

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

Permanent WRAP URL:

<http://wrap.warwick.ac.uk/98494>

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

**WOMEN IN TRADE UNIONS: A STUDY OF HOSPITAL
ANCILLARY WORKERS**

Anne Munro

Volume I of Two Volumes

**Thesis submitted for the degree of PhD at the
University of Warwick**

Department of Sociology

January 1990

PART II: LOCATION AND BACKGROUND TO THE RESEARCH

Chapter 4. The Hospitals and Ancillary Work	82
Hospital Work.....	83
Ancillary Work.....	89
Historical Background to Ancillary Work.....	92
The Hospitals.....	109
Summary.....	118
Chapter 5. The Unions	124
Unions in the NHS.....	125
NUPE - History and Structure.....	128
COHSE - History and Structure.....	132
Women in NUPE and COHSE.....	135
Union Branches Included in the Research.....	146
Summary.....	162

PART III: WOMEN'S ANCILLARY WORK

Chapter 6. The Organisation of Ancillary Work - Catering ...	171
Grading Structures.....	173
Catering Work.....	179
Comparison of Catering Departments.....	195
Summary.....	202
Chapter 7. The Organisation of Ancillary Work - Cleaning ...	206
Cleaning Work.....	206
Comparison of Domestic Service Departments.....	229
Summary.....	240
Chapter 8. Gender and Divisions in the Workplace	243
Gender and the Construction of Work.....	244
Skill Definition and Grading Structures.....	250
Part-time Working.....	259
Gender and Restructuring.....	263
Working Patterns and Limitations to Collectivity.....	275
Controlling the Mop - Worker Resistance.....	279
Summary.....	283
Chapter 9. Race and Divisions in the Workplace	287
Race and Employment in the NHS.....	288
Race and the Construction of Work.....	291
Race and Restructuring.....	303
Working Patterns and Limitations to Collectivity.....	306
Asian Women and Resistance.....	309
Summary.....	312

VOLUME II

PART IV: ANCILLARY WORKERS' UNIONS

Chapter 10. **Workplace Stewards**.....318
 Shop Steward Systems.....319
 Becoming a Shop Steward.....328
 Levels of Activity.....331
 Representation of Women Ancillary Staff.....343
 Centralisation.....348

Chapter 11. **Union Meetings**.....354
 Time and Place of Meetings.....356
 Meeting Organisation.....359
 Participation in Meetings.....370
 Meeting Procedures.....376
 Summary.....382

Chapter 12. **Representation in Local Union Structures**.....386
 Representation and Members.....389
 Dealing with Problems in the Workplace.....405
 Representation and Shop Stewards.....410
 An Agenda of Issues.....419

Chapter 13. **Participation in Local Union Structures**.....424
 Levels of Involvement.....426
 Shop Steward Views on Participation.....436
 Debates on Participation.....445
 Summary.....455

Chapter 14. **Conclusions**.....461
 The Main Arguments.....462
 Union Branches in the Study.....469
 Areas for Further Research.....471
 The Potential for Change in British Unionism.....473

Appendix I - Positive Action.....476
 What is Positive Action?.....476
 What are the problems with Positive Action?.....481

Appendix II - Methodology.....487
 Background to Methods.....489
 Research Techniques.....497
 Summary.....505
 A. Interview Schedule - Ancillary Shop Stewards.....508
 B. Interview Schedule - Non-Ancillary Shop Stewards.....517
 C. Questionnaire - Women Ancillary Workers.....524

BIBLIOGRAPHY.....532

List of Tables

Table Number and Title	Page
Volume I	
1. Women in the unions.....	10
2. Women's participation in the 10 unions with largest female memberships.....	11
3. Staff employed in the NHS - England - 1980.....	85
4. Staff employed in the NHS - England 1986.....	86
5. Staff employed in Ancillary Departments - England 1976 - 1986.....	89
6. Ancillary workers as a % of the whole NHS workforce - England.....	92
7. Staff at Coventry and Warwickshire Hospital.....	113
8. Staff at Warwick Hospital.....	115
9. Women's membership in NUPE and COHSE.....	136
10. Women's participation in Union Posts 1981.....	137
11. Women's participation in Union Posts 1985.....	137
12. Women's participation in Union Posts 1988.....	138
13. Branches covered by NUPE full-time official Nov. 1983.....	148
14. NUPE Coventry Hospitals Branch: membership analysis March 1983.....	151
15. NHS ancillary pay grades and rates April 1983.....	174
16. Highest and lowest grade points 1983 - 1986.....	177
17. Catering department staff Warwick Hospital.....	183
18. Shifts for catering staff Warwick Hospital.....	184
19. Catering department staff Warneford Hospital.....	186
20. Catering staff Central Hospital.....	190
21. Racial origin catering staff Central Hospital.....	194
22. The day shift Coventry and Warwickshire Hospital.....	209
23. The evening shift Coventry and Warwickshire Hospital.....	210
24. The day shift Warwick Hospital.....	217
25. The evening shift Warwick Hospital.....	217
26. A shift pattern Warwick Hospital.....	218
27. The day shift Warneford Hospital.....	222
28. The evening shift Warneford Hospital.....	223
29. The day shift Central Hospital.....	225
30. The evening shift Central Hospital.....	226
31. Proportions of staff on the day shift (WTE).....	230
32. Part-time working in domestic services.....	235
Volume II	
33. Contributions by stewards at steward meeting NUPE Coventry.....	371
34. Problems faced by domestics at Warneford Hospital.....	393

Table Number and Title	Page
35. Ways of dealing with problems - domestics at Warneford Hospital.....	394
36. Problems faced by domestics at Coventry and Warwickshire Hospital.....	399
37. Ways of dealing with problems - domestics at Coventry and Warwickshire Hospital.....	401
38. Members' knowledge about the branch - COHSE Warneford.....	429
39. Members' knowledge about the branch - NUPE Coventry.....	430
40. Members' union activities - COHSE Warneford.....	431
41. Members' union activities - NUPE Coventry.....	431
42. Ways to improve participation - NUPE Coventry.....	434
43. Ways to improve participation - COHSE Warneford.....	435

List of Diagrams

Diagram Number and Title	Page
---------------------------------	-------------

Volume I

1. The structure of NUPE.....	131
2. The structure of COHSE.....	134

Volume II

3. Shop steward meeting layout NUPE Coventry.....	377
4. Branch meeting layout NUPE Coventry.....	377
5. Steward meeting layout COHSE Central.....	378
6. Branch meeting layout COHSE Central.....	378
7. Branch meeting layout NUPE Warwick.....	380

List of Examples

Example Number and Title	Page
---------------------------------	-------------

Volume II

1. Shop steward meeting agenda NUPE Coventry.....	361
2. Branch meeting agenda NUPE Coventry.....	361
3. Shop steward meeting agenda COHSE Central.....	362
4. Branch meeting agenda COHSE Central.....	364
5. Branch meeting agenda NUPE Warwick.....	365

Acknowledgements

Many trade union activists from NUPE and COHSE generously gave their time, their views and access to materials and meetings. There are too many to name individually, but I would like to give special thanks to those shop stewards and branch officers who supported and assisted in the research. This thesis could not have been completed without the help and co-operation of ancillary staff and managers at Coventry and Warwickshire Hospital, Warwick Hospital, Warneford Hospital and Central Hospital, and I would particularly like to thank them for their assistance and time. I also owe a debt to friends and colleagues for support and enthusiasm, including: the Graduate School in the Sociology Department at Warwick University, the Department of Applied Social Studies at Warwick University, and the trade union studies section of the West Mercia District of the WEA. Special thanks to are due to Ruth Elkan for her insights and comments on the thesis. Finally, I would like to thank Peter Fairbrother, a valued friend and supervisor, for his encouragement, support and advice.

Summary

This thesis is about working class women and the way in which their interests are represented in trade unions. The key argument made is that there operates a 'trade union agenda' which precludes the full representation of women's interests, even when individual members strive to have these interests represented. The study is based on empirical research with four trade union branches, two from NUPE and two from COHSE, covering ancillary workers at four NHS hospitals. The thesis stresses the importance of understanding how women's work is structured in order to investigate the role of trade unions in challenging or reproducing inequalities. It focuses on catering and cleaning workers, and therefore includes a detailed analysis of these areas of work. The research shows that this work is constructed around gender and results in women having specific interests in the workplace. It suggests that these workplace interests reflect an underlying conflict between men and women based on the hierarchical division of the labour market by sex. Throughout the study the importance of racial divisions to the development of unity or division is considered. The thesis analyses the role of local trade union branches in representing the interests of these workers, showing that unions vary in their success in this process. It argues that structural modification in unions cannot guarantee improved participation and representation of women members, although is a prerequisite. The thesis concludes that the 'trade union agenda' presents an underlying limitation to this process.

Abbreviations

A+E	Accident and Emergency
AEU	Amalgamated Engineering Union
AOB	Any Other Business
APEX	Association of Professional, Executive, Clerical and Computer Staff
ASC	Ancillary Staff Council
ASTMS	Association of Scientific, Technical and Managerial Staffs
BDC	Branch District Committee
BIFU	Banking, Insurance and Finance Union
COHSE	Confederation of Health Service Employees
CPSA	Civil and Public Services Association
CSSD	Central Sterile Services Department
DHA	District Health Authority
EEPTU	Electrical, Electronic, Telecommunications and Plumbing Union
EOC	Equal Opportunities Commission
ESRC	Economic and Social Research Council
FIS	Family Income Supplement
GMBATU	General, Municipal, Boilermakers and Allied Trades Union
GMWU	General and Municipal Workers Union (Became GMBATU)
HCITB	Hotel and Catering Industry Trade Board
HVA	Health Visitors Association
HWSU	Hospitals and Welfare Union
JSCC	Joint Steward Consultative Committee
LEND	Leamington European Nuclear Disarmament
LCCEPS	London County Councils Employee's Protection Society
LRD	Labour Research Department
MEA	Municipal Employees' Association
MHIWU	Mental Hospitals and Institutional Workers Union
MSF	Manufacturing, Science and Finance (From ASTMS & TASS)
NALGO	National and Local Government Officers
NAWU	National Asylum Workers Union
NBPI	National Board for Prices and Incomes
NCCL	National Council for Civil Liberties
NHS	National Health Service
NS	New Statesman
NUCW	National Union of Corporation Workers
NUPE	National Union of Public Employees
NUT	National Union of Teachers
NUTGW	National Union of Tailor and Garment Workers
PLWTU	Poor Law Workers Trade Union
RCM	Royal College of Midwives

RCN	Royal College of Nursing
SSRC	Social Science Research Council (re-named Economic and Social Research Council)
TASS	Technical, Administrative and Supervisory Section
TGWU	Transport and General Workers' Union
TUC	Trades Union Congress
UCATT	Union of Construction, Allied Trades and Technicians
UKCC	United Kingdom Central Council (for nurses, midwives and health visitors)
USDAW	Union of Shop, Distributive and Allied Workers
WEA	Workers' Educational Association
WTE	Whole Time Equivalent
YTS	Youth Training Scheme

Chapter 1

Introduction

In all of the commentaries on trade unions the relationship between women and unions is seen as problematic in some way or other. This thesis explores the position and role of women in trade unions, focussing on the internal relations of participation and representation. The central argument of the thesis is that there operates an institutional mobilisation of bias which sets a trade union 'agenda' which excludes a set of issues which are specific to women workers. This 'agenda' not only serves to limit the articulation and representation of women's interests within unions, but also to direct women's activity away from collective organisation in unions.

The second main argument of the thesis is that the major difference of interest between men and women in the labour market stems from the hierarchical division of the labour market by sex. Furthermore, the 'trade union agenda' has a material basis in the organisation of work, reflecting and reproducing the hierarchical divisions by sex. Underlying this is an argument that an understanding of trade unions

requires an examination of the processes which operate in the workplace itself. It is only possible to identify what is excluded from the 'trade union agenda' by a detailed analysis of women's interests within the workplace. This thesis will devote considerable time to an investigation of the racial and gender composition of employment and how it results in women having specific interests, and the ways in which they develop strategies for dealing with these interests outside of trade unions.

This research has been approached from a position of critical support for trade unions. The conclusions suggest that there is considerable scope for improving participation and representation of women members. They also indicate underlying limitations to this process, which cannot be challenged through structural change alone.

Based on empirical research carried out during 1982 to 1984, this thesis is primarily about working class women - manual women workers. The research was based on four trade union branches recruiting women hospital ancillary workers in the National Health Service in Coventry and South Warwickshire. Although it is focussed on hospital ancillary workers, it also considers nurses where their role was relevant to ancillary workers, for example where nurses acted as shop stewards for ancillary staff. (See Appendix II for a discussion of the

methodology.) The findings, however, have wider implications not only for all women workers, but also for women in other collective institutions such as political parties, although only passing reference is made to this aspect of women's lives.

In order to give a contextual background to the research, this introductory chapter begins with a discussion of the way in which the concept of the 'trade union agenda' is used in this thesis. Secondly there is a consideration of why the study of women in unions is important, followed by a brief description of the present position of women in unions. Thirdly, the thesis is located within the debates around gender and patriarchy. This is then followed by a discussion of the issues around race. Finally the main areas covered by each chapter of the thesis are outlined.

THE 'TRADE UNION AGENDA'

The concept of a trade union agenda used here does not refer to a written or formally acknowledged agenda. It is used to indicate the range of issues which are generally recognised as part of the appropriate business of trade unions. The argument of this thesis is that it is not merely a function of the structure of trade unions which prevents the articulation of certain interests. Rather, the accepted trade union 'agenda' prevents the development of potential issues and interests.

The arguments presented here draw on Lukes' work on the 'three-dimensional' view of power.(1) By applying this concept to an empirical study of trade unions this thesis will add to the debates around the nature of power, although it is beyond the scope of this work to develop the theoretical analysis.

According to Lukes, the one-dimensional view of power has a behavioural focus,

"...this first, one-dimensional view of power involves a focus on behaviour in the making of decisions on issues over which there is observable conflict of (subjective) interests, seen as express policy preferences, revealed by political participation."(2)

This is extended by the two-dimensional view of power to include the process by which decisions are prevented from being taken. Lukes argues, however, that this view retains a behavioural focus because non-decision making is seen as a form of decision making.

"...it allows for consideration of the ways in which decisions are prevented from being taken on potential issues over which there is an observable conflict of (subjective) interests, seen as embodied in express policy preferences and sub-political grievances."(3)

There are three key aspects which Lukes develops in the three-dimension view; he includes not only decision making, but also control over the political agenda; he includes not only observable conflict, but also latent conflict; he includes not only subjective interests, but also real interests.(4)

Lukes describes how the mobilisation of bias may exclude potential issues from the political process.(5)

"Decisions are choices consciously and intentionally made by individuals between alternatives, whereas the bias of the system can be mobilised, recreated and reinforced in ways that are neither consciously chosen nor the intended result of particular individuals' choices."(6)

Lukes is arguing that power may be exercised through the limitation of choice by a restriction of the political agenda. He suggests that this process may take place either through collective action as in political parties or,

"...there is the phenomenon of 'systematic' or organisational effects, where the mobilisation of bias results.....from the form of organisation."(7)

This form of the exercise of power is not maintained by the chosen acts of certain individuals, but through the nature and practices of institutions.

This concept of power, which Lukes describes as a three-dimensional view, can be applied to the setting of a 'trade union agenda'. It is not based on a conspiratorial view of trade unions, rather that the 'trade union agenda' has developed in a particular historical context. It has been set, over time, in the context of sectional organisation with the dominance of male, skilled, full-time, white, manufacturing workers. This 'agenda' has developed and changed with changes to the workforce yet issues specific to women workers remain

largely excluded. Women fail to identify the trade union as a route for certain workplace problems because they too accept this union 'agenda', and the limited role of unions.

Lukes suggests that the shaping of expectations through control of the political agenda constitutes the extreme exercise of power.

"...is it not the supreme and most insidious exercise of power to prevent people, to whatever degree, from having grievances by shaping their perceptions, cognitions and preferences in such a way that they accept their role in the existing order of things, either because they can see or imagine no alternative to it, or because they value it as divinely ordained and beneficial?"(8)

It is not only that women accept the trade union agenda, but the way in which they identify and define issues or problems at work that is shaped by this 'agenda'. Their expectations are limited by their experience of trade unions.

Lukes' concept of potential issues which never reach the agenda also opens the possibility for potential conflict. There is potential conflict around a number of issues specifically relevant to women, for example around the definition of skill and labour market hierarchies in grading structures. Since union organisation is based on the maintenance of differentials, a challenge to the value placed on the skills involved in women's work would provide a threat to male labour. This suggests that the gendered construction of work raises

potential conflicts between men and women. The difficulty is that the mobilisation of bias through the 'trade union agenda' prevents the articulation of that conflict. There are complex debates around the identification and definition of interests. In this thesis the nature of women's interest will be defined through the substance of the research rather than theoretically.

The 'trade union agenda' reflects and reproduces the dominant position of men within the labour market and within trade unions. Attempts to challenge the trade union agenda therefore also present a challenge to male dominance, and meet resistance. These arguments were developed through the study of women hospital ancillary workers and their unions, which forms the empirical basis of this thesis.

WHY STUDY WOMEN AND TRADE UNIONS?

Increasing involvement in waged-labour has had little effect on women's subordinate position in society. Hakim has demonstrated that the labour market is divided horizontally and vertically by sex.(9) They are disproportionately represented in the less secure areas of employment.(10) Women are concentrated in low-paid work, in part-time work, in low grade work and in homeworking.(11) Despite the introduction of legislation in the fields of equal pay and sex discrimination,

the distance between men and women workers in terms of pay and skill levels has changed very little in recent years.(12)

This situation has led to many attempts to analyse and understand the persistence of women's subordinate position in wage-labour and in this the attention is focussed on the role of workers' collective organisations, the trade unions. Questions are raised about the degree to which women participate in trade unions in order to maintain or improve their conditions of employment, and the degree to which unions are able and willing to represent their women members. Further questions are raised about whether trade unions serve to reproduce gender inequalities, or whether they challenge them. As more women become engaged in wage-labour, as trade unions become more reliant on women's membership, and as feminist analysis of employment relations has developed, the specific study of the relationship between women and trade unions has become more important for social scientists and for trade unionists. This research aims to develop the theoretical background to this area of study, and to indicate realistic possibilities for change.

By 1988 women made up 45 per cent of the United Kingdom workforce, but constituted a little over a third of trade union members.(13) There is, however, a general problem in the lack of statistical information available about the position of

women in unions. Until recently few unions collected information on the sex of post holders within their organisations. Where this information is available, it usually only covers senior posts. Unions also find it difficult to maintain up-to-date information on membership numbers as workers move jobs and unions. This is further blurred by unions' general tendency to over-estimate membership numbers.

In 1980, Coote produced information on ten major unions which demonstrates that women were under-represented in a number of senior positions.(14) Her findings are outlined in Table 1 overleaf, which indicates the dramatic under-representation of women as executive members, as full-time officials for their unions, and as delegates to the TUC. That from these unions there was not one single case where women were present proportionate to their membership numbers presents a bleak picture of women's involvement in their unions.

Since 1980 there have been considerable improvements in the collection of data. Labour Research now regularly produces figures on women's post holding in the ten unions with the largest female memberships.(15) This enables a comparison of the position of women over time.

Table 1. Women in the unions

Figures in brackets show how many women there would be if they were represented according to their share of the membership.

<u>union</u>	<u>membership</u>			<u>executive members</u>		<u>full-time officials</u>		<u>TUC delegates</u>	
	total	F	%F	total	F	total	F	total	F
APEX	150,000	77,000	51%	15	1(8)	55	2(28)	15	4(8)
ASTMS	472,000	82,000	17%	24	2(4)	63	6(11)	30	3(5)
BIFU	132,000	64,000	49%	27	3(13)	41	6(20)	20	3(10)
GMWU	956,000	327,000	34%	40	0(14)	243	13(83)	73	3(25)
NALGO	705,000	356,000	50%	70	14(35)	165	11(83)	72	15(36)
NUPE	700,000	470,000	67%	26	8(17)	150	7(101)	32	10(22)
NUT	258,000	170,000	66%	44	4(29)	110	17(73)	36	7(24)
NUTGW	117,000	108,000	92%	15	5(14)	47	9(43)	17	7(16)
TGWU	2070,000	330,000	16%	39	0(6)	600	6(96)	85	6(14)
USDAW	462,000	281,000	63%	16	3(10)	162	13(102)	38	8(24)
TLS	6022,000	2265,000	38%	316	40(150)	1636	90(640)	418	66(174)

'Figures are approximate, and the most recent that were available in November 1980.' [Coote's words]

(Table from Coote and Kellner 1980 p11)

Table 2 overleaf sets out some of the changes between 1985 and 1988. It shows that almost all of the unions included in the survey had made some improvements in the representation of women members between 1985 and 1988.(16) Seven of the ten had an increase in the proportion of women on the national executive committees (NUPE, NALGO, GMBATU, TGWU, COHSE, NUT, and CPSA). Six unions increased the proportion of women delegates to the TUC (NALGO, GMBATU, TGWU, COHSE, NUT, and AEU) but two had a decrease (NUPE and CPSA). Least progress was made amongst full-time national officers, with only four increasing the proportion of women (NUPE, NALGO, GMBATU and COHSE) and four having a decrease (TGWU, NUT, CPSA and AEU).

Table 2 Women's participation in the 10 unions with largest female memberships.

(latest % of women in brackets)

<u>union</u>	<u>women members</u>	<u>% women</u>	<u>% change national executive</u>		<u>% change F-T officers</u>		<u>% change TUC delegates</u>	
			1985/6-1987/8		1986-1988		1985-1987	
NUPE	438,422	66%	+8	(50)	+2	(9)	-7	(27)
NALGO	390,000	52%	+4	(36)	+10	(20)	+8	(37)
GMBATU	300,000	35%	+25	(28)	+1	(5)	+2	(6)
USDAW	236,878	61%	0	(19)	0	(13)	0	(27)
TGWU	224,506	17%	+2	(5)	-2	(0)	+21	(25)
COHSE	182,000	83%	+1	(15)	+38	(50)	+4	(25)
NUT	160,721	70%	+8	(24)	-10	(0)	+3	(22)
MSF	110,000	16%	n.a.	(8)	n.a.	(4)	n.a.	
CPSA	105,219	71%	+3	(44)	-3	(18)	-20	(30)
AEU	80,000	10%	0	(0)	- $\frac{1}{2}$	($\frac{1}{2}$)	+5	(7)

(All figures from Labour Research March 1988 p11)

Despite some cases of a marked increase in the proportion of women , for example the 38 per cent rise of women full-time officers in COHSE, women remain significantly under-represented. This 38 per cent rise results in 50 per cent of full-time officers being women, however, women make up 83 per cent of membership of COHSE and are still therefore very much under-represented. There is still only one case in which women have reached, and indeed exceeded their proportionate level, and this is on the TGWU delegation to the TUC in 1988 where 25 per cent of delegates were women, while women's membership was 17 per cent.

