organization* 15(1), pp. 97-119.
- McKinlay, A., 2002. 'Dead selves': The birth of a modern career. *Organization* 9(4), pp. 595-614.
- McKinlay, A., 2013. Following Foucault into the archive: Clerks, careers and cartoons. *Management and Organizational History*, 8(2), pp. 137-154.
- MacKillop, E., Sheard, S., Begley, P., and Lambert, M., (eds), 2017. The NHS Internal Market, Witness Seminar. [on-line] Available from: <https://www.liverpool.ac.uk/media/livacuk/iphs/researchgroups/governanceofhealth/Internal,Market,WS,transcript,ESM,15.06.2018.pdf>
- Macleay, M., Harvey, C., Sillince, J., and Golant, B., 2018. Intertextuality, rhetorical history and the uses of the past in organization transition. *Organization Studies*, 39(12), pp. 1733-1755.
- Magnússon., S. G., 2003. The singularization of history: social history and microhistory within the postmodern state of knowledge. *Journal of Social History* 36(3), pp.701-735. Retrieved April 16, 2019, Project MUSE, doi:10.1353/jsh.2003.0054
- Marwick, M., 2003. *British Society since 1945*, 4th edition. London: Penguin.
- Mbembe, A., 2016. The Power of the archive and its limits. In Tali, M., and Rander, T., (eds) *Archives and Disobedience. Changing tactics of visual culture in Eastern Europe*. Tallinn: Estonian Academy of Arts Press.
- McCarthy, N., 2015. The worlds' biggest employers. [online] Available from: [forbes.com.https://www.forbes.com/sites/niallmccarthy/2015/06/23/the-worlds-biggest-employers-infographic/#7ef3c1e8686b](https://www.forbes.com/sites/niallmccarthy/2015/06/23/the-worlds-biggest-employers-infographic/#7ef3c1e8686b)

McDowell, W.H., 2002. *Historical research: A guide*. Essex, Edinburgh Gate: Pearson Education Ltd.

McGivern, G., Currie, G., Ferlie, E., Fitzgerald, L., and Waring, J., 2015. Hybrid Manager-Professionals' Identity Work: The maintenance and hybridization of medical professionalism in managerial contexts. *Public Administration*, 93(2), pp. 412-432.

McKeown, T., 1970. A sociological approach to the history of medicine, *Medical History*, 14, pp. 342-351.

Megill, A., 2005. Globalization and the history of ideas. *Journal of the History of Ideas*, 66(2), pp. 179-187.

Melucci, A., 1995. The Process of collective identity. In Johnston, H., and Klandermans, B., (eds) *Social Movements and Culture*. Minnesota: University of Minnesota Press.

Meunier, É., 2018. Social interaction and safer sex at sex parties: Collective and individual norms at gay group sex venues in NYC. *Sexuality Research and Social Policy*, 15(3), pp. 329-341. [online] Available from: DOI 10.1007/s13178-017-0300-2

Meyer, R., Hollerer, M., Jancsary, D., Van Leeuwen, T., 2013. The Visual Dimension in Organizing, Organization, and Organization Research: Core Ideas, Current Developments, and Promising Avenues. *The Academy of Management Annals*, 7(1), pp. 489 -555.

Mold, A., 2010. Patient groups and the construction of the patient-consumer in Britain: An historical overview. *Social Policy*, 39, 4, pp. 505–521.

Montgomery, K., 2001. Physician executives: The evolution and impact of a hybrid profession. *Advances in Healthcare Management*, 2, pp. 215-241.

Morreall, J. (ed.), 1987. *The Philosophy of Laughter and Humour*. Albany, NY: State University of New York Press.

Muzio, D., Hodgson, D., Faulconbridge, J., Beaverstock, J., and Hall., S, 2011. Towards corporate professionalization: The case of project

management, management consultancy and executive search. *Current Sociology*, 59(4), pp. 443-464.

Neisser, F. M., 2014. 'Riskscapes' and Risk Management - Review and synthesis of an actor-network theory approach. *Risk Management*, 16(2), pp. 88-120.

Neyland, D., 2006. Dismissed Content and Discontent: An Analysis of the Strategic Aspects of Actor-Network Theory. *Science, Technology, & Human Values*, 39(1), pp. 29-51.

Nicholson, N., 1984. A Theory of Work Role Transitions. *Administrative Science Quarterly*, 29(2), pp. 172-191.