One implication of the argument put forward in this thesis that there exists a restricted 'trade union agenda', is that the election or appointment of women to senior posts within trade unions does not necessarily result in an equal improvement in women members' representation. Heery and Kelly argue that women officers do make a significant difference to the representation of women's interests.(17) This thesis suggests, however, a need for greater caution in making such a link.

There are no equivalent statistics available on the position of black women in unions. The TUC suggested in 1987 that there was no significant difference between the proportion of black and white women in elected posts in unions, although no evidence was provided to support the contention(18). In his 1982 survey, Brown found that union membership was increasing more rapidly amongst Asian and West Indian women [his terms] than amongst white women.(19) He indicates the changes since his 1974 study.(20)

"...we see that the membership level has risen from 36 per cent to 48 per cent among Asian and West Indian women, while it has remained level, at 35 per cent, for white women."(21)

There is no data available to show that this increase has been matched by senior post holding. Whilst women's general participation in senior posts has been increasing, the picture is still one of a very marked under-representation of women. It is this persistent under-representation which has focussed

debate on the relationship between women and their trade unions. The question arises about why this under-representation exists and persists. Less information is available on women's involvement at local level in unions and this is an area which will be covered in this thesis for the two unions in the research, NUPE and COHSE. Having outlined the general position of women within trade unions it is necessary to locate the research in terms of the literature on gender and patriarchy.

GENDER AND PATRIARCHY

The aim of this thesis is to link the discussion about women's role in trade unions to the body of feminist literature which investigates women's oppression and the ways in which gender divisions are reproduced. To date the literature on women and unions has failed to make links with the literature concerned with explaining the nature of women's oppression. This thesis will begin to make connections between these two bodies of literature.

A major problem with the debates around the nature of women's oppression has been the lack of agreement on the definition of patriarchy.

"The concept of patriarchy which has been developed within feminist writings is not a single or simple concept but has a variety of different meanings. At the most general level patriarchy has been used to

refer to male domination and to the power relationships by which men dominate women (Millett 1969)."(22)

From this basic understanding of patriarchy, the debates about its nature have led in two main directions. Firstly there has been an attempt to analyse the relationship between patriarchy and capitalism, and secondly an attempt to identify the base of reproduction of patriarchal relations. The latter has primarily been identified as the family, sexuality and childbearing, while some writers have extended the debate to include the state and employment.(23) Walby describes a number of different approaches to patriarchy, herself adopting a position of patriarchy and capitalism as independent and autonomous social systems.(24) In this thesis the argument that patriarchy constitutes an autonomous social system is rejected, in favour of Beechey's approach:

"I think that a satisfactory theory of patriarchy should be historically specific and should explore the forms of patriarchy which exist within particular modes of production."(25)

It is agreed in most feminist writing that the oppression of women predated capitalism, and that traditional Marxist theory has inadequately incorporated an analysis of the oppression of women. The starting point in this thesis is that any analysis of social relations must take account of women's oppression and that class relations and gender relations are inextricably intertwined. Walby is critical of Beechey's position on the grounds that:

"Thus, on the one hand, Beechey both rejects the notion that patriarchy is an autonomous system and denies that it is reducible to capitalism, with the consequence that her 'historically specific' explanations would be merely ad hoc. Yet on the other hand Beechey yearns for an analysis of women's oppression which is integrated into every other analysis."(26)

Whilst Walby is correct to identify problems with this approach, the problems are not solved by giving patriarchy the status of an autonomous social system. It is beyond the scope of this thesis to develop a theory of patriarchy. This research is based on the premise that Beechey's approach provides a useful starting point from which to understand the relationship between women and unions.

In her more recent work Beechey has been more concerned with understanding the relationship between gender and the social organisation of employment.(27)

"Gender refers to a process in which social relationships which are based on perceived differences between the sexes are constituted."(28)

Using this concept of gender it is possible to investigate how gender relations are produced and reproduced within specific institutions, in this case, in trade unions.

APPROACH TO ISSUES OF RACE

The central focus of this thesis is on the relationship between women and trade unions. However, it is essential that the analysis includes an integrated discussion of the relationship between black women and unions. In this thesis the term 'black' will be used to indicate groups of people who are likely to suffer forms of oppression due to perceived differences based on their racial origin. Although the term black retains a certain descriptive element, it is important not to assume homogeneity amongst black groups. Where appropriate, specific groups will be referred to by their ethnic origins, for example, 'those of Asian origin', 'those of Afro-Caribbean origin'. Reference to ethnic origin is not intended to imply nationality, since many of the groups covered in the research are black UK subjects. White groups will mainly be referred to as of white UK origin. Where appropriate, specific groups, for example, 'those of Irish origin' will be identified.

The concept of race has potentially as many pitfalls as that of patriarchy. Although it is beyond the scope of this thesis to enter a debate on the relative importance of the overall subordination based on class, gender and race, the thesis is based on an assumption that an understanding of social relations must encompass all of these areas and that they are

necessarily interconnected.(29) There are important differences between issues of race and of gender. However, using the framework of Beechey's approach to the construction and reconstruction of gender provides a useful tool for considering the construction and reconstruction of racial divisions. Gilroy's approach to race shares much in common with Beechey's understanding of gender.(30)

"'Race' has to be socially and politically constructed and elaborate ideological work is done to secure and maintain the different forms of 'racialization' which have characterized capitalist development. Recognising this makes it all the more important to compare and evaluate the different historical situations in which 'race' has become politically pertinent."(31)

This thesis is particularly concerned with the way in which divisions based on race are constructed and reconstructed in the context of work. It considers the process by which stereotypes are applied to certain groups of workers to differentiate them and to legitimate discriminatory treatment. This is discussed primarily in relation to women of Asian origin, large numbers of whom worked in the hospital ancillary departments covered in the empirical research for this thesis. Chapter 9 of this thesis identifies the centrality of race to the process of recruitment and the way in which racial stereotypes were used to justify an expressed preference for the employment of white workers. There is also an examination of the way in which divisions based on race serve to hinder the development of a collective identity among women workers,

resulting in separate forms of resistance among the women of Asian origin. Chapter 9 also discusses how the restructuring of ancillary work poses a particular threat to women of Asian origin.

The argument is made that black women, in this case women of Asian origin, have particular interests in the workplace and that the 'trade union agenda' excludes these interests and under-values the forms of resistance that these women are involved in. The concept of the 'trade union agenda' provides a particularly useful means for understanding the failure of trade unionism to reflect black women's experience in the workplace.

During the thesis the importance of immigration for NHS employment is discussed, although the central arguments concern the construction, reflection and reproduction of divisions based on race. Having placed the thesis in context, and set out the perspectives used in the research, the final section of this chapter briefly outlines the structure of the thesis.

THESIS STRUCTURE

The thesis is divided into four main sections. The first section reviews the literature and theoretical arguments; the second provides a background to the empirical research; the

third looks in detail at the nature of work; and the fourth at the nature of trade unionism.

There are two chapters in the first section. In Chapter 2 the literature which is specifically concerned with women and trade unions is reviewed. Attention is drawn to the limitations of the literature which is in places confused and contradictory, partial and in some cases unsupported by evidence. Chapter 3 develops an argument around the divisions in the labour market, and identifies the specific interests of women. This is linked to a discussion of the role of trade unions in the maintenance of divisions through the operation of a restricted 'trade union agenda'.

Chapters 4 and 5 make up the second section of the thesis, which provides a context for the empirical research. Chapter 4 gives a general background to hospital work, and a more detailed description of ancillary work. It also introduces the hospitals involved in the research. Chapter 5 outlines the background to the two unions covered in the research, NUPE and COHSE, and introduces the particular union branches involved.

The third main section of the thesis involves a detailed analysis of women's ancillary work. Chapters 6 and 7 highlight the factors which affect unity and division amongst workers, Chapter 6 looking in detail at catering work and Chapter 7 at

cleaning work. Drawing on this material, Chapter 8 demonstrates the centrality of gender to the construction and reconstruction of work, and the resulting gendered nature of workplace interests. Chapter 9 shows that race is also central to the construction of work, giving rise to specific interests and specific forms of resistance.

The final main section of the thesis focuses on how trade unions respond to the interests of women ancillary workers. Chapter 10 considers branch organisation, analysing post holding and shop steward systems. It argues that certain structures are necessary to enable the involvement of women ancillary members, although structural changes alone cannot guarantee their involvement. This argument is developed in Chapter 11 which focuses on trade union meeting procedures. Chapter 12 analyses the representation of women's interests. It argues that through the operation of the restricted 'trade union agenda', many of women's specific interests are excluded. Many of women's concerns in the workplace are seen as inappropriate issues for trade unions, not only by shop stewards and union officers, but also by the women themselves. This argument is developed in Chapter 13 which shows that the restricted 'agenda' discourages union participation, and means that where women are involved, it does not guarantee better representation of women's interests. This chapter also highlights the way in which women's activities in the workplace

are frequently under-estimated. However, despite the obstacles identified, this chapter suggests that there is considerable potential for increased participation through structural change, in particular greater workplace organisation.

The central argument which is discussed in the concluding chapter, is that the restricted 'trade union agenda' is crucial in hindering the representation and participation of women members. It has developed over time and can be challenged and altered, although because of the way in which it is reproduced, any change is likely to be very slow.

Notes

1. See Lukes 1974, especially Chapter 4 for a discussion of the three-dimensional view of power.
2. Ibid p15.
3. Ibid p20.
4. Ibid. Chapter 4.
5. Lukes ibid. draws on the work of Schattschneider 1960, who introduces the notion of 'mobilisation of bias', and Bachrach and Baratz 1970, who applied it to the discussion of power.
6. Lukes ibid. p21.
7. Ibid. p22.
8. Ibid. p24.
9. See Hakim 1979 and 1981.
10. See for example, Open University 1983, Coote and Campbell 1982, Martin and Roberts 1984, Mackie and Pattullo 1977 Aldred 1981, and TUC 1983.
11. ibid.
12. See Hakim 1981 and Low Pay Unit 1988.
13. Figures are from Labour Research March 1988. See also Snyder 1989, TUC 1987, McLoughlin 1985, and Hunt 1982.
14. See Coote and Kellner 1980 Chapter Two.
15. Labour Research op.cit. The actual date of the publication of these figures varies.
16. See Labour Research, March 1988.
17. Heery and Kelly 1988.

-
18. TUC, February 1987 p7.
 19. Smith 1974.
 20. Brown 1984.
 21. Ibid p182.
 22. Beechey 1979 p66.
 23. For a discussion of the various positions taken in this debate, see Beechey 1979 and Walby 1986.
 24. Unlike many writers on patriarchy who concentrate on the domestic sphere, Walby *ibid.* develops her model of patriarchy in relation to paid employment.
 25. Beechey *op.cit.* p80.
 26. Walby *op.cit.* p29.
 27. See, for example, Beechey and Perkins 1987 for a discussion of the role of gender in the construction of part-time work, Game and Pringle 1983 on the relationship between gender, the labour process and technological change, and Cockburn 1983 for her work on the printing industry.
 28. Beechey and Perkins *op.cit.* p147.
 29. See Gilroy 1987 for a review of the different positions taken in this debate. See also Miles 1982 and 1984, Phizaclea and Miles 1980, and Silvanandan 1982.
 30. See Gilroy *ibid.* and Beechey and Perkins *op.cit.*
 31. Gilroy *ibid.* p38.

PART I - LITERATURE AND THEORETICAL BACKGROUND

Chapter 2. **Women in Trade Unions - The Literature**.....25

 Organisation and Recruitment.....27

 Participation and Representation.....34

 Summary.....45

Chapter 3. **Divisions in the Labour Market and Trade Unionism**.50

 Identification of Interests.....51

 Historical Background.....60

 The Scope and Limitations of Trade Unionism.....65

 Divisions of Race.....70

 Summary.....76

Chapter 2

Women in Trade Unions - The Literature

In this chapter, the literature which directly addresses the issues of women's roles in trade unions is reviewed. It will be argued that none of the writers offer an adequate analysis of the position of women in unions. Two key questions in this debate which remain unanswered in the literature will be examined. Firstly, do women have specific interests and if so, what are they? Secondly, why are women's interests less likely to be articulated and taken up within trade unions. These questions will be developed during the critical review of the literature.

The literature which focuses on the position of women in unions is surprisingly undeveloped and piecemeal. Many writers offer useful information and ideas, yet none offers a thorough analysis. In order to give a framework to the literature, this chapter will be divided into two main sections. The first will consider organisation and recruitment, the second will cover participation and representation. The second section on participation and representation, is the most important in

terms of the arguments of this thesis, although the unstructured nature of the literature makes a review of the whole field necessary.

There are three main problems with the literature. Firstly, much of the literature is confused and contradictory. Writers jump from one issue to another with little analytical direction, and frequently ignore their own findings or conclusions. The desire to conclude in an optimistic fashion leads many to ignore the evidence they have presented. This leads to proposals for positive action without reference to the underlying limitations of such policies. (See Appendix I for a review of Positive Action.)

Secondly, all of the accounts are partial, each writer taking up only some of the issues in the whole debate and no writer providing an explanation which links their various contributions. All of the accounts are also partial in that none of the studies seriously examine the relationship of gender and race. The bland assumption that whatever the situation for white women, it will be worse for black women is inadequate. Equally, the literature which examines the position of black workers in unions, fails to consider seriously the position of black women. This literature will be addressed in the next chapter.

Thirdly, some of the arguments put forward in the literature are too narrow. Although some writers present very useful discussions, by focussing only on certain aspects of the debate, they fail to provide an overall analysis.

ORGANISATION AND RECRUITMENT

Although the main growth of union membership in recent years has been amongst women workers, there are still proportionally fewer women in trade unions than men. This raises the question of whether women are more difficult to organise into unions, and if so why. In an attempt to respond to this question, I shall divide the discussion into issues of organisation and issues of recruitment.

Organisation refers to the process by which workers develop a collective, and specifically trade union response to improving working conditions. It focuses on workers themselves and their position within the labour market. In this section issues related to the sort of work women do will be considered.

In contrast, recruitment focuses attention on the actions of trade unions, not on the actions of workers. Under recruitment, the focus is on the role of trade unions in actively recruiting women members. In the literature comparatively little space is given to this second area which

reflects a general problem with much of the literature which uncritically assumes some lack of militancy to be associated with women workers. It will be maintained in this thesis that such an assumption is not supported by the evidence.

Organisation

There are five main arguments developed in the literature on organisation, linked to workplace, skill levels, part-time working, Wages Councils, and job attachment. Each of these arguments will be assessed in turn.

Firstly, it has been argued that women tend to work in small scattered workplaces, where it is generally more difficult to organise.⁽¹⁾ Many women are employed in small firms, in isolated groups, in the informal economy and in homeworking. Because of the nature of women's jobs, many women are employed in small work groups even where the employing firm is large, for example, office cleaners or canteen staff in a large factory.

In small work groups, daily and close contact with the employer or management may make worker organisation uncomfortable and difficult. This discomfort may be experienced as disloyalty where control is both patriarchal and paternalistic. Communication with wider union structures can be difficult.

Employers frequently adopt policies of favouritism or higher wages as a reward for passivity, which lead to distrust and jealousy between workers. They may bar workers who attempt any sort of organisation.(2)

The evidence from the literature appears to support the argument that women tend to work in those areas of employment where organisation is more difficult. However, despite these problems, there is also evidence, both historical and contemporary, which suggests that organisation is possible where the trade unions are prepared to invest the necessary time and energy.(3)

Secondly, Ellis and Aldred argue that organisation has always been greater among skilled workers who have greater bargaining power, whereas women are concentrated in unskilled and low grade work.(4) This viewpoint is problematic. Trade unions have their roots in craft organisations, and have always been strongest where workers have vital positions within the economy. However, the concept of 'skill' cannot be understood without reference to social definitions in the context of a sexually segregated labour market. Are men better organised because they are more skilled, or are they defined as being more skilled because they are better organised? Does women's work involve less objective skill content, or is women's work defined as unskilled because women are less well organised?

Neither writer actually explains the link that she has identified which leaves skill level as an unsatisfactory explanation for organisation. Nonetheless, it is a very important issue and the relationship between gender and skill definition will be discussed in the thesis.

Thirdly, Beale and Aldred argue that it is more difficult to organise part-time workers, and that 40 per cent of women work part-time.(5) Part-time workers have fewer legal protections than full-time workers, which may make organisation more risky for part-timers. Where they work on twilight shifts, communication with other workers or the union may be difficult.

Whilst this does point to added difficulties to organisation, Beale and Aldred fail to make an adequate case that part-time working alone is necessarily a good indicator of the level of union organisation. Where a firm or organisation is unionised, part-time workers are just as likely as full-time workers to be union members, as is the case in the public sector. This suggests that part-time working in itself does not prevent union membership.

Fourthly, Beale argues that where there are Wages Councils, there is no need for local wage negotiations which would encourage involvement in unions. Since workers covered by Wages Councils are disproportionately female, Beale identifies

Wages Councils as significant in restricting union organisation amongst women workers.(6)

There is, however, insufficient evidence to support this relationship between Wages Councils and an absence of union organisation. Because of the sort of jobs covered by Wages Councils, wage negotiations are likely to be individual and informal. The types of jobs covered by Wages Councils are likely to be similar to those discussed above, with small isolated work groups. It can be suggested that the nature of these areas of employment is far more significant than the extent of the coverage of Wages Councils in determining levels of organisation. Beale does not give adequate evidence of a direct link between Wages Councils and organisation.

Fifthly, Ellis argues that job attachment is likely to coincide with involvement in unions.(7) She suggests that job attachment is a reflection of continuity of work, job control and commitment to the job for its intrinsic satisfaction. She further argues that women tend to be in those jobs without control, low grade work, unskilled work and individual repetition (boring) work.

The problem is that Ellis bases her argument on a male definition of job attachment. For example, she makes assumptions about attachment being linked to length of service,

of satisfaction being linked to skill level. The definition of her terms is fraught with problems.

She equally fails to substantiate her assumption of a relationship between job attachment, however defined, and trade union involvement. Research has found that women workers frequently do feel a high level of job attachment.(8) Many women work in the service sector, and Ellis fails to consider the degree to which a feeling of the intrinsic value of many service sector jobs may promote job attachment. Indeed in the research undertaken for this thesis amongst hospital cleaners, a group with little control, and defined as unskilled, there was considerable commitment to the job.

To summarise, this literature seems confused and inconclusive, with many of the arguments based on stereotypical assumptions about women's work, which do not stand scrutiny. There appears to be a need for more thorough research on the issue of organisation. However, there is some indication that because of the vulnerability of women workers in certain sectors of the labour market, organisation may require greater time, effort, and support from trade unions. This leads on to the second aspect of this section, considering the role unions have played in recruiting women members.

Recruitment

Historically, some unions have actually barred women from membership and many have only reluctantly admitted women members.(9) Although actual bars to membership no longer exist, until recently, comparatively little effort has been devoted to the recruitment of women. The increase of women union members has been most marked in the public sector, where less effort was required from unions themselves. In the public sector groups of women workers tend to be larger and less isolated than many in the private sector, especially in service industries, and management have acquiesced with union growth. The comparative failure to recruit more women in the private sector may be linked to the problems discussed earlier, of small isolated work groups. Recruitment in small workplaces may not be 'cost-effective'; or recruitment amongst groups such as homeworkers might actually cause a clash of interests between new and existing members.(10)

Beale argues that the recession, with its resulting loss of members, is forcing the unions to recruit women.(11) It is not without significance that none of the other writers who examine women's involvement in unions considers the issue of recruitment. There is indeed evidence that the union membership crisis of the 1980s is causing the union movement to consider ways of recruiting more women members. Considerable

time was given to this debate at recent TUC Conferences. Unions such as TGWU are running specific campaigns to recruit women members.(12)

Underlying such attention to women's membership of unions, however, there seems to be an assumption that increased union density amongst women workers will automatically improve the representation of their interests. Evidence from the historical literature, and from the more recent experience of unions with a majority of women members, suggests that this is not an assumption that should be made.

PARTICIPATION AND REPRESENTATION

The literature tends to conflate participation and representation which need to be analytically separated. This is particularly important because of the explanatory framework attached to each area in the literature. The literature which can be linked to participation primarily focuses attention on the actions of women members themselves. In contrast the literature which can be linked to representation looks at the actions of trade unions, although this area tends to be neglected in much of the literature. This difference of focus is obviously of great importance in terms of prescribed action for the future.

The concept of participation is problematic in terms of how it is identified, how the significance of different forms of participation is compared, and how it is quantified. Most studies assess participation in terms of the formal structures of unions, post holding and attendance at meetings being two of the key indicators used. One argument in the thesis is that there is a need for a wider notion of participation which takes account of activities outside of formal structures.

There are two main bodies of literature which are relevant to this discussion. There is a literature which comes from the general area of the sociology of work, and which focuses on women's employment and in particular on notions of women's 'work consciousness'. There is another body of literature, which is less theoretically based, which will be called the 'practical' literature, which comes from some of the texts already mentioned, and from the considerable literature emerging from trade unions themselves.(13)

Work consciousness

A number of valuable workplace studies have been published in recent years, which attempt to link empirical research to broader theoretical issues in the context of women's work.(14) The question of consciousness is posed in the light of the potential for women to act to change their disadvantaged

position in employment - do women have an awareness of the unequal social relations of production and do they seek collective responses to challenging them? However, the concept of consciousness and how it relates in complex and contradictory ways to work and the family is problematic. Does women's role in the home result in a different form of consciousness in the workplace? Beechey raises a number of other questions which are not properly addressed in the literature.(15)

"What do we mean by the term 'consciousness'? Is there such a thing as women's consciousness? Is women's consciousness essentially the same as men's or different from it? If women's consciousness is different from men's, how can we account for the differences? How can we develop a framework for analysing consciousness which is appropriate to women?"(16)

The particular danger in this literature, as Beechey points out, is that of assuming an 'ideal type' feminist consciousness.(17) This may result in the pathologising of women who do not achieve this 'ideal' consciousness. This becomes particularly problematic when we consider participation in trade unions. The concept of work consciousness seems frequently to assume a notion of 'union consciousness', that is, an awareness that the route to changing and improving present work situations lies in active involvement in trade unions. Thus, if women are not active in their trade union, they must lack the 'proper' work consciousness.

However, as the studies themselves show, male trade union officers and activists frequently act in ways which make active involvement very difficult for women.(18) Therefore, it seems impossible to consider work consciousness or union consciousness without looking at the constraints placed on women's involvement and activity, and the possible limitations on improving their position in work.

Although there are difficulties in the workplace studies by Cavendish and Pollert, it is necessary to consider seriously notions of consciousness in the light of the widespread acceptance of 'the passive woman worker' thesis.(19)

"It is one of those taken-for-granted assumptions that women, and particularly women workers, are generally more placid, stable, fundamentally exploitable than men."(20)

Purcell critically considers the arguments in this debate and attempts to reappraise the relationship between the concepts of militancy and militant trade unionism.(21) She concludes that variables related to work and market position are far better indicators of militancy than gender, although this has to be understood in the context of a sexually segregated labour market.

"From a consideration of the industries and unions, it seems to me that situational variables can be used to give plausible explanations of both women's militancy and women's acquiescence

in industrial relations, which rely very little on sex or even gender per se."(22)

The 'passive woman worker' thesis has been further applied to black women, in particular women of Asian origin. When discussing older Indian women, Westwood says:

"There was nothing in their experience or the ideology of their community which lent support to trade unionism...."(23)

Parmar criticises this assumed link between passivity amongst Asian women and their cultural background.(24) She discusses strategies of resistance outside of 'traditional trade union activities', and argues for an acceptance of the relevance of other forms of organising.

The literature in this area divides into two contradictory lines of argument, the one claiming a distinct women's work consciousness and the other claiming that differences between men and women result from differences in their situations, not from their sex. There certainly appears to be a need for further work in this area. Although this research does not focus primarily on issues of work consciousness, any argument that suggest that women's union consciousness is in any way 'lacking' or 'undeveloped' is rejected, and it is argued that the assumed link between work consciousness and union consciousness is incorrect. Attempts to identify a specific women's work consciousness obscure more than they reveal. This

research is particularly concerned with understanding the constraints and limitations on women's activities within unions, and will work from a position which assumes that ^{the} explanation for the level of women's involvement in unions lies outside of their own minds.

Constraints on Participation

There are obviously many factors which will affect women's ability to participate in trade unions. These many factors are presented in what has been termed the 'practical literature', in confusing and uninformative lists. To clarify a little what these factors are, Stageman's categories of obstacles of a practical nature, of an institutional nature, and of male dominance will be used.(25)

a) Obstacles of a practical nature.

Most commentators point to the problem of union meeting times and places not suiting women members, especially part-time workers.(26) They suggest that women have particular difficulty attending meetings outside of work time, because of their domestic responsibilities. Also, it is contended that the venues of meetings, particularly those in the evening, are inappropriate for women, for example rooms in public houses.

Another frequent argument is that women, especially if they have children, lack time and energy to become involved with their unions. They are also deterred by the prospect of union responsibilities on top of domestic responsibilities.(27)

Beale suggests that taking time off for union business during work hours may be more difficult for women, for example for part-time workers or workers on piece rates for whom it may mean a reduction in wages.(28) Coote and Campbell also point out that because of the organisation of women's work, they lack the opportunity for informal discussions, which they suggest are essential for the development of collective organisation.(29)

b) Obstacles of an institutional nature.

A common theme in the literature is that women lack confidence and experience within trade unions. This is seen to be exacerbated by a failure of communication within unions about how basic union procedures work, which results in unions appearing remote from the workforce.(30)

c) Obstacles of male dominance.

Beale perceives trade union procedures to be based on the assumption of the 'typical man's working life' and therefore to discriminate indirectly against women.(31) This view can be linked to the argument for a 'trade union agenda' which is

presented in this thesis, although Beale fails to develop the point fully. Several writers claim that male unionists often act in a sexist way, although there is little evidence of precisely what is meant by this.(32)

Whilst the arguments in this literature appear convincing, the main problem with them is that none of the writers offer either any indication of the relative importance of each of these factors, or any method for assessing their relevance. The result is that when it comes to prescriptions for change, they can offer no set of priorities for action, or means to assess progress.

Despite the failure to demonstrate the relevance of these factors, there is one issue which is given considerable weight by all of the writers on women and unions, and this is the importance of the extent of women's domestic responsibilities in limiting their involvement. Countering this, Cunnison in particular, suggests that researchers should be wary about how much weight is given to this factor.(33)

"This is an oversimplification and misses an important point: it is not so much the extent of domestic obligations which matters, as the way in which they are perceived, the priority accorded to them in competition with obligations connected with work and wage earning (Wilson, 1963; Hunt, 1980; Pollert, 1981; Cavendish, 1982); and the willingness or not of women to organise their lives so that these latter interests and obligations can be accommodated. Indeed I have been surprised in the course of my research by the number of women with family responsibilities - though rarely women

with babies and very small children - who still find time for union work."(34)

While Cunnison makes an important point about domestic responsibilities, her focus on women having a free choice about giving priority to obligations connected with work and wage earning is questionable. This thesis is concerned with identifying the limitations on that choice.

These issues will be considered in this research, and the importance of various obstacles to participation will be assessed. It will be argued that some obstacles can be removed and that the role of the local union officers in this process is of key importance.(35) This is a position supported by Cunnison in her research on 'school dinner ladies'.(36) However, the argument will also be developed in this thesis that there are obstacles of an underlying nature which cannot easily be removed.

Participation is examined in terms of problem raising within the union and how members define what are appropriate issues to raise within the union. The argument will be developed that the nature of problems raised is to a large extent defined by the perceived accessibility of the union, which is in turn defined by a 'trade union agenda'. This restricted 'trade union agenda' results in women seeking individual solutions

outside of the structures of trade unions for many of their problems and grievances.

Representation

The issue of representation forms a major focus for this research. The literature which provides a background to the research is that which debates why women have different interests from men, and why the interests of women have been neglected within trade unions.(37) This literature also tends to be muddled. Writers appear to be discussing the same issue, but are actually examining several different aspects of representation. There seems to be particular difficulty in moving between debates which are concerned with the local workplace and union representation, and those which are concerned with more general theoretical issues.

In this chapter individual representation will be discussed, and the more general debates will be considered in the next chapter. The question raised here is whether trade union representatives spend proportionately as much time and energy on representing women members as men members in individual case work, such as disciplinary and grievance handling. Although this seems to be an easily quantifiable question, it is actually very difficult to assess the extent of take up by members and shop stewards. Certain groups of workers may have

many more problems as a result of their position in the labour force. Certain groups of workers may have more 'small scale' problems which are dealt with without having recourse to the formal procedures, and thus are not recorded.

None of the literature considers the issue of individual representational work, but it will be considered in detail in this research. However, because of problems of the interpretation of quantifiable evidence, a comparison is made of the nature of individual problems raised, the form of response from union officers, and alternative means of dealing with problems. This leads to a consideration of whether having more women shop stewards results in better take up, and/or better representation.

Many trade unionists spoken to in the course of this research commented on the problem of members, both male and female, regarding the union as a 'service agency'. That is, they felt that members expected officers to carry out individual representational work, whilst feeling no necessity or obligation for their own participation in the union. However, it will be suggested that many women members do not even see unions as a service agency, but as something even more external. This was also found by Cunnison, who claims that the women in her research saw the union as something they used only in extreme circumstances.(38) Rather than seeing the use of

the union for individual representational work as a negative indicator of participation, it should in fact be seen as the reverse.

This research suggests that many of the women members did see the union as an external agency. However, this is not merely a function of women's union awareness, but also of the form and nature of trade unionism.

SUMMARY

In this chapter the literature on women and trade unions has been criticised for its confused and partial coverage of the issues. The focus of much of the literature on women as the problem, and its failure to investigate the wider constraints on women's involvement in unions has been questioned.

The concept of participation used in the literature has been challenged as being too narrow, and the failure to address the nature of representation has been criticised. It has been suggested that there is some potential to improve the participation and representation of women members in their unions, and that local organisation is key in this process.

However, the literature in this field does not provide adequate answers to the questions posed at the beginning of this chapter

around the nature of sex specific interests and the process of their articulation. It has been suggested that there are underlying limitations to the participation and representation of women members, and it is a discussion of these underlying limitations that forms the focus of the next chapter.

Notes

1. This area is discussed in Beale 1982 p20, Aldred 1981 Chapter 5 and Ellis 1981.
2. For a discussion of examples of these practices see Hoel 1982 and Beale *ibid.* p21.
3. See for example Drake 1984(1920) on the organisation of domestic servants, or a more recent example, that of homeworkers, see 'Homeworking' undated TUC pamphlet.
4. For a more detailed discussion see Aldred 1981, Chapters four and five, and Ellis 1981 Section three.
5. This area is discussed in Aldred *ibid* p95, and Beale *op.cit.* p21.
6. See Beale *ibid.* pp21-22.
7. See Ellis *op.cit.* pp22-23.
8. For a discussion of women's experience of work and the effect of unemployment on women see Coyle 1984.
9. For accounts of the history of women in trade unions, see Drake *op.cit.*, Boston 1980 and Lewenhak 1977.
10. In previous research on the Hosiery and Knitwear Union, Munro 1982, a case which supports this argument is cited.
11. Beale *op.cit.* Chapter 1.
12. See TGWU 1987 and TGWU undated on their 'Link-up' campaign which was particularly aimed at women workers. Also see for example Labour Research October 1989 and Beavis 1989.
13. Examples include:- TGWU 1980, GMWU 1981, NATFHE 1981 and

1983 and 1984, ASTMS 1981, USDAW 1982, NALGO 1980 and undated, SCPS 1982, CPSA 1984 and undated, and APEX undated.

14. See Cavendish 1982, Pollert 1981 and Wajcman 1983.
15. For a longer discussion see Beechey 1983.
16. Ibid. p39.
17. Ibid. pp38-40.
18. Cavendish op.cit. and Pollert op.cit.
19. Ibid.
20. Purcell 1984 p54.
21. Ibid.
22. Ibid. p67.
23. Westwood 1984 p77.
24. For a discussion of the inter-relationships of gender, race and class, see Parmar 1982.
25. For a discussion of the categories, see Stageman 1980 pp 50-57.
26. See Stageman ibid., Beale op.cit. Chapter 2, Ellis op.cit. and Coote and Campbell 1982.
27. Beale ibid. Chapter 2, Coote and Campbell ibid., and Aldred op.cit. Chapter 5.
28. Beale ibid. Chapter 2.
29. This is argued by Coote and Campbell op.cit., see Chapter 5.
30. See Beale op.cit. Chapter 2 and Coote and Campbell ibid.
31. Beale ibid. Chapter 2.

-
32. See Beale *ibid.* Chapter 2, Stageman *op.cit.*, and Aldred *op.cit.* p138.
 33. See Cunnison 1983.
 34. *Ibid.* p78.
 35. See also Heery and Kelly 1988 on the impact of women full-time officers
 36. Cunnison *op.cit.*
 37. Beale *op.cit.* Chapter 1 and Coote and Campbell *op.cit.*
 38. Cunnison *op.cit.*

Chapter 3

Divisions in the Labour Market and Trade Unionism

In this chapter, the debate will be extended and an argument developed that there is a fundamental difference of interests which is related to the nature of the hierarchical labour market, a market divided by sex. This argument is linked to one about the nature of trade unionism. It will be argued that trade unionism is based on the maintenance of division and operates through a restricted 'trade union agenda'.

This chapter is divided into five sections. The first considers the debate around the nature of the interests of men and women; this is followed by an historical overview of the development of trade unions. Thirdly, the scope and limitations of trade unionism are assessed. In the fourth section the implications of racial divisions in the labour market are discussed. Finally the implications of these arguments for this research are outlined.

THE IDENTIFICATION OF INTERESTS

The concept of interests is used at two levels in this thesis. Firstly, there is an argument that at a general level women workers share certain interests which result from the hierarchy of labour which is divided by sex. Secondly, it is argued that the divisions of the labour market are reflected in individual workplaces and result in sectional interests. Kelly defines sectional interests as being where,

"The interests of a particular group of workers were placed by that group above the interests of the working class as a whole."(1)

This thesis suggests that there tend to be problems with the notion of 'interests of the working class as a whole' where it does not take account of differences of interests between men and women, and between black and white workers. Furthermore, it is essential to identify where sectional interests are defined by divisions of race or gender. This chapter is primarily concerned with discussions of differences of interests at a general level and issues related to sectional interests will be developed throughout the thesis.

The arguments advanced here draw particularly on the work of Beale and of Coote and Campbell.(2) They suggest British unionism is based on the maintenance of divisions amongst the working class, more accurately, on the maintenance of a

hierarchy of labour which is divided by sex. This is extended in this thesis by the suggestion that the maintenance of this hierarchy underwrites and reinforces a fundamental difference of interests between men and women in the labour market. It is suggested that there is a bottom layer in the hierarchy of labour, differentiated by grading structures, made up of women because they are women. For unions to challenge this hierarchy of labour they would have to challenge the whole concept of British unionism. There is, therefore, an inherent contradiction for unions in their representation of women members.

The labour market as a whole is divided by sex, and this is reflected in individual workplaces, where most men and women work in jobs segregated by sex. Individual work groups will have specific interests reflecting this sexual division of labour. The argument, which Beale makes very strongly, is that in the pursuit of sectional interests it is men's sectional interests which predominate, because men predominate in the senior positions in the trade union hierarchy.(3)

"Women and men tend to do different jobs, and compete with each other in the pursuit of sectional interests. Sexist attitudes within trade unions can make this worse. Some men still think women workers are less important than themselves. They under-rate women's potential power, and they are unwilling to give up their own privileged position. The result is that employers exploit this lack of solidarity to their own advantage."(4)

Although this research broadly supports this argument, there seems very little in terms of explanation in Beale's work. She also fails to develop her arguments in terms of the scope of trade unionism or the extent and limitations of what she calls sexist attitudes, or to develop an argument about the implications of her position.

What Beale omits, and what will be added to her argument, is that men dominate in local union hierarchies because they also dominate in the hierarchy of labour. From Beale's discussion it could be assumed that it is purely by chance that men dominate trade union hierarchies.

In this thesis it will be argued that the sectional interests within the workplace are not necessarily conflicting, but where they are, unions are less likely to support women's interests. Sometimes, even when interests are not in conflict, women's interests are less likely to be taken up than men's. It will be suggested that the representation of some of women's interests may be improved by increasing the number of women shop stewards and branch officers, but that such measures do not guarantee an improvement.

The interconnections between racial and sexual divisions in the workplace will be examined in this research. In many areas of work, jobs are also segregated along race lines. Where the

workforce is divided hierarchically on gender and race lines, white women workers may form coalitions with male workers in the defence of their interests at the expense of black women workers.

Beale fails to link into the wider theoretical implications of her arguments.(5) For this reason she is able to conclude optimistically that because unions need women in terms of membership, they will be forced to address women's interests.

"....unions and women need each other. Women are workers and a workforce divided is weaker than one that is united."(6)

This optimistic outlook seems unsupported by her own evidence or by women's experience of unions, which have historically preferred exclusion of some sections of the workforce to unity of the whole workforce. There has in recent years been a considerable change in the way in which unions have approached the organisation and representation of women members. This may in part be a result of the restructuring of industry and the increased importance of women to trade unions, and in part a result of the efforts of the Women's Movement. However, in contrast to Beale, it will be argued that there are underlying limitations to the representation of women's interests.

Coote and Campbell argue that the central division of interest between men and women lies in male workers' claim to a right to

a family wage.

"As long as the myth of the family wage persists, there is bound to be a conflict between women and men in the trade union movement. For if men see themselves as breadwinners-in-chief, how are they to view the prospect of women gaining equal opportunity and equal access to all jobs?"(7)

They argue that the self-protection role of unions prevents them taking up interests in conflict with their own.

"....for men to champion women's cause whole-heartedly requires a degree of altruism that has no part in the tradition of British trade unionism."(8)

They raise two interesting areas of debate. The first is the identification of the family wage as the central division of interest between men and women, and the second the potential for change in trade unions. In response, it will be argued that in the first instance their discussion is too narrow, but that in the second they raise important issues.

To consider this second point, the previous discussion of the hierarchy of labour supports their contention that there is a contradiction in the nature of trade unionism. However, any challenge to its nature cannot be understood in terms of altruism or its absence. The ability of trade unions to transform themselves cannot be understood independently of the political and economic structures in which they operate. Further, as yet there has been no agreement on why and how they should be transformed. Nevertheless, the contribution from

Coote and Campbell is important since they are the only writers to attempt an understanding of the potential of trade unions from the perspective of the contradictory nature of trade unionism.

To return to the first point, Coote and Campbell's emphasis on the family wage is too narrow. While the ideology of the family wage sits uncomfortably alongside demands for equal pay, it is still not a concept that trade unionists would give up readily. However, as Coote and Campbell point out themselves, the family wage has always been a reality for only a small proportion of the workforce.(9) It has also been significantly challenged with high male unemployment and an increasing number of female 'breadwinners-in-chief'.

It is inadequate to identify the key division of interests between men and women in an ideological myth, as this emphasis is too restricted. Rather than seeing the ideology of the family wage as the one key cause of division, it should be seen as one of the important factors which support the hierarchical divisions of the labour market. Although the hierarchical divisions of the labour market may be legitimised by the ideology of the family wage, the divisions cannot be totally explained by it.

This is to suggest that the key difference of interests between men and women results from the hierarchy of labour based on gender divisions. The labour market is divided hierarchically with a bottom layer made up of those occupations classed as manual unskilled work, such as hospital ancillary work. This layer is internally divided within employment by grading structures which enable the maintenance of a bottom tier of jobs occupied solely by women.

In the case of hospital ancillary workers, this consists of the catering assistants and domestic service assistants or cleaners. While there may be some mobility at the margins, with some possibilities for promotion within grading structures, the detailed analysis of the ancillary grading structures (in Chapter 6) will demonstrate that although there are divisions amongst male workers, there is for men the possibility of moving up this hierarchy, even without formally gaining promotion. In contrast women workers never move up the grading structure without gaining formal promotion, and have very rare opportunities for promotion. Moreover, in the case of hospital ancillary work, men never enter the hierarchy of the grading structure at the very bottom, whatever their skills or lack of skills. There is a band of occupations at the bottom of this hierarchy of labour from which there is no route upwards, where skills are under-valued, where pay is the lowest, where there is much part-time work - where women work.

It is suggested that this pattern within hospital ancillary work exemplifies a general pattern to be found in employment.

This hierarchy of labour has been developed and maintained in part through two processes in which male dominated trade unions have played a key part. These two processes are the systematic exclusion of women from certain occupations and the definition of skill which is in part socially constructed and which devalues the skills that women hold.(10)

The debate around the nature of skill is not the prime focus of this thesis, although it is a key feature in the maintenance of a hierarchically divided workforce. This thesis broadly supports the position of Phillips and Taylor who argue that,

"...the classification of women's jobs as unskilled and men's jobs as skilled or semi-skilled frequently bears little relation to the actual amount of training or ability required for them. Skill definitions are saturated with sexual bias. The work of women is often deemed inferior simply because it is women who do it. Women workers carry into the workplace their status as subordinate individuals, and this status comes to define the value of the work they do. Far from being an objective economic fact, skill is often an ideological category imposed on certain types of work by virtue of the sex and power of the workers who perform it."(11)

Obviously not all women work in the band of occupations at the bottom of the labour market hierarchy. With the growth of female professions such as teaching and nursing, there are sectors of employment where women may move up internal

professional hierarchies. However, even in numerically female dominated professions, the internal hierarchies reflect and reproduce the hierarchies of the whole labour market, with men in the most senior positions and frequently women from ethnic minorities in the lowest positions without a career structure.

Equally, some women do progress within male dominated occupations. Positive action proposals have been specifically aimed at increasing the employment of women within male dominated occupations.(12) However, such a programme is unlikely to cause a challenge to the basic structure of the labour market.

Individual firms and individual occupations or professions reflect the hierarchical structure of the labour market as a whole. Trade unions played a role in establishing this hierarchical structure of the labour market, and operate on an assumption of its maintenance. Beale comments that,

"Differences in status and skill usually follow sex lines, with women concentrated in lower status, low paid jobs. Differentials are often maintained by men at women's expense."(13)

Beale's commentary conveys the impression that this situation is coincidental. She fails to address the question of why this is the case.

In short, little attention has been given in the literature to the notion of a difference of interest between men and women in the labour market, although much of the literature assumes some sort of difference of interest. The argument of this thesis is that the fundamental difference lies in the hierarchy of labour divided by sex. It follows from this that trade unionism has developed in such a way as to reflect and reproduce that labour market.

HISTORICAL BACKGROUND

The particular form of the labour market developed with industrial capitalism, in part shaped by early trade unions, and based in pre-existing sexual divisions. As trade unions also grew they reflected and reproduced a labour market divided by sex. Thus the two strands of this thesis, the fundamental difference of interest, and the restricted trade union agenda are inter-connected and have long historical roots.

Hartmann is one of the few writers to pay significant attention to the issue of job segregation in explaining the continuing subordination of women.(14) Despite problems with her concept of patriarchy, Hartmann offers valuable insights into the historical development of the labour market.(15) She argues that the form of the labour market cannot be seen as a pure function of capital, and identifies the need to look at the

role of organised male labour in shaping it.

"Historically, male workers have been instrumental in limiting the participation of women in the labour market. Male unions have carried out the policies and attitudes of the earlier guilds, and have continued to reap benefits for male workers. Capitalists inherited job segregation by sex, but they have quite often been able to use it to their own advantage. If they can supersede experienced men with cheaper women, so much the better; if they can weaken labor by threatening to do so, that's good too; or, if failing that, they can use those status differences to reward men, and buy their allegiance to capitalism with patriarchal benefits, that's okay too."(16)

While not suggesting a simple functional relationship, or that male workers are totally responsible for the divisions in the labour market, it can be noted that they have played a key role in its development and that trade unionism has been shaped by this process.

The maintenance of control in the early craft organisations necessitated the maintenance of divisions within the working class. Power for the craft worker lay in control over the supply of labour and exclusion of all unskilled labour. However, capitalist relations were based in pre-existing sexual hierarchies of power. Gender relations were transformed, but not destroyed. With the rise of capitalist production, the necessity to exclude unskilled labour became synonymous with the necessity to exclude female labour.

In Capital Volume One, Marx argues that the development of machinery enabled employers to replace male workers with cheap female and child labour.(17) This argument ignores the importance of gender in mediating capitalist developments. In most industries this simple substitution did not take place, yet the threat of substitution did provide employers with a tool to break down the resistance of male workers to capitalist developments.(18)

In feudal society, women's entry into certain craft work had been carefully controlled and restricted.(19) The separation of home and work reinforced the difference between male and female labour. From the point of view of the organised male worker, female labour threatened wage levels and the ability to combine against the introduction of new technology. Male workers were faced with a choice to fight for equal pay for women, or to fight to exclude women. In the context of the developing middle class Victorian ideology of domesticity, it is not surprising that the majority of male workers chose the latter.(20) Although working men sometimes attempted to emulate the middle class Victorian ideal of the dependant wife in the home, the reality for most women was endless childbearing, taking in of work and poverty.

While the basic division amongst the working class underpinned by craft organisation was that between skilled and unskilled

workers, the total exclusion of women from skilled work and from craft organisations created women workers as an easily identifiable threat. The concepts of skilled and unskilled cannot be understood by reference to gender alone, but equally they cannot be understood outside of an historical context in which female labour meant unskilled labour, even if unskilled labour did not necessarily mean female labour.