Nicolini, D., Delmestri, G., Goodrick, E., Reay, T., Lindberg, K. and Adolfsson, P., 2016. Looks what's back! Institutional complexity, reversibility and the knotting of logics. *British Journal of Management*, 27, pp. 228-248.

Nugus, P., Greenfield, D., Travaglia, J Westbrook, J. and Braithwaite, J., 2010. How and where clinicians exercise power: Inter-professional relations in health care. *Social Science and Medicine*, 71(5), pp. 898-909.

Obelkevich, J., and Catterall, J., 1994. *Understanding Post-War British Society*. London: Routledge.

Oertel, S., and Thommes, K., 2018. History as a source of organizational identity creation. *Organization Studies*, 39(12), pp. 1709-1731.

O'Hara, G., and Gosling, G., 2015. Healthcare as nation-building in the twentieth century. In Weindling, P. (ed.) *Healthcare in Private and Public from the Early Modern Period to 2000*. London: Routledge, pp. 123-141.

Orwell, G., 1947. The English People. In *The Collected Essays, Journalism and Letters of George Orwell Volume 3 As I Please 1943-1945*. Harmondsworth, England: Penguin, 1984.

Osborne, T., 1994. On Anti-Medicine and Clinical Reason. In Jones, C., and Porter, R. eds. *Reassessing Foucault, Power, Medicine and the Body*. London: Routledge.

- Pain, H., 2012. A Literature Review to Evaluate the Choice and Use of Visual Methods, *International Journal of Qualitative Methods*, 11(4), pp. 303-319.
- Perks, R., and Thomson, A., (eds), 2016. *The Oral History Reader*. London: Routledge,
- Phillips, S., 2008. 'Chemists to the nation': House magazines, locality and health at Boots the Chemists 1919-1939. *Management and Organizational History* 3, pp. 239-255.
- Pickstone, J.V., 1993. Ways of Knowing: Towards a historical sociology of science, technology and medicine. *British Journal for the History of Science*, 26(4), pp. 433-458.
- Pink, S., (ed.), 2012. *Advances in Visual Methodology*. London: Sage.
- Pink, S., 2013. *Doing Visual Ethnography* (3rd edition). London: Sage.
- Plester, B.A., 2016. *The Complexity of Workplace Humour. Laughter, Jokers and the Dark Side of Humour*. Cham: Springer.
- Plester, B.A., and Sayers, J.G., 2007. Taking the piss: The future of banter in three IT companies. *International Journal of Humour Research* 20(2), pp. 157-187.
- Porter, R., 2002. *Blood and Guts. A Short History of Medicine*. London: Allen Lane.
- Poovey, M., 1995. *Making a Social Body: British cultural forms 1830-1864*. Chicago: University of Chicago Press.
- Porter, R., 2004. Historiography of Medicine in the United Kingdom. In Huisman, F., and Warner, J.H., (eds), *Locating Medical History*, Baltimore: John Hopkins Press, pp. 194-208.
- Pratt, M., Rockmann, K.W., Kaufmann, J.B., 2006. Constructing Professional Identity: The role of work and identity learning cycles in the customization of identity among medical residents. *Academy of Management Journal*, 49(2), pp. 235-262.

- Quattronne, P., 2004. Accounting for God: Accounting and accountability practices in the Society of Jesus (Italy, XVI–XVII centuries). *Accounting, Organizations and Society*, 29(7), pp. 647-683.
- Quirke, V., 2015. Pharmaceutical innovation in the public and private spheres in the twentieth century. In Weindling, P., (ed.), *Healthcare in Private and Public from the Early Modern Period to 2000*. London: Routledge, pp. 160-193.
- Rapley, T., 2004. Interviews. In Seale, C., Gobo, G., Gubrium, J., and Silverman, D., (eds), *Qualitative research practice*. London: Sage, pp. 15-33.
- Ravasi, D., Rindova, V., and Stigliani, I., 2019. The stuff of legend: History, memory, and the temporality of organizational identity construction. *Academy of Management Journal*, 62(5), pp. 1523-1555.
- Reay, T., Golden-Biddle, K. and Germann, K., 2006. Legitimizing a New Role: Small wins and micro-processes of change. *Academy of Management Journal*, 49(5), pp. 977-98.
- Reay, T., Goodrick, E., Waldorff, S., Casebeer, A., 2017. Getting leopards to change their spots: Co-creating a new professional role identity. *Academy of Management Journal*, 60(3), pp. 1043-1070.
- Reid, E., 2015. Embracing, passing, revealing, and the ideal worker image: How people navigate expected and experienced professional identities. *Organization Science*, 26(4), pp. 997-1017.
- Reswick, D., Ranelli, P., and Reswick, S., 2000. The conflict between ethics and business in community pharmacy: what about patient counselling? *Journal of Business Ethics*, 28(2), pp. 179-186.
- Rhodes, C., and Pullen, A., 2007. Representing the d'other in Westwood, R., and Rhodes, C., (eds) 2007. *Humour, Work and Organization*. Abingdon: Routledge.
- Richardson, E., and Pollock, A., 2010. Community pharmacy: moving from dispensing to diagnosis and treatment. *British Medical Journal*, 340 (7755), pp. 1066-1068.