Where women were employed in auxiliary occupations, craft workers frequently encouraged them to form their own unions or to form women's sections of the craft union. However, this was often used as a better means of controlling the supply of women's labour, rather than to represent their interests and improve working conditions.(21)

Hartmann shows how the development of the hierarchical labour market was very much the result of struggle, with the various groups having a different impact at different stages in the process:

"Thus, in periods of economic change, capitalists' actions may be more instrumental in instituting or changing a sex-segregated labor force - while workers fight a defensive battle. In other periods male workers may be more important in maintaining sex-segregated jobs; they may be able to prevent the encroachment of, or even drive out, cheaper female labor, thus increasing the benefits to their sex."

The representation of women's interests was by definition excluded from the early craft unions. For women, organisation

was based on control, not representation. Even when unions considered questions of health and propriety, it was usually used to exclude women from certain industries, not to improve conditions.(23)

The organisation of unskilled workers in the 1880s into the massive general unions was predominantly the organisation of male unskilled workers in the heavy engineering industries where few women were employed, although here too female labour was regarded as a threat, and women systematically excluded. The organisation of unskilled male workers was accompanied by greater unionisation amongst women workers. Many small unions of women workers were organised with the assistance of the Women's Trade Union League.(24) However, because of the divisions of the labour market, the women's unions lacked the power base of the craft unions or the great general unions. These unions did, however, articulate the interests of women workers and achieve some improvements in wages and conditions of work. As they were absorbed into mixed unions, so women's interests were gradually submerged into a more general framework based on male interests.(25)

It can be argued that almost all of the mixed and male trade unions never articulated the interests of women workers, who were regarded as a potential threat. An 'agenda' of issues appropriate to trade unions had always excluded women's

interests and developed around the maintenance of division amongst the working class.

This brief history of trade unionism obviously offers a simplified account of a complex situation. It points to the relationship between two processes and their gender specific nature, that is, the development of a form of unionism based on divisions within the working class, and the development of a hierarchical, gender-divided labour market.

This is a claim that the hierarchic nature of the labour market based on gender divisions is the underlying problem of women's employment. Further, the nature of trade unionism does not enable a challenge to that structure. In other words, the differences of interests between men and women stem from the nature of the labour market and trade unionism has developed on the basis of its maintenance. The aim of the remainder of this chapter is to begin to consider the implications of this argument.

THE SCOPE AND LIMITATIONS OF TRADE UNIONISM

This section connects the arguments made in this chapter so far with those in the previous chapter, linking the argument about representation in the workplace to wider theoretical issues. As indicated, the labour market is divided by sex with women

occupying those jobs which are defined as unskilled, are low paid and part-time. In recent years, the trend has been towards even greater segregation of the labour market.(26) In these circumstances, trade unions, at best, are only prepared to take up issues specifically relevant to women where they do not challenge the basic structure of the labour market. This then frequently excludes challenges to grading structures and equal value claims which question the skill definitions which undervalue women's skills.

There is no attempt in this research to denigrate either the real attempts of some male trade unionists to represent women members, or the importance of the Women's Movement in affecting trade union practice. However, unlike much of the literature in this field, this research will attempt to make an assessment of both the importance of unions reforms so far, and the future potential of unions in their representation of women's interests.

There is a vast array of very important issues which do not challenge the basic structure of the labour market but which have important implications for women workers. In these areas there is some potential to improve the representation of women's interests. However, the restricted 'trade union agenda' also results in the exclusion of a whole range of issues relevant to women workers. One of the aims of this

research will be to identify the issues that do not challenge the basic structure of the labour market, and to examine how they are dealt with by unions.

It could be contended that there are examples which suggest the argument of the exclusion of women's interests is overstated. Such an example might be the trade union demonstration in support of women's rights to abortions.

"One of the most dramatic manifestations of union support for women's demands was the TUC's official demonstration against the restrictive abortion Bill introduced into Parliament by John Corrie, Conservative MP for Bute and Ayreshire North. When some 80,000 women and men marched from Marble Arch to Trafalgar Square on 31 October 1979, it was the largest trade union demonstration ever held for a cause which lay beyond the traditional scope of collective bargaining; it was also the biggest ever pro-abortion march."(27)

Such supportive actions are very rare, but do show there is some potential to extend the 'trade union agenda', although it could be claimed that this action was possible because it was not linked to the workplace and therefore entailed no challenge to the hierarchy of labour.

While it appears unlikely that such numbers of trade unionists could be mobilised on such an issue in the late 1980s, the nature of trade unionism does not totally preclude such action. Coote and Campbell's conclusions are in line with the argument made in this thesis,

"The defeat of Corrie's Bill has been one of the trade

unions' few major, tangible achievements for women....
...But we have yet to see convincing signs that they
have the capacity to mount an effective challenge to
the traditional distribution of jobs and pay between
women and men."[their emphasis] (28)

Trade unions cannot mount this challenge to the distribution of jobs and pay, because such a challenge would in itself challenge the nature of trade unionism. It could be argued that trade unions are indeed taking on this challenge, by negotiating the removal of the lowest grades and negotiating for flat-rate pay increases. Such strategies may reduce differentials and have been forced on unions keen to recruit women members; however, such measures do not affect the basic form of the labour market. This will be demonstrated in this thesis with reference to hospital ancillary workers. In some cases there is now slightly less distance between men and women at the bottom of the labour market hierarchy, although women are still located at the bottom of the hierarchy. In this way unions are able to support equal pay claims which in no way challenge the structure of the labour market, but have greater difficulty with equal value claims which do begin to challenge this structure and the nature of skill.

Implications for positive action in trade unions

Positive action is regarded by most commentators as the only route to improving the position of women within trade unions. The arguments in this thesis, however, suggest that this view

takes little account of the nature of trade unions. The most immediate and important implication of the argument for positive action is that it is inevitably limited in its potential to achieve change. Positive action within unions cannot challenge the structure of the labour market. Against Beale's position, it can be claimed that the limitation to the scope of positive action in employment is its focus on enabling women to enter male occupations.(29) This solution does not provide answers for the mass of women in female dominated occupations at the bottom of the labour market. While not dismissing the concept of positive action completely, since it may provide a useful focus for the mobilisation of women trade unionists and present some challenges to the restricted trade union agenda, it does not hold all the answers.

So far this chapter has outlined the process by which men dominate in the hierarchies of labour and men's interests dominate within trade unions. In the previous chapter the literature was criticised for its failure to consider the issue of race. It is therefore necessary here to integrate a discussion around racial divisions in the workforce with the arguments, as they have been laid out.

DIVISIONS OF RACE

The prevalence of racism, both institutionally and individually in employment and trade unions is generally acknowledged. However, this thesis will attempt to integrate an understanding of the implications of racial and sexual divisions in the workplace, and the ways in which trade unions play a role in reproducing both forms of division.

The literature on women and unions described in Chapter 2 either ignores the position of black women, or briefly concludes that whatever the situation for women in general, it will be worse for black women.(30) Moreover, the literature on black workers and trade unions deals almost solely with male black workers.(31) Only some of the workplace studies incorporate discussions of both gender and race.(32)

It has been argued previously that there are certain ways in which unions can improve their representation of women members and certain things they cannot or will not tackle because of underlying contradictions. In relation to black women, one issue which unions can take up is recognition. Union recognition is obviously beneficial for the union, it offers the potential for increasing membership numbers. Recognition disputes provide unions with the opportunity to show their support of workers in the more insecure sectors of the labour

market at relatively little cost, although they provide no challenge to the structure of the labour market. This is not to under-estimate the importance of such recognition disputes. Such disputes may also be important in dismissing stereotypical assumptions about the submissiveness of black women. However, it is important to recognise that the literature which does refer to black women concentrates on one or two well known recognition disputes.(33)

Racial divisions in the labour market

As already indicated the hierarchical sexual divisions of the labour market have crucial implications for unionism. In a similar vein it should be noted that the labour market is also divided racially. It is, however, necessary to understand that racial divisions exist in a context of a sexually segregated labour market.

Research has provided evidence of a number of effects of racism in the labour market, some of these with trade union collusion or even instigation.(34) Smith found that black workers have to make more job applications than white workers before they get accepted for a job.(35) Black workers on average earn less than white workers and are more likely to work unsocial hours than white workers.(36) Black workers are more likely to be

working on unpleasant or arduous tasks than white workers, and suffer disproportionately from unemployment.(37)

The literature, however, fails to investigate whether all these factors affect black men and black women equally. In the 1970s Smith argued that the distance, in terms of pay, between white and black male workers was greater than the distance between white and black female workers.(38) A TUC report concludes that black and white women tend to receive the same low pay in relation to white men.(39) This conclusion has recently been challenged by Bruegel, who argues that,

"...where black women are concerned other factors, primarily racism as it affects unemployment and the earning levels of both black men and women, are at least as important in determining women's place in the labour market. The existing literature structured as it is by standard categorizations of occupations and by standard approaches to gathering information, especially through household surveys, presents a false picture of the position of black women in relation to white. Both groups of women are affected by sexual discrimination in labour markets, but black women are also subject to racial discrimination, much of which remains hidden by conventional approaches to the gathering and analysis of labour market information."(40)

Bruegel thus offers a very useful contribution to the debate, and provides an important warning against the assumption of similar experiences of black and white women.

Active struggle over attempted exclusion of black workers seems most prevalent in skilled male areas of work.

"....members of craft unions in particular have long

been willing to practice racial discrimination. Lee and Wrench(1983) found resistance to black co-workers particularly strong in skilled areas, for example, in toolroom, maintenance and sheet metal working areas."
(41)

Wrench does not offer an explanation for this, but it is here that there is most to lose and most to gain by the exclusion of black workers. It is here that male workers are practised at using exclusionary tactics and protection of sectional interests. The sorts of strategies used may include word of mouth recruitment to control labour supply, skill differentials to maintain an under-class of workers, or grading divisions to force one group to absorb fluctuations in 'manpower' requirements.

The argument is that the structural effects of racism in the labour market may in certain situations be different for black men and black women, an argument which is not considered in the literature. In the manual labour force, there may be a tendency for greater horizontal racial segregation of the female labour force, and greater vertical racial segregation of the male labour force. This means black and white women are more likely to be segregated by shift, department or factory, while black and white men are more likely to be segregated by grade and pay levels. This situation results from the lack of hierarchy in women's manual work, which means that there is little to fight for or defend. It is important, however, to remember that this argument is not intended to deny the racial

discrimination which black women experience in the labour market.

Implications for trade unionism

This discussion suggests that amongst men, there is more struggle over access to better jobs, therefore in terms of fighting racism, the issues raised for trade unions are those of recruitment, promotion and training. However, for women, the issues raised are more concerned with concentration within an already concentrated labour market.

"....there are regional and racial variations whereby Asian women are confined to even more specific sections of the labour market. They are over-represented in the low paid unskilled and semi-skilled sector, where most Asian women are to be found working as machinists in the clothing industry, in laundries, light engineering factories, the hosiery industry, in canteens, as cleaners, and also as homeworkers."(42)

Having argued that there is an underlying limitation to the representation of women's interests in trade unions based on conflicts over the sexual segregation of the labour market, the concentration of black women in this bottom section of the labour market makes this limitation of particular significance to black women.

Wrench argues that trade unions are only tackling the problems of black workers if they are those also faced by white workers.(43) This may be true for male workers, however,

Wrench fails to recognise that at present unions tend not to tackle problems faced by white women workers. This suggests that issues specifically affecting black women workers may be even further from the 'union agenda'.

"They are not acting on issues such as under-representation in certain areas of work, promotion, the differential impact of redundancies or racial abuse."(44)

Of course, these are very important issues for black men and women. What is of crucial importance to women generally, and particularly to black women, however, is the over-representation at the bottom of the labour market. Even if unions were to act on all of the issues discussed by Wrench, it would not challenge the basic structure of the labour market which keeps women at the bottom of a hierarchy with no route out of it.

Despite the many common interests of black and white women, the degree of racial conflict amongst women at the bottom of the labour market should not be under-estimated. Because one aspect of the restructuring of the labour force is the shift from full-time to part-time working, black women who are more likely than white women to work full-time, are a particular target. Also, as unemployment rises, there are struggles occurring at the bottom of the labour market, not over who gets which job, but who gets any job.

While black and white women workers may share an interest in the challenge to the hierarchically divided labour market they are also divided. In some situations they have different interests and there is a need for an awareness of the specific effects of racism on the occupational structure. This obviously has important implications for trade unions, especially in the way which they represent sectional interests which reflect divisions based on race in the workplace.

SUMMARY

This review of the literature indicates a clear need for a thorough theoretical framework which seriously considers the position of black women, and which is supported by empirical research. In this chapter the argument has been outlined that trade unionism operates in a way which maintains a hierarchy of labour, in which women are disadvantaged and which precludes the full representation of women's interests. Any understanding of trade unionism also requires an examination of the racial and gender composition of employment. Since the central aim of this research is to investigate the relationship between divisions in the workplace and trade union organisation, this thesis will look in detail at the racial and gender composition of a number of workplaces, investigating the causes of division and unity.

The thesis also considers local union organisation at each of these workplaces, assessing the degree to which union organisations reflect and reproduce divisions in the workplace, and investigating how these divisions are reproduced through a restricted 'trade union agenda'.

In practice, it is likely that only certain types of interests will be taken up within unions. To make the case, the research looks in detail at the organisation of local union branches, critically examining the way in which issues are defined and raised, relating representation to divisions amongst the workforce. The effectiveness of the representation of women members' problems in the different union branches is compared. The suggestion is that despite underlying limitations, there is considerable scope for the improvement of the representation of women's interests. The research concludes with a consideration of how that improvement might be achieved. The wider theoretical issues discussed in this chapter are linked to the experience of individual workplace organisation.

Notes

1. Kelly 1987 p34.
2. Coote and Campbell 1982, and Beale 1982.
3. See Beale *ibid.* Chapter 1.
4. *Ibid* p6.
5. See Beale 1982 Chapter 2.
6. *Ibid.* p6.
7. Coote and Campbell *op.cit.* p155.
8. *Ibid.* p155.
9. *Ibid.* Chapter 5.
10. For a wider discussion of skill see Phillips and Taylor 1980, Lever 1988, and Coyle 1982.
For the debate around deskilling see also Braverman 1974, Brighton Labour Process Group 1977 and Elger 1979.
11. Phillips and Taylor 1986 p79.
12. See for example Robarts *et.al.* 1981, Stamp and Robarts 1986, and Coyle and Skinner 1988.
13. Beale *op.cit.* p8.
14. See Hartmann 1979 (1).
15. For her discussion of patriarchy see Hartmann 1979 (2).
16. Hartmann (1) *op.cit.* p229.
17. See Marx 1977 Part IV Chapter XV
18. For an example of this argument see Drake 1984 Part I.
19. For discussions of women's work prior to and during the Industrial Revolution, see Clark 1982, Hutchins 1978 and Pinchbeck 1981.

-
20. 19th Century cotton workers in Lancashire had been one of the few groups to raise the issue of equal pay. For further discussion, see Drake 1984 and Liddington and Norris 1978.
 21. For an example see Gurnham 1976 on the hosiery unions.
 22. Hartmann (1) op.cit. p230.
 23. See, for example, the exclusion of women from coal mining in John 1984.
 24. See Drake op cit.
 25. See Drake ibid and Boston 1980.
 26. Hakim 1981.
 27. Coote and Campbell op.cit. p147.
 28. Ibid. pp148-9.
 29. See Beale 1982 Chapter 7 who strongly supports positive action, although she presents little evidence to suggest that it would be successful.
 30. For example Beale ibid., Aldred 1981, Coote 1980 and Ellis 1981.
 31. For example Wrench 1986 and Labour Research October 1985 only briefly mention black women, whilst other articles do not discuss their position at all - see Gow 1987, Allen 1987 and Labour Research July 1988.
 32. For example Hoel 1982, Phizacklea 1983 and Westwood 1984.
 33. The most famous being the Grunwick dispute. See Dromey and Taylor 1978.
 34. See Ohri and Faruqi 1988 and Wrench 1986.

-
35. Smith 1977, see the section on 'Working and Unemployment'.
 36. Ohri and Faruqi op.cit. p63.
 37. Smith 1977 op.cit.
 38. Ibid, see the section on 'Earnings'.
 39. See TUC 1987.
 40. Bruegel 1989 p63.
 41. Wrench op.cit. p10.
 42. Parmar 1982 p247.
 43. Wrench op.cit.
 44. Ibid. p15.

PART II - LOCATION AND BACKGROUND TO THE RESEARCH

Chapter 4. **The Hospitals and Ancillary Work**.....82

 Hospital Work.....83

 Ancillary Work.....89

 Historical Background to Ancillary Work.....92

 The Hospitals.....109

 Summary.....118

Chapter 5. **The Unions**.....124

 Unions in the NHS.....125

 NUPE - History and Structure.....128

 COHSE - History and Structure.....132

 Women in NUPE and COHSE.....135

 Union Branches Included in the Research.....146

 Summary.....162

Chapter 4

The Hospitals and Ancillary Work

This section of the thesis is concerned with setting the scene for the empirical research. The chapter is primarily concerned with giving a background to ancillary work and a description of the hospitals involved in the research. The following chapter provides a background to the trade unions involved in the research. The first part of this chapter looks in general at hospital work, identifying the hierarchical nature of all occupations in the NHS. In the second part the detail of ancillary work is examined, including the historical background to the organisation of ancillary work. This is concerned with the way in which the continual pressure on the cost of wages within the NHS has led to a particular focus on women's ancillary work. Finally a description of the hospitals involved in this research is provided.(A more detailed description of research methodology will be found in Appendix II)

The rationale for studying hospital ancillary work is that it provides an ideal setting for an analysis of the problems

raised in Chapters 2 and 3. The NHS is the largest single employer of manual women workers in work which is low paid, regarded as unskilled and low grade, and where there are also high levels of part-time working. The focus of the study is on two ancillary occupations, catering and cleaning, which also reflect the type of work women perform unpaid as domestic labour. A study of representation within unions of women members requires high levels of union membership amongst women, and this too is found amongst hospital ancillary workers.

Hospitals vary vastly depending on location, size and specialty which makes the comparative approach, basing the research at a number of carefully selected hospitals, necessary. In addition, the main recruiting union amongst ancillary workers varies from area to area. Therefore, the particular choice of hospitals also provides the basis for a comparison in terms of trade unions, involving two trade unions, the Confederation of Health Service Employees (COHSE) and the National Union of Public Employees (NUPE).

HOSPITAL WORK

The first thing to note about hospitals is that the nature and experience of hospital work varies enormously depending on the size, location and specialty. Hospitals differ not only for medical and nursing staff, but also for ancillary staff. For

example, where there is an outpatients department it cannot be cleaned during the day shift and this necessitates the employment of many evening staff. Where there is an accident and emergency (A+E) department large numbers of nursing and medical staff working in the evening need adequate canteen facilities at all hours. Further, if a hospital is located in the countryside, staff cannot be brought in for a couple of hours a day to cover peaks of activity such as meal times, rather they are employed over a longer period of the working day.

The one constant feature of the health service is its clearly delineated hierarchical structure. There is a status hierarchy amongst specialties with general acute at the top, and psychiatric, geriatric and mental handicap care at the bottom. More importantly, there is a very clear occupational hierarchy within the hospital. At the top of this structure are the senior administrators, managers and consultants, often preoccupied with professional autonomy and authority, how money is allocated and how the hospital is run. They are closely followed by the remainder of the 'curing' medical profession, who are separated in power and status from the 'caring' nursing staff. A variety of clerical, and professional and technical staff exist on the fringe of this hierarchy, while at the bottom are the ancillary workers.

Table 3 shows the figures for employment in the NHS in 1980, the most recent figures available at the beginning of this research. The largest single group of staff were the nursing staff who made up nearly half of total employees, while ancillary workers were the next largest group with over a fifth of the total, whole time equivalent(WTE).

Table 3 Staff employed in the NHS England 1980

<u>Staff group</u>	<u>Number</u>	<u>% of total</u>
Total staff	835,582	
Total staff: WTE	791,857	100%
Nursing and midwifery: WTE	370,080	46.7
Ancillary: WTE	171,967	21.7
Admin and clerical: WTE	105,430	13.3
Medical and dental: WTE	38,219	4.8
Professional and technical:WTE	61,893	7.8
Maintenance and works: WTE	26,503	3.3
Ambulance: WTE	17,768	2.2

(Figures from Health and Personal Social Statistics.)

Table 4 overleaf indicates how staffing levels changed by 1986, the most recent figures available at the time of the completion of the thesis. If the figures are translated into actual numbers of nurses and especially ancillary workers then both groups would constitute even larger proportions of the workforce. Because of the frequency of part-time work amongst these groups, the use of whole time equivalent figures masks the actual numbers of workers.

Table 4 Staff employed in the NHS England 1986

<u>Staff group</u>	<u>Number</u>	<u>% of total</u>	<u>% change since 1980</u>
Total staff	848,636		+1.6%
Total staff: WTE	801,589	100%	+1.2%
Nursing & midwifery: WTE	402,690	50.2%	+ 3.5%
Ancillary: WTE	124,267	15.5%	- 6.2%
Admin & Clerical: WTE	111,351	13.9%	+ 0.6%
Medical & Dental: WTE	43,248	5.4%	+ 0.6%
Prof. & Technical: WTE	76,083	9.5%	+ 1.7%
Maintenance & works: WTE	24,983	3.1%	- 0.2%
Ambulance: WTE	18,965	2.4%	+ 0.2%

(Figures from Health and Personal Social Statistics)

The higher increase in overall staff than WTE staff suggest that there has been a general shift toward part-time working since 1980. Despite an overall increase in staffing levels between 1980 and 1986, there was a considerable decrease in staffing in ancillary departments. The total number of ancillary workers in England in 1980 was 220,605, making them 26.4% of the total workforce. By 1986 this number had dropped to 167,577, making them 19.7% of the total workforce. The only other section to experience a drop in staffing over the same period of time was maintenance and works.

The workforce is divided by class, race and gender, and each profession has its own very complex internal hierarchies, again based on class, race and gender. On the basis of family and educational background, Doyal identifies doctors as

predominantly 'upper middle-class', and the unskilled and semi-skilled ancillary workers as 'working class'.(1)

Although 75 per cent of workers in the Health Service are women, only about 20 per cent of doctors are women. Within the medical profession, women are disproportionately represented in the lower level posts, despite the fact that women medical students tend to achieve better results than their male counterparts.(2)

Nursing has traditionally been a female occupation, although now approximately ten per cent of nurses are male. There have always been more men in psychiatric nursing, but their numbers are also increasing in general nursing. Despite their small numbers, men are disproportionately represented in the higher posts in nursing. Approximately twenty per cent of staff at charge nurse/sister level are male, while only five per cent of the lower status State Enrolled Nurses(SEN) are male. Approximately 75 per cent of ancillary workers are women, but again, most of them are found employed on the lowest grades, in the lowest paid jobs in the Health Service.

During the post-war years of full employment and Health Service expansion, migrant workers were drawn into the NHS labour force in all occupations. Doyal found that in 1978 more than a third of NHS doctors were born overseas, but that they were

disproportionately represented in the lower level posts and in the low status specialties.(3) Doyal's research uses the concept of 'born overseas', as opposed to the notion of 'racial origin' used in this thesis, although it provides the only data available. Despite the lack of statistical information on nurses, Doyal suggests that overseas born nurse learners are more likely to be found in the low status psychiatric and geriatric hospitals. They are also more likely to be training as SEN's, the less prestigious qualification which does not automatically lead to a place in the career structure of the nursing hierarchy.(4)

There is even less information on the racial composition of the ancillary workforce. No national figures are available, and it seems that regional variations are so great that individual ancillary departments may have no staff born overseas, or they may have one hundred per cent staff born overseas. This makes generalisations from small scale research almost impossible.

Doyal's research suggested that each occupation within the NHS is composed predominantly of one group delineated according to gender and place of birth. In her research, over half of all ancillary workers and nurses were females born overseas; over half professional and technical staff and three quarters of clerical staff were females born in Britain; nearly half of doctors were British born males.(5) Although it is impossible

to generalise from Doyal's figures, her research clearly indicates the importance of divisions based on race and gender to employment in the NHS. In this research I shall pay particular attention to divisions of gender and race amongst ancillary workers. The next section will look in more detail at the ancillary workforce.

ANCILLARY WORK

Ancillary workers range in occupations from laundry workers to shoemakers, from telephonists to waitresses, but the largest single group are the cleaners, in domestic services departments. Table 5 shows the proportions employed in the broad occupational groups within ancillary work.

Table 5 Staff employed in Ancillary Departments - England 1976 - 1986

	<u>1976</u>	<u>1982</u>	<u>1986</u>
<u>Total Ancillary Staff</u>	216,687	220,204	167,577
<u>Total Staff WTE</u>	173,592	170,524	124,267
<u>Catering</u> Total staff	36,479	35,654	28,652
Total WTE	30,549	28,854	21,959
% tl ancillary staff	16.8%	16.2%	17.1%
% WTE ancillary staff	17.6%	16.9%	17.8%
<u>Cleaning</u> Total staff	96,570	102,558	73,484
Total WTE	67,793	68,662	44,772
% tl ancillary staff	44.6%	46.6%	43.8%
% WTE ancillary staff	39.1%	40.3%	36%
<u>Porters</u> Total staff	25,226	24,499	21,276
Total WTE	24,604	23,960	20,861
% tl ancillary staff	11.6%	11.1%	12.7%
% WTE ancillary staff	14.2%	14.1%	16.8%

(Figures from Health and Personal Social Statistics)

This table indicates that total staff numbers were increasing up to 1982, and thereafter declined. The whole time equivalent figures, however, declined throughout the period, which suggests a general trend toward more part-time working.

Both catering and portering departments experienced a decline in total staff numbers and in whole time equivalent staffing levels between 1976 and 1986. In catering there was a 21.5% reduction in total staffing levels and a reduction in portering departments of 15.7% during this period.

In contrast the total number of staff employed in cleaning departments had increased between 1976 and 1982, although it fell considerably by 1986. There was a 23.9% decrease in total staff numbers between 1976 and 1986. What is significant is the decrease in whole time equivalent staff levels in cleaning, a 34% decrease between 1976 and 1986. This suggests that the general trend towards part-time working has had the most significant effect within cleaning departments.

Domestic services departments, the cleaners, accounted for 43.8 per cent of all ancillary employees in 1986, although since a large number of domestics work part-time, this equates to 36 per cent of the workforce whole time equivalent. The next largest group are catering workers who made up 17.1 per

cent of the ancillary workforce in 1986, and this is 17.8 per cent whole time equivalent because part-time work is less common. This group is less homogeneous than the domestic services departments, with a greater range of grades, from dining room assistants (waitresses) to head cooks and superintendents. While domestic services departments tend to be overwhelmingly female, there are usually some men employed in catering departments, usually as cooks/chefs or superintendents. The next largest group under the ancillary umbrella is portering, the largest group which is predominantly male. Porters accounted for 12.7 per cent of the total workforce in 1986, and since part-time work is unusual in a male dominated department, 16.8 per cent of the whole time equivalent.

Ancillary services as a proportion of the whole NHS workforce have been declining, as demonstrated in table 6. Table 6 shows a decline in the proportion of total numbers of ancillary staff of 8.6 per cent between 1974 and 1986. It also shows the proportion of whole time equivalent staff to have declined 8.7 per cent over these years. Overall the proportion of NHS staff who work in ancillary departments fell dramatically during this period, dropping from about a quarter to less than a sixth of the whole time equivalent figures.

Table 6 Ancillary workers as a % of the whole NHS workforce - England

	1974	1977	1980	1982	1986
Total numbers	28.3%	27.5%	26.4%	25.1%	19.7%
WTE	24.2%	23.1%	21.7%	20.5%	15.5%

(Figures from Health and Personal Social Statistics.)

The National Board for Prices and Incomes Report 166 in 1971 showed that the shift to part-time working in the Health Service had been developing much earlier than 1974.(6) It was noted in the report that the increase of ancillary staff between 1961 and 1969 had been made up of an increase of 38 per cent amongst part-time staff and an increase of only 0.3 per cent amongst full-time staff. The information in table 5 indicates that from 1976 this increase in part-time working has been concentrated in domestic services departments.

HISTORICAL BACKGROUND TO ANCILLARY WORK

From the formation of the National Health Service, the cost of funding has escalated, a source of major concern to all Governments.(7) The bulk of these rising costs were made up of increasing wage bills as the labour force grew.(8) The economic climate in the 1960s put pressure on successive Governments to cut public expenditure, while falling wage rates in real terms within the Health Service increased

dissatisfaction amongst staff, and hindered the recruitment and retention of staff.(9) This dual problem, of needing to cut expenditure and also to be seen to be responding to problems of low pay, remained the central issue in the Health Service up to the 1980s. A growing militancy amongst ancillary workers, and the recognition of the importance of ancillary work to the overall running of the Health Service, led to attempts to introduce efficiency related productivity schemes.(10) However, as public sector workers took the brunt of a series of income policies, ancillary workers fought a series of campaigns to increase their wages, only to see them eroded again in the next round of pay freezes.(11)

The problem of continual rising costs in the Health Service were also linked to managerial reorganisation. This research suggests that increasing levels of unemployment in the 1970s and 1980s have reduced problems of recruitment in ancillary work.(12) Rising unemployment may provide Governments with greater freedom to concentrate on cost cutting. Such cost cutting may be achieved through reductions in the labour force or through the use of cheaper private contractors outside of the public sector. These developments need to be seen against a background of considerable change and instability in the health industry over the last three decades. This period can be generally periodised into the three decades, the 1960s, 1970s and 1980s. Each will be examined in turn.

The 1960s

Hospital work is labour intensive, and nowhere is this more evident than in the patterns of expansion of nurses and ancillary workers. Between 1949 and 1953, staffing levels of nurses and ancillary workers were rising proportionately faster than the number of occupied beds in the health service.(13) The hospital sector was becoming more labour intensive.

"Since the inception of the National Health Service in 1949 the ancillary staff workforce as a whole has grown enormously. In 1974 it was 53% above its original size, having grown most rapidly during the first twenty years of the life of the Service, by a quarter in the first decade and almost as much in the second, with numbers peaking in 1972 and thereafter dipping slightly."(14)

As Manson points out, in such a labour intensive service, if costs were to be cut, staffing levels had to be a prime target, and especially nurses and ancillary workers, the two largest groups of workers.(15) As a part of the 'Hospital Plan' of 1962, capital expenditure was more than doubled in an attempt to reduce labour costs. Although this did put more pressure on management to maximise labour efficiency, it did not have the desired effect of reducing staffing levels.

By the mid 1960s, the Labour Government was under pressure to cut public expenditure through the reorganisation of various sections of the Welfare State.(16) At the same time workers in

the public sector took the brunt of a series of statutory incomes policies and wage freezes. It was these same public sector workers who were suffering not only from very low pay, but from falling wages in real terms.

"Of seventy-four industries analysed by Incomes Data in 1965-6 nineteen settlements were around the norm, and forty-eight were above, with 18 of them being over 6%. Of those on 'the norm' there were eleven in the public sector, ranging from local authority manual workers and Health Service ancillary staff to electricity supply. This meant that those groups had failed to keep up with changes in the cost of living and that their real incomes had fallen slightly."(17)

In 1966, the Government referred to the National Board for Prices and Incomes the question of the pay and conditions of service of ancillary workers in the NHS.(18) At the time, there were 266,000 ancillary staff in England, Wales and Scotland with an annual wage bill of £142 million. The report revealed that full-time male workers in the NHS ancillary sector had fared badly compared with comparable workers in the private sector, and compared with other public sector workers.(19) They were, in fact, amongst the lowest paid male workers in the country. The report suggested that the main reason for low pay was the lack of opportunity to extend basic pay through overtime or incentive bonuses.(20)

The report also found that women ancillary workers were better paid than men ancillary workers in relation to the average for all industries.(21) Although within the health service women

were paid much less than men, they were actually better off than women with comparable jobs in the private sector. So the concern with low pay became a concern with men's low pay.

The report recommended that improvements in pay and productivity should be achieved through incentive bonus schemes.

"Neither local government nor the National Health Service can expect the highest standards of recruitment and work from their manual workers at the present levels of pay; on the other hand if they do pay substantially more than they do now for the work now performed, an unreasonable burden would be placed on the ratepayer and taxpayer. In the long term, therefore, the solution to the problem of low pay must lie in the more effective use of labour through the introduction of properly constructed and controlled schemes of payment relating earnings to performance. The systems of payment to be considered should include not only incentive bonus schemes in which payment varies directly with performance but also measured day work and productivity agreements in which increased pay is reflected in an acceptance of different working methods."(22)

Three quarters of ancillary workers are women, and the report was specifically not concerned with their levels of pay. It may not have been an overt intention of the report, but the implication of it was to improve the pay of men ancillary workers by rationalising the work of women ancillary workers. This is one of the first indications of the particular vulnerability of women's ancillary work to rationalisation. The report also criticised management techniques, or lack of them, in the NHS, and the conflict in authority between

administrative, medical and nursing services.(23) Through a number of reorganisations, this conflict over the 'right to manage' has been an enduring controversy.

Although the report did not have an immediate wide ranging effect, it was important, firstly, in identifying management inefficiency as a problem, and, secondly, in establishing a basis for local negotiations in a service where all previous negotiations had been handled at national level in the Whitley Councils. (The form of negotiating structures will be discussed in greater detail in the next chapter.) Another implication of the introduction of work study and incentive schemes was the need for greater functional control of ancillary work. The Salmon Report had already recommended that nurses should be relieved of non-nursing duties, such as supervising ancillary workers on the ward.(24)

"If a ward sister demands a higher standard of cleanliness than is laid down in the scheme, then the worker who is compelled to carry out this work will lose money. Under a bonus scheme it is highly important that there is a management that lays down the work to be done in a way in which it can be compared with the work of all the other workers in the same section."(25)

The creation of separate departments with functional management transformed the nature of control and organisation in ancillary work. It meant that ancillary staff were controlled through departmental line management rather than by the ward matrons to whom they had been responsible previously. This gave ancillary

workers, especially the cleaners, greater identification with their ancillary department rather than with individual wards.

Despite the recommendations, very few incentive schemes were introduced, or fully introduced. The unions had an ambivalent attitude towards them. They began very much in favour, but as the progress remained slow and increases in pay minimal, they retracted their co-operation. Manson argues that the bonus schemes also provided workers with a new sense of 'group consciousness' and 'awareness of their job' which were important in the stimulation of a trade union consciousness. Trade union membership did increase rapidly during this period amongst ancillary workers.

There are, however, a number of problems with Manson's argument. The first problem is around the meaning of trade union consciousness, and whether trade union membership is a useful indicator of trade union consciousness.(26) The starting point for this research is that in the case of women trade union members, participation in union activities is not proportional to membership levels. By treating ancillary workers as a homogeneous group, Manson ignores important differences amongst groups of ancillary workers. There is a need for more information on changes in union activity by region, by job, by gender, and by racial origin in order to assess the impact of bonus schemes on local trade union

organisation. Manson discusses groups of ancillary workers coming together for the first time, and although this was important, coming together does not necessarily lead to a group consciousness, it may serve to enhance sectional divisions, and divisions of sex and race.

It is also important to remember the role of management in the development of trade unionism. The introduction of a bonus scheme depended on the co-operation of the workforce, and management recognised the advantages of a friendly trade union with whom to negotiate and who would explain the system to the workforce. The growth of unionism at this time cannot be seen merely as a result of a more widespread trade union consciousness amongst workers. The introduction of bonus schemes meant an increased role for local negotiations between management and unions, and enhanced the position of local union officers. Industrial relations were transformed in the Health Service. However, it would be mistaken to over-emphasise the impact on most ancillary workers.

The 1970s

By the end of the 1960s, it was obvious that neither incomes policies nor plans for incentive schemes were going to do much for the low paid ancillary workers. The hoped for cuts in expenditure on staff wages had not been achieved while anger

increased amongst public sector workers, where wages had been further eroded by pay policies.(27) With ancillary workers now better organised in trade unions and through the threat of industrial action, their case was again referred to the National Board for Prices and Incomes in 1970. The new Conservative Government aimed to keep wage increases below ten per cent, and took a particularly firm stand in the public sector.(28) However, there was a wage explosion in the private sector, and as prices rose rapidly, demands for high increases in the public sector rose. The miners claimed 33 per cent and received 12 per cent, electricity workers claimed 25 per cent and obtained a productivity deal which meant 10-15 per cent.

"The Government suffered another defeat in its de-escalation policy, when, later in November, the hospital workers (250,000) received increases of 15 per cent. The Government decided not to make an issue of the award, possibly for the reasons that it came close after the Scamp Report, which showed comparable grade and wage levels, that hospital workers are in the lowly paid category, and that public goodwill would have been lost if they had fought wage increases to hospital workers."(29)

The NPBI Report 166 1971, assessed progress on the introduction of incentive schemes and work study, and concluded by criticising both management and unions for their failure to speed up progress towards improvements in pay and efficiency.(30) The report criticised the structure of NHS budgeting for not providing a stimulus to greater efficiency, and the lack of clearly defined managerial responsibility, with administrators lacking personnel experience and functional

managers lacking training in management techniques.(31)
Scientific management had yet to take off in the Health Service.

Where incentive schemes had been introduced, managers were again criticised for a failure to follow through with continued control.

"Any incentive payment scheme decays in time unless constant attention is paid to its workings, and the result is likely to be that the scheme ceases to provide a genuine incentive to good performance."(32)

This has implications for Manson's argument about bonus schemes as a stimulus to trade union consciousness. Where an incentive scheme was not continually reviewed and re-negotiated, the impetus to active trade unionism faded. Some areas already had a nucleus of active trade unionists, typically white and male, and this continued, but the spread of 'active trade unionism' to the bulk of ancillary workers was limited. At one of the hospitals studied in this research, an interim bonus scheme had been introduced for the domestic services department during the early 1970s. However, it was never followed up by a fully work studied scheme, and the impact on trade unionism amongst domestic staff was minimal.

The NPBI report is important because it articulates the desire to gain the co-operation of trade unions, and criticises them for their lack of enthusiasm. The report estimates union

membership among hospital ancillary workers to be 70 per cent for full-time male workers, 60 per cent for full-time women workers and 40 per cent for part-time women workers.

"....our studies show that ancillary workers take comparatively little interest in trade union affairs, and a significant proportion of men (nearly a quarter) expressed some dissatisfaction with their unions."(33)

As with previous Government reports, concern is expressed about the men ancillary workers only, despite the fact that three quarters of the workforce are women. The report argues that active trade unionism was limited by the lack of scope for local negotiations, which would be increased by the introduction of local incentive schemes. Both managers and trade unionists were encouraged to become involved with joint consultation and discussion at local levels, which contrasts considerably with the approach of the 1980s.(34)

Although it has been suggested that the spread of a union consciousness amongst ancillary workers was over-estimated, that is not to say that it had not happened at all. There was evidence of increased industrial militancy among these workers, and particularly in the large city hospitals.(35) This development, however, should not be related too closely to the introduction of bonus schemes. The Industrial Relations Act 1971 had also led to an increase in local negotiations in the NHS, and the number of shop stewards was gradually increasing. The evidence from the hospitals in this research suggests that

there was no significant increase in the number of women shop stewards until the late 1970s and early 1980s.(36)

Ancillary workers' dissatisfaction over pay culminated in what most writers agree to be a watershed for industrial relations in the NHS, the strike of 1972/3. This first national strike of ancillary workers proved to the workers, to the public and to the Government that they had the industrial power not only to close down departments, but whole hospitals. This was later to encourage an industrial relations approach by administrators, which in turn gave administrators more power vis-a-vis the medical profession.

Dimmock argues that the strike also represented the first major challenge by ancillary workers to the medical autonomy of doctors.(37) During the strike, manual workers were deciding what constituted an emergency case, and local discussions over admissions and cover led to an increase in local negotiations.(38) Manual workers' unions were to take a more involved position on the nature of the service.(39) The unions were active in restricting private medicine. In 1974, ancillary staff at Charing Cross Hospital withdrew domestic and hotel facilities in support of their demand that the private wing be closed.(40)

During the 1970s other groups of staff also used the strike as a weapon to increase their pay and improve the service. In 1974, nurses, and in 1974/5, junior doctors went on strike. The ancillary workers' pay reached 82 per cent of average male earnings in 1974, the highest point it was to reach. From this point onwards, their pay was to decline relative to the average and dissatisfaction was to continue.(41)

In 1979, the Standing Commission on Pay Comparability produced its first report, the Clegg Report, on Local Authority and University Manual Workers, NHS Ancillary Staffs and Ambulancemen.(42) At the time of the report there were 270,000 ancillary workers in Britain, in eighteen separate pay groups. Over 95 per cent of ancillary staff were in the bottom seven grades, and 75 per cent in the bottom three grades. The bottom grade was made up of domestic and catering workers and was completely female.

"The employers told us that in their view pay rates for the majority of workers in these groups were in general pitched at about the right level. Earnings had not fallen seriously relative to the rest of the economy and over the period 1970-78 as a whole there had been little significant change in the relative position of the workers. In particular, wage rates for the mainly female unskilled jobs (such as cleaning and catering staff) were as good, or better than, those outside the public services. The main problem was not of the overall level of pay but the existence of pockets of inadequate remuneration among the more skilled workers and the non-bonus earners and the general compression of differentials which occurred in recent years under the influence of pay policy."(43)

Like previous reports, this one was not concerned with the levels of pay received by women. Women's pay in the private sector was so low that any comparison made public sector pay levels appear high. Militancy was associated with male workers and the concern expressed in the Clegg report was to satisfy male claims to increase differentials. Despite this, the unions did initially mount their first real defence of their women members, arguing that the method of pay comparability served to maintain low pay for women.

"their[union's] main concern was that comparison between public service jobs, particularly those predominantly done by women, and similar jobs elsewhere which were equally badly paid did nothing to resolve the underlying problem of low pay."(44)

The report rejected the criticism of the unions and largely went on to confirm the arguments of the employers. Its recommendations were largely in terms of the structure of the grading system and the inefficiency of the 'old' incentive schemes, which are described as being used to supplement low pay but without any true incentive. This meant that the concerns and situation of women ancillary workers were disregarded.

The 1980s

Discontent over wages erupted again in the 1978/79 'Winter of Discontent' and continued into the 1980s, although ancillary workers were unaware of the dramatic changes to affect the

health service in coming years. Carpenter describes struggles during this period, such as the campaign to keep open the Elizabeth Garrett Anderson Hospital for women. He argues that as soon as the Conservative Government was elected, NHS management felt free to take a more aggressive stance towards unions.(45)

The new Conservative Government was to transform industrial relations in the NHS, although the main impact of the changes did not take hold until 1983/84. This turning point was preceded by the largest national strike of all hospital workers in 1981/82, concerned not only with their pay levels but also the quality of services provided and national funding to the NHS. Although many union activists felt demoralised by the strike which they believed they had lost, and felt they had been let down by their national leadership, ordinary union members became more involved than they had ever been in union activities.(46) Carpenter claims that thousands of women ancillary workers took their first industrial action ever during this strike and that many women became shop stewards for the first time.(47)

Although hospital administrators and personnel officers frequently had considerable sympathy with their staff's demands, they were now under increased pressure from the Government to cut costs.(48) Management began to take a more

adversarial position towards local trade unions.(49) There is an indication from this research that some ancillary services began to be streamlined, staff hours being cut and new bonus schemes being introduced.(50) Pressure from the Government to consider the privatisation of certain services was also increased.(51) Despite a generally more active membership, unions were in a weak position as growing levels of unemployment led members to fear for their jobs.

During the 1980s there has been a considerable shift in power between National Government, NHS administrators and senior consultants. The power of the latter had been eroded in a number of reorganisations in the NHS, but the introduction in 1986 of General Managers represented a more direct attack on their position.(52) The Government's aim to introduce industrial type efficiency and productivity has been taken a step forward with the publication in 1989 of the White Papers on the NHS , which would introduce the concept of an internal 'free market' of health care.(53) These proposals represent a potential attack on trade unionism in the NHS through the possible removal of national negotiations.(54)

In the mid 1980s the main tool used by Government to force NHS managers to streamline services was privatisation.(55) Several important questions have been raised in relation to this policy of competitive tendering or privatisation.(56) Experience of

early examples has raised doubts about the ability of private firms to provide cheaper services in the long run, and whether private contractors are actually equipped to deal with the specific needs for these services within the Health Service. For example, the nature and importance of cleaning in a hospital presents very different problems and priorities to the cleaning of an office or factory. Although this research is not primarily concerned with general issues related to competitive tendering, there are a number of issues raised which will have a direct bearing on the research. The largest group of employees whose departments are targeted for competitive tendering are the domestic services workers, the cleaners. Since the research is focussed specifically on this group, and since competitive tendering is targeted at departments staffed predominantly by women, it will be essential to consider the implications for workers, and the response of trade unions both locally and nationally. It will be necessary to consider whether competitive tendering has been used as a tool to introduce new forms of managerial control and 'self-exploitation' with in-house tenders, and whether it has been used as a means to defuse growing ancillary militancy in health service unions.

A key aspect of this drive to retain in-house tenders has been an associated desire to increase flexibility of employment.(57) In the context of hospital ancillary work, flexibility mainly

means more bonus schemes and a reduction of hours for women staff, a speed up in the shift to part-time working. These developments raise important questions about the role of trade unions in the representation of their women members, which are considered in the research reported below. It is a context of change, both for the trade unions involved, and for the organisation of work. It is a time when management are attempting to transform the nature of jobs primarily undertaken by women.

The history of ancillary work has shown the vulnerability of women's work in the NHS, and a lack of concern by management and Governments for the position of women ancillary workers. So as to consider these issues with reference to women workers' involvement in unions, a series of case studies of ancillary workers was undertaken. The next section will describe the hospitals covered by this research.