- Ringer, F., 2006. The intellectual field, intellectual history, and the sociology of knowledge. In Burns, R.M., (ed.), *Historiography, Critical Concepts in Historical Studies Volume III Ideas*. London: Routledge.
- Rodriguez and Collinson, 1995. 'Having fun'?: Humor as resistance in Brazil. *Organization Studies*, 16(5), pp. 739-768.
- Rosen, G., 1958. Towards a Historical Sociology of Medicine. *Bulletin of History of Medicine*, 32, pp. 500-51.
- Rose, G. 2011. *Visual Methodologies*, third edition. London: Sage.
- Rose, G., 2012. The question of method: Practice, reflexivity and critique in visual culture studies. In Heywood, I. and Sandywell, B., (eds), *The Handbook of Visual Culture*. London: Berg.
- Rowlinson, M., 2004. Historical analysis of company documents in Cassell, C. and Symon, G. (eds), *The Essential Guide to Qualitative Methods in Organizational Research*. London: Sage. [on-line] Available from: <http://dx.doi.org/10.4135/9781446280119.n24>
- Rowlinson, M., Casey, A., Hansen, Per H, and Mills, A.J., 2014. Narratives and meaning in organizations. *Organization* 21(4), pp. 441-446.
- Rowlinson, M., Hassard, J. and Decker, S., 2014. Strategies for organizational History: A dialogue between historical theory and organization theory, *Academy of Management Review* 39(3). [on-line] Available from: DOI:10.5465/amr.2012.0203.
- Sasaki, I., Kotlar, J., and Ravasi, D., 2019. Dealing with revered past: Historical identity statements and strategic change in Japanese family firms. *Strategic Management Journal*, available on-line at <https://doi.org/10.1002/smj.3065>
- Sasaki, I., Ravasi, D., and Micelotta, E., 2019. Family firms as institutions; cultural reproduction and status maintenance among multi-centenary *shinise* in Kyoto. *Organization Studies*, 40(6), pp. 793-831.

Sayes, E., 2014. Actor-Network Theory and Methodology: Just what does it mean to say that nonhumans have agency? *Social Studies of Science*, 44(1), pp. 134-49.

Scanlon, L., 2011. Becoming a Professional. In Scanlon L. (ed.), *"Becoming" a Professional. An interdisciplinary analysis of professional learning*, pp.13-32. Dordrecht: Springer.

Schaffer, G., 2010. "Till Death Us Do Part" and the BBC: Racial Politics and the British Working Classes 1965- 1975. *Journal of Contemporary History*, 45(2), pp. 454-477.

Schellenberg, T.R. (1956) *Modern Archives: Principles and Techniques*. Chicago, IL: University of Chicago Press.

Schnurr, S., and Zayts, O., 2011. Be(com)ing a leader: A case study of co-constructing professional identities at work. In Angouri, J., and Marra, M., *Constructing Identities at Work*, pp. 40-60. Basingstoke: Palgrave Macmillan.

Schofield, R., 1972. Sampling in historical research. In E. Wrigley (ed.), *Nineteenth-Century Society: essays in the use of quantitative methods for the study of social data*. Cambridge: Cambridge University Press, pp. 146-190. [on-line] Available from:
<http://dx.doi.org/10.1017/CBO9780511896118.006>

Schwartz, J., and Cook, T. (2002) Archives, records, and power: The making of modern memory. *Archival Science*, 2(1). [online] Available from:
<https://doi.org/10.1007/BF02435628>

Serpe, R.T., and Stryker, S.,1987. The construction of self and reconstruction of social relationships. In Lawler, E., and Markovsky, B., (eds), *Advances in group processes*, pp. 41-66. Greenwich, CT: JAI Press.