THE HOSPITALS

The choice of hospitals for this research, although partly affected by practical considerations and restrained by access difficulties in certain hospitals, provided an appropriate range of settings for the research. The hospitals covered two Health Authorities, Coventry and South Warwickshire. Prior to the NHS reorganisation in 1982, which removed the 'Area' layer

of NHS administration, Warwickshire Area Health Authority was a multi-district Authority which included South Warwickshire, North Warwickshire and Rugby. After the reorganisation, South Warwickshire District Health Authority had a total staff of 216,000.(58) Coventry had been a single District Area Authority, so the reorganisation in fact meant little change other than in title from Area to District Health Authority, with a total staff of 310,000.(59)

Although Health Authorities are controlled directly from Central Government rather than under the control of Local Authorities, they frequently reflect the politics of the Local Authority in which they operate. Coventry provides an urban industrial setting whose politics has been traditionally dominated by 'moderate' Labour supporters.(60) The political flavour of Coventry Health Authority can be illustrated by its reluctance to begin the process of putting NHS services up for tender to private firms. This process was begun only when a directive from Central Government obliged Health Authorities to do so.(61) This does not mean, however, that the management team were not prepared to look at ways of cutting costs and streamlining services. During the time of the fieldwork for the research, various new bonus schemes were in the course of negotiation and plans were developed for a reorganisation of hospital services.

In comparison, South Warwickshire is a rural, traditionally Conservative area. It boasts many tourist attractions, including its county town, Warwick, and Stratford-upon-Avon. Its main industries are based around Warwick and Leamington Spa, although even here working class housing estates remain well hidden from the attractive tree-lined avenues. Trade union organisation is comparatively weak, although strongest in some of the larger factories, and like Coventry, predominantly based on male engineering. The South Warwickshire Health Authority was more ready to become involved with the privatisation of services, in fact one domestic services department studied in this research was replaced by a private cleaning contractor shortly after the completion of fieldwork. Moreover, the future of two of the hospitals in the research subsequently came under question as the Health Authority pursued its plans to centralise hospital facilities.

Since this research was completed General Managers have been introduced to replace the District Management Teams. The research focussed on one hospital from Coventry Health Authority and three from South Warwickshire Health Authority which are briefly described below.

Coventry and Warwickshire Hospital-Coventry Health Authority

Coventry and Warwickshire Hospital is the one hospital in Coventry Health Authority included in the research. Despite its name, this hospital is part of the Coventry and not the South Warwickshire Health Authority. The hospital is made up of a series of buildings of different ages which have been added to as it has grown. It occupies a cramped area behind the city's bus station. The central hospital block is a relatively modern, post World War II building, whilst additional buildings, such as the nurses home, date back to the 19th Century. Because of the cramped site, it retains buildings either side of a busy main road which leads from the city centre. It is located close to the area where many of the city's Asian community live, which might be expected to be an important source of ancillary labour at the hospital.

The first Coventry and Warwickshire Hospital opened in 1840.(62) This was situated in Little Park Street, the other side of the city centre from the present site. It was a voluntary hospital, funded mainly through voluntary subscriptions. The cramped conditions of the original site became a problem as the number of patients increased, and a new site was found on the Stoney Stanton Road, the present location. The new hospital was built in the 'Victorian Gothic' style, and opened in 1867.(63) The hospital was

gradually extended during the 20th Century, and largely rebuilt in 1942.(64) In 1948, the hospital lost its voluntary basis and was handed over to the National Health Service.

It is a large city centre hospital dealing with trauma and orthopaedics, dentistry, accident and emergency(A+E), and outpatients. It is also the site for a school of nursing. It is the second largest hospital in the Health Authority, although it has a relatively small number of beds. Table 7 shows the staffing levels in 1984 and 1986. The proportions in each workgroup at this hospital do not reflect national employment figures because the proportion of professional and technical staff is considerably increased by the inclusion of bursary and school of nursing staff.

Table 7 Staff at Coventry and Warwickshire Hospital

	1984	% of T1 staff	1986	% of T1 staff
Number of medical staff	46.12	4.6%	61.39	6%
Number of nursing staff	252.28	25.4%	262.37	25.6%
Number of ancillary staff	128.47	12.9%	123.91	12.1%
Number of professional & technical staff	325.04	32.7%	332.9	32.4%
Total number of staff	993.06		1026.18	
Total number of beds	186		186	

(Figures from Coventry and Warwickshire Hospital administration - staff numbers are expressed as whole time equivalents WTE)

The very high staff/bed ratio is explained by the A+E and outpatient departments which serve the whole of Coventry.

During the 1980s the overall staffing levels at Coventry and Warwickshire Hospital have slightly increased, despite a slight decrease in the number and proportion of people employed in the ancillary departments.

Warwick Hospital-South Warwickshire Health Authority

Warwick Hospital is situated within walking distance of the centre of the small and historic county town of Warwick. It had been designated as the District General Hospital. As a result building extension plans were developed; phase one of the additional construction was completed during 1988. The hospital is made up of a large number of small scale, low level buildings off a quiet side road. It offers an unimposing entrance, and appears deceptively small. Newer and older buildings are mixed together, showing the gradual growth of the hospital.

Unlike Coventry and Warwickshire Hospital, Warwick Hospital has its roots in the 1834 Poor Law.(65) The Guardians of the Poor Law Union erected the initial buildings, of what is now the District General Hospital, in 1849.(66) The nurses home was built in 1902 and the main treatment wards and medical staff quarters were added in 1940.(67)

During the period of fieldwork the hospital changed very little in terms of size or specialty. It deals with general medicine and surgery, paediatrics, orthopaedics and trauma, accident and emergency, and outpatients. It serves the whole of the south of Warwickshire. Table 8 outlines staffing levels at Warwick Hospital.

Staffing levels and bed numbers at Warwick hospital remained very stable between 1984 and 1986, despite the beginning of building expansion.

Table 8 Staff at Warwick Hospital

	1984	% of tl staff	1986	% of Tl staff
Number of medical staff	31	6%	31	6.2%
Number of nursing staff	200	38.4%	202	40.2%
Number of ancillary staff	110.3	21.2%	107.3	21.3%
Total number of staff	520.3		502.6	
Total number of beds	286		286	

(Figures from Warwick Hospital administration - figures expressed at whole time equivalents)

Despite a fall in the absolute number of ancillary staff, they increased very slightly as a proportion of the whole staff.

Warneford Hospital-South Warwickshire Health Authority

Warneford Hospital is situated in the south part of central Leamington Spa, in the less affluent part of the town. It is sited on a main residential road running from the centre of the town. It has an imposing two and three storey Victorian frontage, hiding the modern additions behind. It is smaller and more compact than Coventry and Warwickshire and Warwick Hospitals. The hospital site is close to small industrial units, near to the main housing estates of the town. The town's sizable Asian community lives mostly in areas close to the hospital.

Like Coventry and Warwickshire Hospital, Warneford Hospital began as a voluntary hospital, first opened in 1832. It took its name from the main donator of funds, the Rev.Dr. Samuel W. Warneford, the rector of Bourton-on-the-Hill.(68) Additional building was carried out throughout the 19th Century.

Warneford is a small general hospital which over the past ten years has become increasingly specialised in the areas of ophthalmology(eyes), obstetrics and gynaecology. It does not have an A+E department, but does have an outpatients department which was dealing with approximately 44,000 outpatients a year in 1983.(69) The future of Warneford Hospital has been questioned, and the possibility of its becoming a community

hospital has been raised. Despite the hospital's uncertain future, the total number of beds rose from 196 in 1984 to 206 in 1986.(70) (Further statistical information was not available from this hospital - see methodology in Appendix II.)

Central Hospital-South Warwickshire Health Authority

Central Hospital is an imposing traditional style psychiatric hospital, situated in a rural and isolated position approximately two miles outside of Warwick. The hospital is approached through a Victorian gatehouse and dark tree lined avenue which leads to the large overbearing buildings of the hospital. Unlike the previous three hospitals, Central retains the 'gothic' splendour of the original buildings. The physical dominance of the buildings on the landscape imparts both wonder and awe to the visitor.

Central Hospital was built in 1849, following the 1845 Lunacy Act which directed every county to erect asylums and led to the great Victorian expansion of asylums.(71) Central Hospital was established as the County Mental Hospital, sited in the middle of Wedgnoek Park, an area of common land which was enclosed in the mid 18th Century.(72) A sanatorium, now a chest hospital, was built nearby in 1924, although the hospitals remain in an open rural setting. Despite some additional modern building, the general aspect of Central Hospital remains that of a grand

Victorian 'madhouse'.

Central Hospital serves the whole of the south of Warwickshire, although as the largest psychiatric hospital in the region^{it} has frequently been used by neighbouring Health Authorities. It has a secure ward, and caters for outpatients as well as inpatients. The hospital also runs an annex in a converted town villa in the south of Leamington, where outpatients can visit for consultations. Because of its isolated position, the hospital has traditionally recruited staff from the major nearby towns of Warwick and Leamington, as well as from Coventry.

In line with the general trend to close psychiatric hospitals, in the mid 1980s, there was an expectation that Central Hospital would be closed.(73) However, in 1989 it is still open. Exact staffing levels were not available however: the number of beds decreased from 583 in 1984 to 485 in 1986.(74) (See methodology in Appendix II.)

SUMMARY

The choice of hospitals offered a range from small to large, from city centre to rural settings, and a range of specialties including psychiatric with long stay patients. All of the hospitals have their roots in the first half of the 19th

Century, including mental, Poor Law and voluntary hospitals. Coventry and Warwickshire, Warwick and Warneford Hospitals all share town/city centre locations, close to housing estates. Coventry and Leamington Spa also both have sizable Asian communities, located close to the hospitals. Central Hospital differs both in location and speciality from the other hospitals, and is typical of the traditional psychiatric hospital.

The inclusion of two Health Authorities offered the possibility of comparing the impact of differing employment practices and different industrial relations positions. It also offered the possibility of comparing two hospitals which were expanding and developing services, Coventry and Warwickshire and Warwick Hospitals, and two where their future was under question, Warneford and Central Hospitals.

There were four main organising trade union branches covering these four hospitals, two COHSE and two NUPE Branches. These will be discussed in greater detail in the next chapter.

Notes

1. For a more detailed discussion, see Doyal 1979 Chapter 5.
2. *ibid* p202.
3. See Doyal 1980 Part 4.
4. Doyal 1979 *op.cit.* Chapter 5.
5. See the section on doctors in Doyal 1980 *op.cit.*, and for further discussion see Doyal 1983.
6. National Board for Prices and Incomes(NPBI) 1971.
7. See for example NPBI *ibid*, Manson 1977 and Dimmock 1977 and Carpenter 1988.
8. *Ibid.*
9. NPBI 1966 and NPBI *op.cit.*
10. *Ibid.*
11. See Balfour 1972.
12. See the comments from functional managers in Chapter 6 and 7.
13. Williams 1977.
14. *Ibid.* p3.
15. For a debate around the relationship between reorganisation in the NHS and trade unionism, see Manson 1977.
16. Balfour 1972 *op.cit.*
17. *Ibid.* p216.
18. *Ibid.*
19. NPBI 1966.
20. *Ibid.* pp47-49.
21. *Ibid.* pp20-21.

-
22. Ibid. p48.
 23. Ibid. pp24-25.
 24. See Manson 1977 p204.
 25. Ibid. p204.
 26. Lockwood 1958 uses this definition, assuming union membership to be an indicator of union consciousness.
 27. Balfour op.cit
 28. Ibid.
 29. Ibid. p222.
 30. NPBI 1971.
 31. Ibid. Chapter 4 on 'Management and Efficiency'.
 32. Ibid. p23.
 33. Ibid. p26.
 34. Ibid. see Chapters 4 and 5.
 35. See Carpenter op.cit. Chapters 20 and 21.
 36. Shop steward systems had only been established in NUPE in 1967 and in COHSE in 1972. See Chapter 5 for more details.
 37. Dimmock op.cit.
 38. For a more detailed analysis see Dimmock 1977, and Carpenter op.cit. Chapter 20.
 39. Carpenter ibid. pp339-350.
 40. Ibid. p370.
 41. Ibid. pp389-387.
 42. The Standing Commission on Pay Comparability - The Clegg Report 1979.
 43. Ibid. p8.

-
44. Ibid. p9.
 45. See Carpenter op.cit. Chapter 20.
 46. Ibid. see pp384-387.
 47. Ibid. This also fits with the situation found in this research in the NUPE Branch in Coventry - see Chapter 5.
 48. This view was expressed by senior management in Coventry Health Authority - see Carpenter et.al. 1987.
 49. See Carpenter et.al. ibid.
 50. See the discussions of catering and domestic services departments in Chapters 6 and 7.
 51. In September 1983 the DHSS issued a circular which directed Health Authorities to prepare to put domestic, catering and laundry services out to private tender. See Leedham 1986 pp10-11.
 52. The Griffith's Report was implemented in 1983. See Carpenter op.cit. Chapter 21 for a discussion.
 53. For an introduction to the White Paper see The Observer 29.1.89 and The Guardian 1.2.89.
 54. See Labour Research October 1989.
 55. For a discussion of Privatisation see Le Grand and Robinson 1984, Coyle 1986, Leedham 1986, The Politics of Health Group (undated), Labour Research Department(LRD) August 1982, LRD June 1984, LRD February 1985, Benlow and Scott (undated), TUC 1986 2., TUC 1986 3., TUC (undated) 2.
 56. As in-house tenders have gained many of the contracts for services, the term competitive tendering has frequently

-
- replaced ^{the} term privatisation, which implies the use of a private contractor.
57. See Fairbrother 1988 for a discussion of flexibility, also Beechey and Perkins 1987 for the particular implications for women's work.
 58. Figures were provided by South Warwickshire Health Authority.
 59. Figures were estimates for 1983, provided by Coventry Health Authority.
 60. See Lancaster and Mason, undated, for a discussion of Coventry politics, especially Chapter 12.
 61. See Leedham op.cit. pp10-11
 62. See Tugwood 1987.
 63. Ibid. Chapter 2.
 64. Ibid. Chapter 5.
 65. See Fraser 1976. Chapter 2.
 66. See Pugh 1969.
 67. Ibid.
 68. See Drew 1978.
 69. Leamington Morning News 4.11.83.
 70. Figures from Warneford Hospital Administration.
 71. See Fraser op.cit.
 72. See Pugh op.cit.
 73. A view expressed by managers and union officers in interviews.
 74. Figures from Central Hospital Administration.
-

Chapter 5

The Unions

The aim of this chapter is to provide a background to a more detailed analysis of the representation of women's interests in individual union branches which will be developed in later chapters. In this chapter, the unions which form the focus of the research will be introduced. In order to understand the nature of the local union branches it is necessary to place them in their national context, examining the unions in the NHS and considering the national negotiating structures. The research is based around two branches of the National Union of Public Employees (NUPE), and two branches of the Confederation of Health Service Employees (COHSE). A brief background to the history of these two trade unions, and description of their national structures is provided. There follows a discussion of the position of women within these two unions nationally, and finally, there is an introduction to the union branches involved in the research along with a short discussion of local negotiating structures.

It should be noted at the outset that these two trade unions were appropriate choices for the research, since both have paid considerable attention at national level to the role of women within their structures. The variety of forms of organisation at branch level also indicates the importance of the comparative method to obtain a more general view of trade unionism.

UNIONS IN THE NHS

Workers in the NHS are represented by a vast array of trade unions and professional associations, where membership size does not necessarily equate with power and influence. The most influential professional associations are the British Medical Association(BMA), the Royal Colleges of Nurses(RCN), and the Royal College of Midwives.(RCM) The most powerful of these is the BMA, representing consultants and other doctors.(1) Although the RCN is a professional association, it has begun to span the trade union/professional association divide, by taking on an increasing amount of representational work in the workplace.(2)

The National and Local Government Officers's Association (NALGO) is the largest recruiting union for clerical and administrative staff, as well as nursing staff in some areas.(3) The various works and maintenance staff employed in

the NHS have their own occupational unions.(4) Ancillary staff are recruited by NUPE and COHSE, and also by the Transport and General Workers' Union(TGWU) and the General, Municipal, Boilermakers and Allied Trades Union(GMBATU).

There are considerable regional variations in union recruitment amongst nurses and ancillary workers. COHSE recruits all NHS staff, including nursing staff, but only NHS staff. NUPE recruits all staff within the NHS, but tends to be concentrated amongst ancillary staff. In addition it recruits public employees outside of the NHS. The two general unions, TGWU and GMBATU, again are concentrated amongst ancillary staff, and recruit in the public and private sectors. These latter two unions had only very small memberships amongst ancillary staffs in the hospitals covered by this research.

As this description of unions reveals, there is a very complex pattern of union and professional association membership within the NHS. The relative strength of individual unions is much affected by local labour market traditions in union membership. This complex pattern of membership is reflected in a complicated national bargaining machinery, which will be briefly described.

National negotiating structures

When the NHS was established in 1948, the Ministry of Health organised provision for the national negotiation and representation on behalf of health service employees by the use of Whitley councils.(5) Negotiations concerning pay and conditions of service for all NHS employees take place within these Whitley councils. There are a total of ten functional Whitley councils covering all NHS employees.(6)

The councils are:-

1. Administrative and clerical council (and ambulance officers' committee.)
2. Ancillary staffs council.
3. Dental Council.
4. Medical council.
5. Nurses and Midwives council (including community nurses and midwives, and health visitors).
6. Optical council.
7. Pharmaceutical council.
8. Professional and technical council 'A'.
9. Professional and technical council 'B'.
10. Ambulance council.(7)

Each council is made up of representatives from management and from staff. The functional councils are coordinated by the General Council which is made up of an agreed number of representatives from each of the functional councils. The General Council also deals with negotiations of a general nature.(8) COHSE has a total of twenty seven seats spread across seven of the ten Whitley Councils, and NUPE has seats on six of the ten councils. Both unions are represented on the Whitley General Council.(9)

The sixteen staff side seats on the Ancillary Staffs council are shared equally by NUPE, COHSE, TGWU and GMBATU, each having four seats. However, of an estimated 250,000 ancillary staff represented on this Whitley council in 1980, NUPE claimed to have 150,000 members and COHSE claimed to have 100,000 members. TGWU and GMBATU admitted that they had comparatively small memberships. Whilst there is assumed to be a link between membership size and the number of seats on Whitley councils, there is no attempt at proportional representation, an issue that has caused considerable conflict between the unions.

Although the major issues of pay and conditions are negotiated nationally, there remains, as will be argued below, a key role for branch officers in local negotiations. However, before looking at the local level, it is necessary to look in a little more detail at the background to NUPE and COHSE.

NUPE - HISTORY AND STRUCTURE

NUPE's roots lie in the London County Councils Employees' Protection Society(LCCEPS) which was formed in 1888 with Albin Taylor as president. In 1894 the LCCEPS changed its name to the Municipal Employees' Association(MEA) and in 1907 the MEA split into two parts after conflict between Taylor and the National Executive.(10). One part formed a section of what is now the GMBATU, and the other part with Albin Taylor as

General Secretary became the National Union of Corporation Workers(NUCW). In 1928, after another change of name, the National Union of Public Employees was formed.

The union has had an extraordinary expansion of its membership from 11,500 members in 1928 to a peak of 693,097 members in 1978.(11) This growth was particularly dramatic during the 1970s. Between 1968 and 1978, NUPE's membership increased by over 170 per cent.(12) Not only did the union as a whole increase rapidly, but there has also been a dramatic rise in female membership. The proportion of women members has risen from 24 per cent in 1950 to two thirds by 1978.(13) Approximately one third of NUPE's members work within the NHS, and the vast majority of these are ancillary staff, predominantly women workers.(14)

The organisation of the membership has been a long-standing concern of the union. A shop steward system was set up in NUPE in 1967, in response to the NBPI Report 29, in order to deal with workplace negotiations on incentive payment schemes.(15)

In 1973 the NUPE National Executive commissioned a report to investigate the structure of NUPE and consider how effective that structure was.(15) As a result in 1974 a reorganisation took place, with the main aims of improving branch level participation and better reflecting the changing structures of

local government.(16)

"The report recommended that, where possible, branches should be merged into 'district branches' matching the new local government and health service boundaries. Shop stewards within each district were to form a district committee, and in the case of districts with several branches, both the branch secretaries and shop stewards were to sit on the district committee with the branch secretaries as senior stewards. A link with higher levels of the union was to be provided by the election of representatives from the district committees to the area committees and divisional councils."(17)

This concern with local level organisation and how it links in with the national structures demonstrates NUPE's commitment to developing in a way which maximises participation at all levels. This makes NUPE a particularly interesting union to study in terms of women's participation.

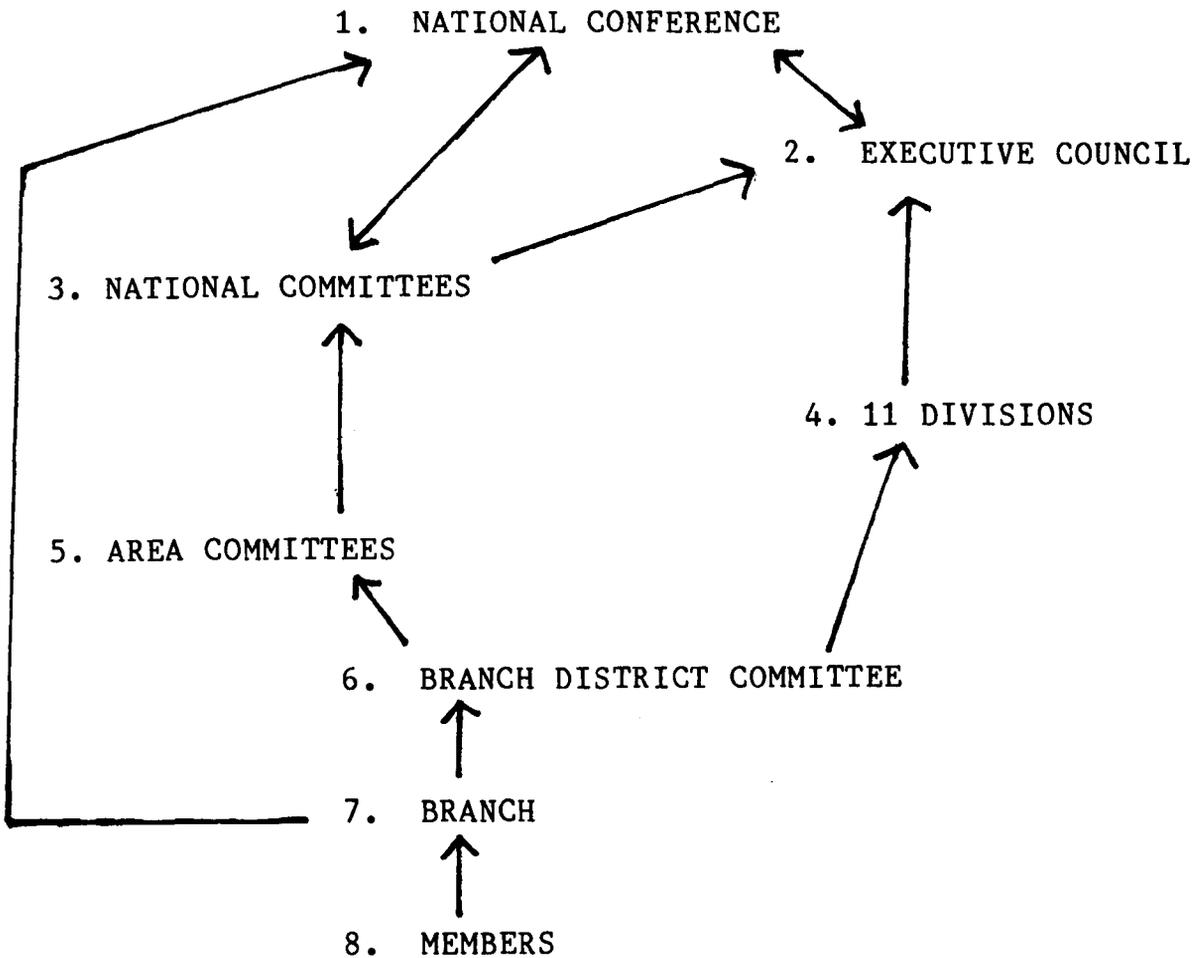
Diagram 1 overleaf shows the structure of NUPE after the 1974 reorganisation.

Commentary:

1. The National Conference meets annually and consists of direct delegates from each branch of 250 members or more and indirect delegates elected from the area committees. National Conference is the policy making body of the union.
2. The Executive Council is responsible for carrying out the decisions of Conference and general management of the union. The Executive Council's 21 general seats and five seats reserved for women, are elected by a branch ballot every two

years.

Diagram 1. The Structure of NUPE - since 1975.



3. National Committees cover particular services. There are four committees, for local government, health services, water services and universities. Members are also members of area committees and are elected every two years by a branch ballot.

4. There are eleven divisions with divisional conferences and divisional councils. Council members are made up of representatives from area committees and two women members elected by the divisional conference.

5. Area Committees are service based and made up of representatives from branch district committees.

6. Branch District Committees are divided between local authority and NHS. Branch officers and shop stewards of branches within the district may attend the branch district committee.

7. In 1980 there were over 1,600 branches in NUPE, usually covering all members employed by a particular authority.(18) Some branches operate as Single District Branches, that is only one branch within the district.(19)

8. In 1981 NUPE's membership amongst NHS ancillary workers was made up of 46 per cent part-time female workers, 26 per cent full-time female workers, 26 per cent full-time male workers, and 2 per cent part-time male workers.(20)

NUPE's rather complex structure results from its recruiting throughout the public sector. However, NUPE has a tradition in manual work and a recent history of critically examining how its structures operate.

COHSE - HISTORY AND STRUCTURE

COHSE originated amongst nursing staff of mental hospitals, an association which continues today with a considerable membership amongst psychiatric nurses in the NHS. COHSE was formed in 1946 after an amalgamation of the Hospitals and

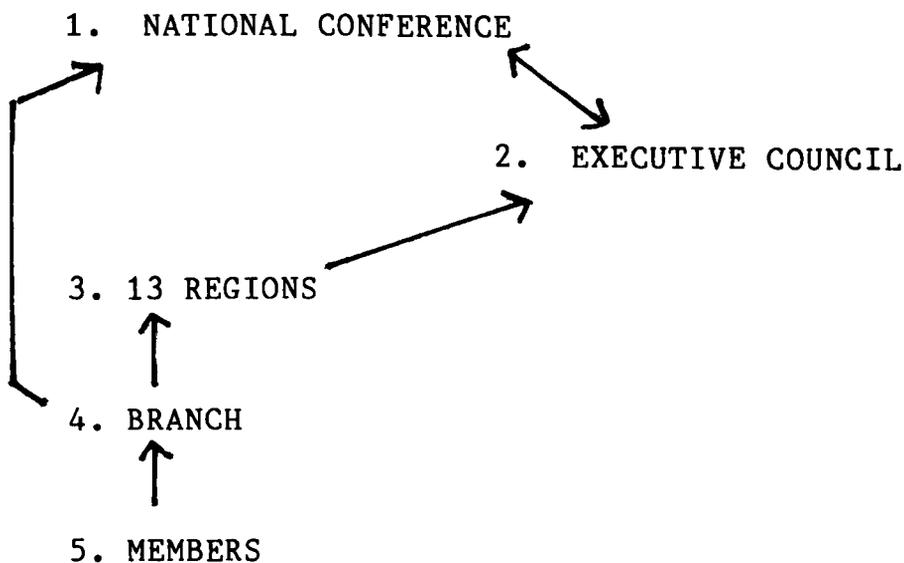
Welfare Services Union(HWSU) and the Mental Hospital and Institutional Workers' Union(MHIWU). The HWSU, formed in 1943, had originated from the Poor Law Workers' Trade Union(PLWTU). The MHIWU had been the National Asylum Workers' Union(NAWU), formed in 1910, which had changed its name after the Mental Treatment Act of 1930.(21)

"...COHSE is the largest health service union and in recent years has been the fastest growing TUC-affiliated union. Three quarters of its membership are women and much of its growth derives from recruitment of women."(22)

In 1980, COHSE had a membership of 212,885, 77 per cent of the members being women.(23) Although COHSE is often associated with nursing members, it claimed 100,000 ancillary members in 1980 and 66,000 in 1989.(24) Individual COHSE branches are usually dominated by either ancillary or nursing staff. A union steward system was introduced in 1972, as a response to the incentive payment schemes for ancillary workers.(25) COHSE followed the suit of NUPE who had introduced a shop steward system in 1967.

COHSE estimated that in 1981, 43 per cent of members were nurses and midwives, and 35 per cent ancillary workers.(26) COHSE's total membership had risen from 64,035 in 1965 to 235,362 by 1982.(27) Diagram 2 overleaf shows the structure of COHSE.

Diagram 2. The Structure of COHSE.



Commentary:-

1. The National Conference and 2. The Executive Council perform similar functions to those in NUPE.

3. There are thirteen regional offices controlled by regional councils, made up of elected representatives from branches.

4. There are three types of branches, ordinary, officers and group. Ordinary branches are single unit branches made up of general membership. Officers branches are possible where senior staff and management members feel the need for separate organisation. Group branches exist where individual branches would be too small to be viable alone.(28) In 1989 there were 766 branches in COHSE, covering a total ancillary membership of 66,000, made up of 44,000 women and 22,000 men.(29)

COHSE has its roots in nursing and only recruits within the NHS.(30) COHSE has a more simple structure than NUPE, which is made possible by its single industry nature.

WOMEN IN NUPE AND COHSE

As was discussed in the introduction to this research, generally, women's participation within trade unions is increasing, although women's participation rates decrease in the upper levels of union hierarchies. In this section, the position of women in NUPE and COHSE is considered in more detail. Where possible comparative data will be used, although this is not always available. COHSE has the third largest proportion of women members of all TUC affiliated trade unions, exceeded only by the Health Visitors' Association(HVA) with over 99 per cent, and the National Union of Tailor and Garment Workers(NUTGW) with 91 per cent.(31) NUPE has the seventh largest proportion of women members, but has the largest number of women members in any single TUC-affiliated trade union.(32) Thus, these are both very important unions in terms of women's trade union participation.

Table 9 shows that up to 1981 women's membership of both unions was growing dramatically, while women as a proportion of the whole membership was also rising.

Table 9. Women's Membership in NUPE and COHSE 1975-1981.

	1975		1981		1988	
	No.women members.	Per cent women members.	No.women members.	Per cent women members.	No.women members.	Per cent women members
NUPE	321,302	63.3%	466,104	66.6%	438,422	66%
COHSE	101,059	70.3%	168,118	77.7%	182,000	83%

(Figures from Labour Research, March 1982 and March 1988)

Figures from Labour Research in March 1988 show that the total number of women members in COHSE has continued to rise to 182,000 and the proportion of women members has risen to 83 per cent. However, in NUPE the total number of women members had actually fallen to 438,422 and the proportion of women members had slightly fallen to 66 per cent.(33) It is likely that COHSE has maintained its increase in women members through the recruitment of nurse members whilst NUPE has lost women members through the rationalisation of ancillary services. The fact that the proportion of women members in NUPE has already declined suggests that the particular vulnerability of women's ancillary work to rationalisation may already have taken effect.(34) There is no evidence to suggest a shift in membership from NUPE to COHSE.

Tables 10, 11 and 12 indicate the level of participation by women in senior level posts since 1981. Despite the rise in the number of women members up to the early 1980s, the

proportion of women at higher levels in both unions was still low in 1981, as indicated in table 10.

Table 10. Women's participation in union posts 1981.

	Per cent Members.	Per cent Executive members.	Per cent TUC delegates.	Per cent full-time officers.
NUPE	67%	31%	28%	12%
COHSE	78%	0%	16%	8%

(Figures from Labour Research March 1982)

Despite the high proportion of women members, COHSE had no women on the National Executive Committee. Generally NUPE had greater levels of participation by women at these levels, although both unions had very small proportions of women full-time officers.(35)

Table 11 shows that between 1981 and 1985, both unions had made improvements in the proportion of women at these levels, although NUPE actually had a decrease in the percentage of full-time women officials. There appears no obvious explanation for this decrease and it runs counter to initiatives in NUPE at the time.(36)

Table 11. Women's participation in union posts 1985.

	Per cent Executive members	Change since 1981	Per cent TUC delegates	Change since 1981	Per cent full-time officers	Change since 1981
NUPE	42%	+11%	34%	+6%	7%	-5%
COHSE	14%	+14%	21%	+5%	12%	+4%

(Figures from Labour Research April 1986)

Table 12 shows that between 1985 and 1988 women have mainly increased in incumbency of these posts, although the rate of increased incumbency has slowed down.

Table 12. Women's participation in union posts 1988.

	Per cent Executive members	Change since 1985	Per cent TUC delegates	Change since 1985	Per cent full-time officers	Change since 1985
NUPE	50%	+8%	27%	-7%	9%	+2%
COHSE	15%	+1%	25%	+4%	50%	+38%

(Figures from Labour Research March 1988)

The table shows a decline in the proportion of women delegates to the TUC in NUPE. However, the single most dramatic statistic is the increase of women full-time officers in COHSE, from 12 per cent of the total in 1985 to 50 per cent of the total. Labour Research, however, do not state how these figures were compiled. Figures from COHSE in 1989 indicate that the proportion of women full-time officers, including Head Office, was 20 per cent in 1985, rising to 27 per cent by 1989.(37) Also by 1988 both unions had Women's Officers at regional and national levels, although the post in NUPE at regional level is a lay one. Tables 10 to 12 show that at national levels, both NUPE and COHSE are dominated and run by men in terms of the national leaderships, of their full-time organisers and of their representation on major bodies such as the TUC. These are all key positions in policy making and the

predominance of men must limit the articulation of women's interests at the national level.(38)

As pointed out in Chapter 2, there are limitations to what participation in such senior posts can indicate about women's participation at lower levels in the union. It is equally, if not more important to look at the participation of women at lower levels in the union hierarchy. This will also allow the different structures of the organisations to be taken into account.

NUPE

The position of women in NUPE has to be seen in the light of the reorganisation in 1975 which resulted from the Warwick Report, which had focussed attention on the participation of women members.(39) In 1981, NUPE carried out a survey of Branch District Committees(BDCs) to investigate the impact of the reorganisation on women's participation.(40)

"The BDC survey suggested that women now make up 42% of NUPE stewards and this is confirmed by figures given Divisional Reviews. This compares with only 20% of stewards prior to the 1975 reorganisation. However, the situation varies widely. In Northern Ireland and the West Midlands the figure is over 60%, while in the London Division it is 35%; in the South West 32% and in the South and Eastern only 25%."
(41)

This indicates a dramatic increase in the proportion of women shop stewards during this period, although overall they were

still under-represented proportionate to membership figures. In the West Midlands this under-representation was only very slight, with 60 per cent of shop stewards being women and at that time 67 per cent of members being women.(42)

The survey also found that in 1981, 18 per cent of BDC secretaries and 19 per cent of chairpersons were women, whereas, in 1977, only 11 per cent of BDC secretaries had been women. At this level too, although still under-represented, women's participation had increased considerably.(43)

In 1982, two seats were reserved for women on Divisional Councils. Nationally, women accounted for 53 of the 176 Divisional Council seats, that is 30 per cent. Of a total of 16 seats on each Divisional Council, the number of women varied from two in the Southern and Eastern District, to seven in Northern Ireland. There were five women on the West Midlands Divisional Council, 31 per cent of the total.(44)

In 1982 the National Conference passed a resolution calling on the Executive Council to 'encourage Divisions to set up Women's Advisory Committees'. At this time six of the eleven Divisions had Women's Committees, although the West Midlands Division did not. On the Health Service National Committee in 1983, there were only two women out of a total of twenty one seats.

A picture emerges within NUPE of major increases in the participation of women at the level of shop steward, smaller increases at the level of national and divisional posts, and least progress in branch offices and full-time posts, with the West Midlands achieving larger increases than some of the other NUPE regions. A report from the NUPE Women's Working Party in 1984 outlines some of the actions NUPE took to encourage women's participation.(45) These include the appointment of a National Women's Officer and twelve women to the organising staff, the development of Divisional Women's Advisory Committees and the extension of education courses for women members.(46) It seems likely that these initiatives have been crucial in the increase in women's participation. This increase may also be linked to the growth in industrial action, particularly amongst hospital ancillary workers in the early 1980s.

COHSE

The number of women members in COHSE exceeded the number of men members for the first time in 1963.(47) Since that time the proportion of women members has increased considerably.

"Between 1965 and 1982 male membership in COHSE increased by 66%. Female membership on the other hand increased by 451% and accounts for most of the increase in COHSE's membership figures since 1962."(48)

COHSE has carried out a survey of women's participation above shop steward level.(49) In 1976 an Equal Opportunities Committee was set up as well as a special working party of the National Executive Committee to consider women's involvement in the union.(50) This report shows that in the thirteen Regions, the percentage of women acting as branch secretary in 1979, varied from 15 per cent in Northern Ireland and North East Thames and East Anglia, to 37 per cent in the North West. In the West Midlands there were 52 male and 15 female branch secretaries, women making up 22 per cent of the total, which was slightly under the national average. Nationally, there were 601 male and 187 female branch secretaries, making women 24 per cent of the total.(51) Recent figures from COHSE indicate further progress with the proportion of women branch secretaries rising from 28 per cent in 1985 to 32 per cent in 1989.(52) In 1989, women accounted for 40 per cent of branch chairs.(53)

The Equal Opportunities Committee Report included a more detailed study of the North Western Region: the survey found that the branches with women branch secretaries had an average of 90 per cent women's membership.(54) This is considerably higher than average, and this finding raises a number of questions about the process by which women become or do not become branch officers. The report concluded that,

"It could be argued that it is only when a branch has an overwhelming number of women, that women branch

secretaries are elected.....women only come forward to be branch secretaries when there is virtually no male alternative to take on the job."(55)

If this is the case, it may be linked to a number of issues discussed in Chapter 2, such as availability of time or lack of confidence. The argument of this thesis that an important underlying factor explaining participation is the restricted 'trade union agenda' requires more information about membership participation and post holding at the level of shop steward. This indicates a general problem with surveys which take a 'top-down' approach, rather than beginning with membership.

In 1985 women accounted for 42 per cent of shop stewards, which had risen to 52 per cent by 1989.(56) This indicates a considerable increase over the period. Without shop steward figures for comparable years, however, it is difficult to compare its progress in COHSE with that of NUPE. At branch secretary level COHSE has had higher levels of women, while COHSE appears to have a poorer record at regional level. One interesting feature is that within COHSE, the West Midlands appears to be average for the whole country, while women's post holding in NUPE in the West Midlands is significantly above average. COHSE has a greater proportion of women members, which should lead to higher levels of participation by women. In contrast NUPE appears to have given greater attention to the ways in which organisation may improve participation. At national level both unions have specific policies relating to

women members and it would be useful here to briefly review them.

Policies on women members

Both unions have been active in attempts to increase the level of participation of their women members. One route this has taken has been the encouragement of women to attend educational courses.(57)

"181 women attended TUC day release courses in 1980 and the content and administration of COHSE education courses is being revised to include consideration of women's needs. COHSE now offers an Equal Opportunities course for its members. By 1982, 352 women attended along with 511 men i.e. 41% women. There has been a steady increase each year in the number of COHSE women participating in TUC education. A more recent comparison would be the 1980 figures which revealed 35% attendance by women."(58)

There appears to be a considerable increase in women's participation on educational courses in COHSE. NUPE has been particularly active in the development of women only courses and weekend schools for women members.

"NUPE recognises that women need the opportunity of getting together to talk about why they are reluctant to become active in the Union and what can be done to remedy this.....Special educational facilities for women members, which offer an informal, supportive environment run by women tutors, are seen by the Union as a way of helping women to play a greater part inside NUPE."(59)

There is evidence to suggest that behind the encouragement of

women's trade union education has been an attitude from union policy which sees women's reluctance to involve themselves in the union as the problem. As in the literature discussed in Chapter 2, there is a tendency to pathologise women rather than focussing on unions themselves.

The policy statements coming from the unions at national level certainly indicate a concern for improving the participation of their women members.

"More attention is also being placed on the needs of women with regards to timing of meetings. It is recognised that more child care facilities are needed and meeting times should be adapted to enable parents, and particularly single parents, to attend. Discussion of women's questions and issues is also encouraged at branch and regional level."(60)

Within NUPE there have been proposals about organisational changes which are needed in order to increase women's participation.

"Women's involvement will obviously begin at the workplace. In order for NUPE to meet the needs of women members who are often in part-time jobs, working in small dispersed groups, sometimes in shifts there is a need for a sub-branch structure to be developed to encourage direct involvement in the Union's business by women members."(61)

One aim of this research is to investigate how far that process has come. The union literature focuses very much on the role of women themselves, whilst this research will also look at the

role of the union branch and the importance of the organisation of work.

This section has demonstrated the varying degrees of involvement by women at the different levels within NUPE and COHSE and a commitment in terms of policy by both unions to increasing women's participation. There has been comparatively little from either union on the specific interests of women members or the effectiveness of the representation of women members. To prepare the ground for an analysis of these issues, the final section will look at the union branches included in the research, drawing comparisons with the national data.

UNION BRANCHES INCLUDED IN THE RESEARCH

It should be noted at the outset that because of the different degrees of access achieved with the branches, the amount of information on each varies. Still, since problems with access were often very revealing about the nature of the branches and their form of organisation, this did not prevent the research from proceeding. Where individual branch officers held the power to grant or prevent access, it indicated a degree of centralisation of power in the branch structure. (See Appendix II for a discussion of methodology.)

One trade union branch was studied at each of the four hospitals described in Chapter 4. This involved two branches of NUPE and two branches of COHSE. In each case the union branches chosen were the main, or in one case the jointly predominant, recruiter of ancillary workers in the relevant hospital.(62)

The union branches were as follows:-

Coventry and Warwickshire Hospital - NUPE
Warwick General Hospital - NUPE
Warneford Hospital - COHSE
Central Hospital - COHSE

The research did not aim to include union organisation beyond branch level, although, in the case of one of the union branches a full-time officer from the divisional office played such a key role in the running of the branch that it was felt necessary to include some detail about his position.

The NUPE full-time official

The officer was employed by NUPE, and he took an active role in the NUPE branch at Warwick General Hospital. The areas covered by the NUPE full-time officer included Warwickshire, Coventry and parts of Birmingham. This covered twelve NUPE branches, including both of those included in this research.(63)

Table 13 Branches covered by NUPE full-time official Nov.1983

	<u>membership numbers</u>
Chelmsley Hospital Birmingham	270
Coventry Hospitals	1,889
Good Hope Hospital Sutton Coalfield	476
Central Hospital & Chest Hospital Hatton	208
Highcroft Hospital Birmingham	290
Nuneaton Hospitals	351
Rugby(Health and Local Authority Workers)	559
South Warwickshire Health	256
Warwickshire Ambulancemen	653
North Warwickshire Local Authority	687
South Warwickshire Local Authority	192
Warwickshire Water	not available

(Figures given by NUPE)

There does not seem to be a consistent pattern of branches, some cover whole District Health Authorities, some cover groups of hospitals, and some cover single hospitals. After NUPE's national reorganisation in 1974, which was discussed earlier, there was some attempt to reflect the managerial structure of the employing body. Previously most branches covered individual hospitals. Many of these were amalgamated in the late 1970s, where branches had less than 100 members. This has led to a situation where there is a South Warwickshire Health branch, but within its geographical area there still exists a separate branch at Central Hospital.

The figures indicate the considerable difference in union membership between Coventry and South Warwickshire. The full-time officer identified Coventry Hospitals branch and Highcroft Hospitals branch in Birmingham as being the two 'radical

branches' in his area. Of these twelve branches, at the time, three had women branch secretaries, they were South Warwickshire Health, Nuneaton Hospitals and Highcroft Hospital. This gives 25 per cent branch secretaries as women, which is above the national level for NUPE, although one of these was actually replaced by a man during the research which left the West Midlands proportion of women below the national average.

Despite the active role in branch business that this full-time officer played in the South Warwickshire Health branch, he had little or no contact with the Coventry Hospitals branch. Branch officers from the Coventry branch suggested in interviews that this lack of contact was a result of their own efforts to exclude him from their affairs. This antagonism was confirmed by the full-time official in interviews.

The official made several unfriendly remarks about the Coventry branch and even pointed out some cartoons on his notice board which had been altered to portray the Coventry branch secretary as a political extremist.
(Fieldwork notes)

This indicates that despite attempts at national levels in NUPE to improve union democracy, the relationship between people at different levels of the organisation was not always co-operative.

Coventry and Warwickshire Hospital - NUPE Coventry Hospitals Branch.

Coventry Hospitals branch covers the whole of Coventry District Health Authority, and was therefore a single district branch. The branch was formed in about 1969 with a small number of members drawn mainly from the Domestic Services and Works Departments. Up until 1973, NUPE was the smallest of the TUC-affiliated unions active in Coventry Hospitals. Membership began to rise dramatically after the pay dispute of 1973/4, with membership concentrated at Walsgrave Hospital, the main general hospital serving the whole of Coventry. Coventry and Warwickshire Hospital had the second largest group of NUPE members in the branch, with the remaining membership spread throughout the Health Authority. By the mid 1970s, total membership had risen to 600. Between 1975 and 1983 membership grew to over 1,900. Branch officers put their success down to a combination of national campaigns against low pay, and the willingness of shop stewards to pursue grievances for both individuals and groups of workers.

By 1980, NUPE claimed to have recruited 90 per cent of ancillary workers in the health authority. The growth between 1980 and 1983, was put down to the growing number of nurse members, a continual growth which has more than covered the

decrease in ancillary members as ancillary staffing levels have declined.