Sheard, S., 2017. History matters: The critical contribution of historical analysis to contemporary health policy and health care. *Health Care Analysis* 21(3). [on-line] Available from: <https://doi.org/10.1007/s10728-017-0348-4>

Shorrt, H., and Warren, S., 2012. Fringe benefits: valuing the visual in narratives of hairdressers' identities at work. *Visual Studies* 27(1), pp.18-34.

- Sigerist, H., 1948). Medical History in the United States: Past, Present, Future. *Bulletin of History of Medicine*, 22, pp. 47-64.
- Sigsworth, M. and Worboys, M., 1994. The Public's View of Public Health in Mid-Victorian Britain. *Urban History*, 21, pp. 237-50.
- Silverman, D., (ed.), 1997. *Qualitative research: issues of theory, method, practice*. London: Sage.
- Silverman, D., 2005. *Doing qualitative research*, 2nd edition. London: Sage.
- Silverman, D., 2006. *Interpreting qualitative data*, 3rd edition. London: Sage.
- Simpson, B. and Carroll, B., 2008. Re-viewing 'role' in processes of identity construction. *Organization* 15(1), pp. 29-50.
- Simpson, J. M., and Snow, S., 2017. Why We Should Try to Get the Joke: Humor, Laughter, and the History of Healthcare. *Oral History Review*, 44(1), pp. 77-93.
- Slinn, J., 2006. 'A Cascade of Medicine': the marketing and consumption of prescription drugs in the UK 1948-2000. In Curth, L.H., *From Physick to Pharmacology. Five Hundred Years of British Drug Retailing*. Hampshire: Ashgate.
- Sluss, D.M., and Ashforth, B.E., 2008. How relational and organizational identification converge: Processes and conditions. *Organization Science*, 19(6), pp. 807-922.
- Sluss, D.M., and Ashforth, B.E., 2007. Relational identity and identification: Defining ourselves through work relationships. *Academy of Management Review*, 22(1), pp. 9-32
- Snow, D.A., and Anderson, L., 1987. Identity work among the homeless. The verbal construction and avowal of personal identities. *American Journal of Sociology*, 92(6), pp. 1336-1371.
- Srivastava, P., and Hopwood, N., 2009. A practical iterative framework for qualitative data analysis. *International Journal of Qualitative Methods*, 8(1), pp. 76-84.

- Strauss, A., and Corbin, J., 1998. *Basics of qualitative research: techniques and procedures for developing grounded theory*, 2nd ed. Thousand Oaks, CA: Sage.
- Stake, Robert E., 1995. *The Art of Case Study Research*. London: Sage.
- Sturdy, S., 2011. Looking for Trouble: Medical Science and Clinical Practice in the Historiography of Modern Medicine. *Social History of Medicine* 24(3), pp. 739-757.
- Stryker, S., 1968. Identity salience and role performance. *Journal of Marriage and the Family*, 4, pp. 558-564.
- Suddeby, R., Foster, W.M., and Trank, C., 2010. Rhetorical history as a source of competitive advantage. *Advances in Strategic Management*, 27, pp. 147-173.
- Sveningsson, S., and Alvesson, M., 2003. Managing Managerial Identities: Organizational fragmentation, discourse and identity struggle. *Human Relations*, 56(10), pp. 1163-1193.
- Symon, G. and Cassell, C., (eds), 1998. *Qualitative Methods and Analysis in Organizational Research*. London: Sage.
- Tajfel, H., 1978. Social categorization, social identity and social comparison. In Tajfel, H. (ed.), *Differentiation between social groups: Studies in the social psychology of intergroup relations*, pp. 61-76. London: Academic Press.
- Tali, M., and Rander, T., 2016. *Archives and Disobedience. Changing tactics of visual culture in Eastern Europe*. Tallinn: Estonian Academy of Arts Press.
- Taylor, P. and Bain, P., 2003. 'Subterranean worksick blues': Humour as subversion in two call centres, *Organization Studies*, 24(9), pp. 1487-509.
- Thane, P., 2003. Family life and "normality" in postwar British culture. In Bessel, R., and Schumann, D. (eds). *Life after Death. Approaches to a cultural and social history of Europe during the 1940s and 1950s*. Cambridge: Cambridge University Press, pp. 193-210.

- Thomas, P., and Hewitt, J., 2011. Managerial organization and professional autonomy : A discourse-based conceptualization. *Organization Studies*, 32(10), pp. 1373-1393.
- Thomas, R., and Linstead, A., 2002. Losing the plot? Middle managers and identity. *Organization*, 9(1), pp. 71-93.
- Thornton, P. H., Ocasio, W., and Lounsbury, M., 2012. *The institutional logics perspective: a new approach to culture, structure and process*. Oxford: Oxford University Press.
- Tomes, N., 1998. *The Gospel of Germs: Men, Women and the Microbe in American Life*. Cambridge, MA: Harvard University Press.
- Toomey, A., Dorjee, T., and Ting-Toomey, S., 2013. Bicultural Identity Negotiation, Conflicts, and Intergroup Communication Strategies, *Journal of Intercultural Communication Research*, 42(2), pp. 112-134. Available from: DOI: 10.1080/17475759.2013.785973
- Toulmin, S., 1972. *Human Understanding, vol. 1*. Oxford: Oxford University Press.
- Trace, C., 2002. What is recorded is never simply 'What happened': Record keeping in modern organizational culture. *Archival Science*, 2, pp. 137-159.
- Tracey, S.J., Myers, K.K., and Scott, C.W., 2006. Cracking jokes and crafting selves: Sensemaking and identity management among human service workers. *Communication Monographs*, 73(3), pp. 283-308.
- Trease, G., 1964. *Pharmacy in History*. London: Balliere, Tindall and Cox.
- Turton, A. (ed), 2017. *The International Business Archives Handbook*. London: Routledge.
- Wadhvani, R.D., Suddaby, R., Mordhorst, M., and Popp, A., 2018. History as organizing: Uses of the past in organization studies. *Organization Studies*, 39(12), pp. 1163-1683.

Wailoo, K., 2004. Sovereignty and Science: Revisiting the role of science in the construction and erosion of medical dominance. *Journal of Health Politics, Policy and Law*, 29(4-5), pp. 643-659.

Walgreen Boots Alliance website, 2017. Accessed on 22.11.2017 at <http://www.walgreensbootsalliance.com/about/>

Waring, J., Latif, A., Boyd, . Barber, N and Elliott, R., 2016. Pastoral power in the community pharmacy: A Foucauldian analysis of services to promote patient adherence to new medicine use. *Social Science and Medicine*, 148, pp.123-130.

Waring, J. and Currie, G., 2009. Managing Expert Knowledge: Organizational challenges and managerial futures for the UK medical profession. *Organization Studies* 30(07), pp. 755-778.

Warner, J.H., 1991. Ideals of science and their discontents in late nineteenth-century American medicine. *Isis* 82(3), pp. 454-478.

Webb, J., 2006. *Organisations, Identities and the Self*. Basingstoke: Palgrave Macmillan.

Weber, M., 1968. In Roth, G. and Wittich, C. (eds), *Economy and Society: an outline of interpretive sociology*. New York: Bedminster Press.

Webster, C., 1996. *The Health Services Since the War*, Volume II. London: HMSO.

Weick, K., 2001. *Making Sense of the Organization*. Oxford: Blackwell.

Weindling, P. (ed.) 2015. *Healthcare in Private and Public from the Early Modern Period to 2000*. London: Routledge.

Westwood, R., and Rhodes, C., (eds) 2007. *Humour, Work and Organization*. Abingdon: Routledge.

Wilkinson, E., 2018. Boots facing investigation after claims of 'overcharging' NHS for unlicensed medicines. *The Pharmaceutical Journal* [online] Available from: <https://www.pharmaceutical-journal.com/news-and->

analysis/news/boots-facing-investigation-after-claims-of-overcharging-nhs-for-unlicensed-medicines/20204932.article

Wilson, T., 2008. Managing identity: Identity work, personal predicaments and structural circumstances. *Organization*, 15(1), pp. 121-143.

Ybema, S., 2014. The invention of transitions: History as a symbolic site for discursive struggles over organizational change. *Organization* 21(4), pp. 495-513.

Yang, Lian, 2017. *Narrative Poem*. Northumberland: Bloodaxe Books.

Zimmerman, D.H., 1998. Identity, context and interaction, in Antki, C., and Widdicombe, S., (eds) *Identity in Talk*. London: Sage.

My thesis is dedicated to the memory of Dr JR Logan, which was lost to Alzheimer's. He would have enjoyed reading it; seeing himself somewhere in the writing, recognising voices from an era he knew.