This was the only branch in the study where branch officers were able to provide detailed information on membership numbers and branch history, which indicates the comparatively extensive organisation of this branch. Below is the membership breakdown provided by the branch in March 1983.

Table 14 NUPE Coventry Hospitals Branch: Membership Analysis March 1983.

<u>location</u>	<u>ASC</u>	<u>% of</u>	<u>NURSE</u>	<u>CLERICAL</u>	<u>WORKS</u>	<u>PROF</u>	<u>TOTAL</u>	<u>% of</u>
		tl.						tl.
Cov. & Warks.	179	53	104	35	9	10	337	17
Gulson	97	68	36	2	7	-	142	7
Whitley	82	45	87	-	3	12	184	9
Paybody	11	73	4	-	-	-	15	1
High View	16	59	11	-	-	-	27	1
Walsgrave Gen.	456	72	121	19	30	9	635	33
Maternity	-	-	40	-	-	-	40	2
Psychiatric	107	68	34	4	10	1	156	8
Geriatric	58	36	93	6	3	-	160	8
Psy.-Geriatric	-	-	48	-	-	-	48	2
School of nursing	-	-	96	-	-	-	96	5
CSSD	34	100	-	-	-	-	34	2
Laundry	10	100	-	-	-	-	10	1
Christchurch	4	25	1	11	-	-	16	1
Birches	2	29	5	-	-	-	7	1
Community	-	-	11	2	-	-	13	1
Clinics	18	100	-	-	-	-	18	1
Total	1,074	55	691	79	62	32	1,938	

ASC : Ancillary grades - % to nearest whole number

(Figures from NUPE Coventry Hospitals Branch)

Almost a third of all members were based at Walsgrave General Hospital and just under one fifth of all members were based at

Coventry and Warwickshire Hospital. Membership at Walsgrave General was predominantly ancillary, while approximately half of the membership at Coventry and Warwickshire was ancillary. The total membership at this time represents approximately one third of all Coventry Health Authority employees.

Estimates from NUPE of the membership of the other Coventry Health Authority unions in 1983 were as follows:-

COHSE - 900 with particularly high membership amongst nursing auxiliaries, and at the Maternity Hospital and at High View Hospital.

TGWU - 400 mostly ambulance staff and laundry staff with a small number of domestic and catering workers.

EEPTU and UCAT - combined membership estimated at 80
NALGO - 500 mostly administration and clerical staff, with some community nurses who prior to the 1974 reorganisation had been direct employees of the local authority.

ASTMS - 300

RCN - 900 qualified nurses, although this figure has risen considerably since this date.
(Figures from NUPE 1983)

As the NUPE branch grew in size, so its importance in negotiations with the Health Authority grew as the leading Health Service trade union in Coventry. NUPE branch officers played a major role in establishing three trade union offices throughout the authority, at Walsgrave General, at Coventry and Warwickshire and at High View Hospital. Since the research has been completed, High View Hospital and Whitley Hospital have been closed. NUPE was also able to achieve better time-off

arrangements than any of the other unions in the research, or the other Health Service unions in Coventry. They had full-time release for the branch secretary, large proportions of time-off for senior stewards, including two at Coventry and Warwickshire Hospital, paid release for stewards to attend monthly meetings and the right for members to have paid time-off for meetings. Since the completion of fieldwork, there has been increasing pressure from management to restrict the amount of time-off for union work.(64)

At the time of the research, the branch secretary and the chair of the shop stewards' committee(the BDC) were both men from the works department of Walsgrave Hospital. The deputy branch secretary, a man from the portering department, and the branch chair, a woman auxiliary nurse, were both from Coventry and Warwickshire Hospital.

NUPE had 78 shop stewards in 1983, of whom just over 50 were women. Approximately 50 per cent of the women stewards worked part-time. Thus, 64 per cent of the shop stewards were women which is considerably above the national average of 42 per cent and slightly higher than the West Midlands average of 60 per cent. Nearly a third of all shop stewards were part-time workers. The implications of this high proportion of women stewards will be considered below in relation to women's participation and representation.

At the time of the research both shop steward meetings and branch meetings were held monthly. However, shortly after fieldwork was completed, branch meetings in effect ceased as a result of persistent low attendance. The new arrangement was for occasional meetings to be held for specific purposes.

During the fieldwork, the Health Authority reorganised its own management structure, dividing the authority into four units, each with its own unit management team. As a result some debate was raised within NUPE as to how they should reflect this structure within their own organisation. It was agreed to encourage a competent steward in each unit to become a senior steward for their own unit. Up until this time, shop stewards' main tasks had been representing members' grievances or in disciplinary cases. Other jobs, not associated with the immediate workplace, were carried out by the four branch officers. These jobs included sitting on the Joint Staff Consultative Committee(JSCC), negotiations with senior management and attending area committees. The branch secretary argued that the introduction of unit level senior stewards was a means of devolving power from the centre of the branch. In fact they found that the result was that ordinary stewards were passing on much of their work to the unit level stewards. Far from devolving power from the centre, activity at the level of the workplace began to decline, and because of the basic workloads the new unit level senior stewards were unable to

take on any of the tasks of the branch officers. The system was then rejected and they returned to the original organisation.

This branch provided an example of a large and growing membership with over half of the members coming from ancillary grades. It had an extensive shop steward body with high levels of participation by women in shop stewards' posts. The branch leadership, however, was dominated by men. The branch officers had given considerable effort to gathering statistical information about the membership, and ways to develop and expand the branch. In particular there had been attempts to devolve power from the centre of the branch and to experiment with different forms of organisation within the branch.

Warwick General Hospital - NUPE South Warwickshire Health Branch

The NUPE South Warwickshire Health Branch covers the whole of south Warwickshire as its name suggests, although as previously pointed out there was a separate NUPE branch at Central Hospital. In 1983 the full-time officer estimated there to be 256 members in the branch, and the senior steward at Warwick Hospital claimed to have 160 members at the hospital. At the time of the research the branch was divided between two main bases, Warwick Hospital and Stratford-upon-Avon Hospital,

fifteen miles south of Warwick. Union meetings alternated between the two sites. Most of the NUPE members at Warwick Hospital were drawn from the ancillary and works departments, since this branch recruited very few nursing staff. The senior steward thought that membership numbers were generally declining, especially since the 1982 pay dispute. This is in contrast to the NUPE branch at Coventry where the dispute had a mobilising effect on the membership.

The senior steward provided an important link between the branch as a whole and the Warwick Hospital group. He was a man from the works department and had been able to take time-off for union business without major problems. He estimated that this could be up to two thirds of the day. Branch meetings were held monthly in the evening, rotating between Warwick and Stratford. During the fieldwork the senior steward at Warwick was elected as branch secretary, previous to that all branch officers had come from Stratford and had been women. The full-time officer from Birmingham attended all branch meetings. The close relationship between the branch and the full-time officer was enhanced by family relationships between him and the previous branch secretary from Stratford.

The union had hospital level shop steward meetings as well as BDC meetings which stewards from the NUPE branch at Central also attend. At Warwick Hospital there were seven shop

stewards, five ancillary stewards, one steward from administration and the senior steward from the works department.

It was suggested that the porters were the most active group within the union at Warwick Hospital, making most demands on shop stewards and taking an active role in the 1982 dispute. The senior steward said that during the dispute, the porters had pushed for removing all cover, but that he had persuaded them against this action.

This was a small branch with few shop stewards and covered a wide geographical area. The branch as whole was not dominated by any particular group, although the Warwick Hospital section of the branch tended to be predominantly made up of manual workers. Although no membership figures were available, the new branch secretary indicated that the branch had declining membership numbers and that it had taken little action in terms of examining and improving its internal structures.

Warneford Hospital - COHSE

The Leamington Hospitals COHSE branch covered Warneford Hospital and several small specialist hospitals in Leamington. The branch had approximately 150 members drawn from ancillary and nursing services. It had six shop stewards from ancillary

and nursing sections, and from the smaller hospitals as well as Warneford. During the fieldwork a new branch secretary was elected. The previous branch secretary had been a young male auxiliary nurse, and the new one a man from the works department. The previous branch secretary had expressed in interviews a desire to improve participation within the branch, although with the change in branch secretary came a shift away from attempts to develop the internal organisation of the branch. Only limited access was gained after the election of the new branch secretary and no further details about the branch were made available. These access problems as a result of the change of branch secretary, suggested a centralisation of power based on this one person, and a lack of involvement and discussion amongst members in this branch. (See methodology in Appendix II)

Branch and shop steward meetings were held during work time and both were well attended. This was the smallest union branch covered by the research and like the NUPE branch at Warwick Hospital, relatively inactive in terms of attempting to involve membership. Another similarity with the NUPE branch at Warwick Hospital was the importance of family relationships. The COHSE branch secretary was married to one of the senior stewards, and two other stewards were their close friends. In such a small branch this group of people tended to dominate branch activities.

Central Hospital - COHSE

The COHSE branch at Central covers Central Hospital, a psychiatric hospital, and a neighbouring chest hospital. As discussed earlier in this chapter, COHSE has a strong tradition in psychiatric hospitals, and certainly nursing staff at Central regard COHSE as the appropriate union to join. This branch had a membership of approximately 500 at the time of the research. As the RCN has in recent years been raising its image in dealing with individual representational work and campaign work, some nursing members at Central Hospital had been joining it. However, COHSE remains the main nursing union to-date. Ancillary workers were divided equally between COHSE and NUPE. The branch officers were all young male student nurses. Generally the student nurses were the most active group within the branch. There were a total of twelve shop stewards, all nursing staff except for one occupational therapist, eight men and four women.

Time-off arrangements for union work were frowned upon by management and shop steward meetings were held monthly, usually in the house of the branch secretary in the evening. Branch meetings were held at various times, such as lunch time and after work. The branch had been making an effort to find a time at which more members would attend, but attendance remained low.

Unusually, porters at this hospital were not active in the union. The branch secretary explained this by reference to the fact that they were younger than is customary and had little tradition of trade union activity. Branch officers from Warwick and Warneford Hospitals described this branch as a 'radical branch', because it had been active in the 1982 dispute and initiated local campaigns linked to NHS services. Individually several of the stewards were active in local politics. This branch was the least formal in terms of the way in which it operated. The main problem for organisation in this branch was its reliance on student activists. Once qualified there was no guarantee that they would be able to get jobs at Central Hospital and so it was impossible to achieve any stability in union organisation. Branch officers were able to give little detailed information about membership, although they were in the process of improving branch records.

This was a COHSE branch which reflected very strongly the union's tradition amongst psychiatric nursing, with no ancillary stewards, despite a considerable ancillary membership. Branch officers were involved in trying to increase membership involvement and develop the shop steward base, although they were finding this process difficult.

Relationships between union branches

Given the geographical proximity of the branches, there was obviously contact between them. Alliances and friendships between branch officers seemed more linked to political orientation of branch officers than to union boundaries. Thus there was little contact between the NUPE branches in Coventry and South Warwickshire. There were also cool relations between the two COHSE branches. However, the officers in the COHSE branch at Central greatly admired the NUPE branch in Coventry, and had extremely bad relations with the NUPE branch in South Warwickshire. Within Coventry there was some antagonism between the local NUPE and COHSE branches. Here competition for members was more overt, and COHSE officers felt that the gains NUPE had made with respect to time-off and management recognition had been at their expense.

Negotiating Structures

In Coventry there was a regular formal joint union management negotiating structure, the Joint Steward Consultative Committee(JSCC). Prior to the 1982 dispute, all NHS unions and professional associations sat on this body. After the dispute, TUC-affiliated unions refused to sit with the non-affiliated organisations who had not taken part in the industrial action. In Coventry NUPE was the most powerful and key union on this

committee. Although NUPE was the most active union, management seemed happy to negotiate with them. NUPE's branch officers were experienced negotiators, and management have been assured that if they made an agreement with the branch officers, it would be accepted by the membership. Evidence suggests that in the mid 1980's management have begun to take a more aggressive stance.(65)

At Central Hospital there was no institutionalised negotiating structure. Negotiations tended to take place for a particular purpose whenever an issue arose. COHSE had been pushing for a more formal arrangement, but it had been consistently resisted by the hospital administrator who was not prepared to give this kind of formal recognition to the unions. At Warwick and Warneford hospitals there were similar irregular negotiations at the level of the hospital.

Although all of the union branches were involved in joint shop stewards committees, only in the Coventry Hospitals was this formalised in a JSCC. In the other three branches, joint union involvement appeared to be ad hoc, and branch officers tended to have little knowledge or contact with the other unions. The COHSE branch at Central Hospital did have frequent contact with the NUPE branch at the hospital, since they recruited in the same departments and often dealt with the same issues. The relationship between the two branches, however, tended to be

slightly hostile. Overall, relationships between the unions and branches in the hospitals were based on competition over members and considerable differences on how to deal with union issues.

SUMMARY

This chapter has described the unions within the NHS and given a background to the two unions studied in the research. It has shown the significance of women members to these unions, and how the unions nationally have responded to low levels of participation by women members. Both COHSE and NUPE have demonstrated a commitment to increasing women's involvement, although at national level comparatively little progress has been made in this process. NUPE has also given attention to developing its own structure in order to facilitate membership participation.

Finally this chapter has provided a background to the branches included in the study. These union branches were all significant recruiters of ancillary workers in the NHS. Each of the branches had different traditions of organisation, different sizes of local organisation, and different levels of participation of women in terms of post holding.

This chapter has set the scene for a more detailed analysis of women's participation in trade unions at four specific workplaces. Following the emphasis on the necessity for understanding the organisation of work, the next section of the thesis will examine the nature of women's ancillary work at the four hospitals.

Notes

1. See Stacey 1977.
2. For more details on the changing role of the RCN see Carpenter et.al. 1987 and Carpenter 1988 Chapter 21.
3. Prior to the 1974 reorganisation, community nurses were employed by Local Authorities and many nurses retained NALGO membership after being transferred to the NHS.
4. For example the Electrical, Electronic, Telecommunications and Plumbing Union (EEPTU) and the Union of Construction, Allied Trades and Technicians (UCATT).
5. For a description of the Whitley Council system see Vulliamy and Moore, 1979 Chapter 2.
6. For an analysis of the Whitley Council system in the NHS see Vulliamy and Moore *ibid.* Chapter 2.
7. Eaton and Gill 1981 p232.
8. Vulliamy and Moore *op.cit.* Chapter 2.
9. Eaton and Gill *op.cit.* p232.
10. See Dix and Williams 1987 Chapter 6.
11. See Dix and Williams *ibid.* for a general history, and Eaton and Gill *op.cit.* sections on COHSE pp231-232 and NUPE pp245-246.
12. Eaton and Gill *ibid.* p245.
13. See NUPE undated 2 p8.
14. Eaton and Gill *op.cit.* p245.
15. Fryer et.al. 1974.
16. For discussion of the reorganisation see Fryer *ibid.*

-
17. Eaton and Gill op.cit. p248.
 18. Ibid. p247.
 19. Ibid. p247.
 20. NUPE undated 2 p7.
 21. For a history of COHSE see Carpenter 1980 and Carpenter 1988.
 22. Eaton and Gill op.cit. p231.
 23. Ibid. p230.
 24. Ibid. p232 for 1980 figures and 1989 figures from COHSE November 1989.
 25. Ibid. see p233 and p246.
 26. COHSE undated 1 p1.
 27. See COHSE undated 2 p2 and COHSE undated 1 Ibid. p1.
 28. Eaton and Gill op.cit. p247.
 29. Figures from COHSE November 1989.
 30. See Carpenter 1988.
 31. Figures from Eaton and Gill op.cit.
 32. Labour Research March 1988 p11.
 33. Ibid. p11.
 34. This also fits with figures on the overall decline in staff numbers in ancillary departments discussed in Chapter 4.
 35. For a discussion of the role and impact of women full-time officials see Heery and Kelly 1988.
 36. See NUPE 1984, the Report of the Women's Working Party.
 37. Figures from COHSE November 1989.
 38. See Heery and Kelly op.cit.
-

-
39. Fryer et.al. 1974.
 40. For a discussion of the survey see NUPE undated 1.
 41. Ibid. p1.
 42. Ibid. p1.
 43. Ibid. p1.
 44. Ibid. p2.
 45. NUPE 1984 op.cit.
 46. Ibid.
 47. For more detailed information on the position of women in COHSE see COHSE undated 2.
 48. COHSE undated 1 op.cit. p6.
 49. See COHSE undated 2 op.cit.
 50. Ibid.
 51. Ibid. p4.
 52. Figures from COHSE November 1989.
 53. Ibid.
 54. COHSE undated 2 op.cit. pp4-5.
 55. Ibid. p5.
 56. Figures from COHSE November 1989.
 57. For a discussion of women's union education see Elliot 1980 and Munro 1989.
 58. COHSE undated 1 op.cit. p8.
 59. NUPE undated 3 p4.
 60. COHSE undated 1 op.cit. p8.
 61. NUPE undated 1 p4.
 62. Access was attempted with the NUPE branch at Central

Hospital, but not achieved. The full-time officer said that this branch had 208 members, drawn mostly from the ancillary departments. The branch secretary was a man from the transport department and senior stewards, a man from the portering department and a women. No further information was gained about this branch.

63. The full-time official claimed to have considerable involvement with the NUPE branch at Central Hospital where access was not achieved.

64. See Carpenter et.al. op.cit.

65. Ibid.

PART III - WOMEN'S ANCILLARY WORK

Chapter 6. **The Organisation of Ancillary Work - Catering**....171
Grading Structures.....173
Catering Work.....179
Comparison of Catering Departments.....195
Summary.....202

Chapter 7. **The Organisation of Ancillary Work - Cleaning**....206
Cleaning Work.....206
Comparison of Domestic Service Departments.....229
Summary.....240

Chapter 8. **Gender and Divisions in the Workplace**.....243
Gender and the Construction of Work.....244
Skill Definition and Grading Structures.....250
Part-time Working.....259
Gender and Restructuring.....263
Working Patterns and Limitations to Collectivity.....275
Controlling the Mop - Worker Resistance.....279
Summary.....283

Chapter 9. Race and Divisions in the Workplace.....	287
Race and Employment in the NHS.....	288
Race and the Construction of Work.....	291
Race and Restructuring.....	303
Working Patterns and Limitations to Collectivity.....	306
Asian Women and Resistance.....	309
Summary.....	312

Chapter 6

The Organisation of Women's Ancillary Work - Catering

The aim of this chapter and the following chapter is to highlight the factors which affect division and unity amongst groups of workers. This section of the thesis will begin a more detailed examination of the empirical research carried out. It has been argued that an understanding of trade unions essentially requires a detailed analysis of the organisation of work. This chapter and the next will concentrate on the organisation of women's ancillary work, focussing on catering in this chapter and cleaning in the next. This chapter will describe the organisation of work at the three catering departments at Warwick, Warneford and Central Hospitals. Divisions based on gender and race will be identified as the key factors in this discussion. Chapters 8 and 9 will consider these divisions in more detail and consider the inter-relationship between gender and race. This chapter will show through the example of catering departments how a bottom stratum of labour is created within the grading structure. This bottom stratum is made up of women workers, and where women of Asian origin are employed they are concentrated in the

bottom stratum. Although women within the bottom stratum have specific interests, racial divisions cut across interests based on gender.

Beechey and Perkins argue that gender is important in the construction and organisation of work.(1) In this chapter and the next the importance of gender to the construction and organisation of ancillary work will be demonstrated. Only by reference to gender is it possible to understand the construction of certain jobs as women's jobs, the construction of certain jobs as part-time jobs, and the organisation of the grading structure. This also allows an understanding of the way different jobs are being reorganised and the implications of the introduction of initiatives on flexibility for different groups of workers. In this context, attention will be given to managerial strategies in relation to women's ancillary work. Where possible comparable data will be used, although differential access does not make this possible in all cases. The data for this and the following chapter was obtained through interviews with department managers, from departmental records which were made available and from observation in the departments.

There have been few detailed studies of the position of black workers in public sector grading structures, and no general information was available. However, Williams et.al. suggest

that there is a link between country of origin and occupation within ancillary work and hence grading:

"A large proportion of domestic staff for example originates from the West Indies, whereas catering departments employ large numbers of staff from Mediterranean countries, and in laundries there are often many Asian staff."(2)

These are all lower grade occupations, and Williams et.al. link occupation to specific Government policies around work-permits and direct recruitment practices in country of origin. This suggests the importance of considering the position of black workers in the detailed study of cleaning and catering workers. This chapter begins with a general review of ancillary grading structures, then looks at the organisation of each of the three catering departments. This will be followed by a summary of the features of catering work demonstrating the importance of gender to the construction of this work.

GRADING STRUCTURES

In Chapter 3 the range of work carried out under the general heading of ancillary work in hospitals was discussed. It is now necessary to look in more detail at how various occupations fit into the grading structure. The table overleaf shows the grading structures in operation at the time of the fieldwork.

At the time of the research all ancillary staffs were divided between eighteen pay groups, pay group one being the lowest and eighteen the highest. Pay group one consisted only of catering assistants and cleaners/domestic assistants. Pay groups seventeen and eighteen consisted only of gardens' superintendents. The vast majority of occupations were placed in pay groups two to six.

Table 15 NHS Ancillary Pay Grades and rates April 1983

Pay Group	Weekly Rate £	Hourly Rate £
1	65.84	1.646
2	66.89	1.672
3	68.59	1.715
4	71.01	1.775
5	73.45	1.836
6	75.91	1.898
7	77.14	1.929
8	77.88	1.947
9	78.64	1.966
10	79.38	1.985
11	80.12	2.003
12	80.88	2.022
13	81.62	2.041
14	82.47	2.062
15	83.32	2.083
16	84.33	2.108
17	85.36	2.134
18	86.56	2.164

(Figures from NUPE 1983)

Pay group one accounted for well over half of all ancillary workers. It was an entirely female grade. In no other occupations, whether defined as skilled or unskilled, did workers enter the service in pay group one. For the vast majority of domestic assistants there were no opportunities beyond pay group one. The only exceptions were the domestic

assistant§in the pathology laboratories who were in pay group two, and domestic supervisors who were in pay group six.

In catering departments, the catering assistants were divided into two sections, the kitchen assistants and the dining room assistants. There were some opportunities for advancement in the dining room where catering assistants who handled cash were in pay group three, and senior catering assistants in pay group four. Dining room supervisors were in pay group six. In the kitchen there was no promotion ladder providing for advancement from kitchen assistant.

General labourers, garden labourers, sewage labourers and porters all entered the service in pay group two. These occupations were almost entirely male. Porters were in pay groups two, three or four depending on grading description. Deputy head porters were in pay group eight, and Head porters in pay groups eleven to sixteen.

All NHS ancillary workers are low paid. Using any of the definitions of low pay, the TUC, the Low Pay Unit or The Council of Europe, based on basic wages all ancillary staff would be defined as low paid.(3) In 1984 definitions of low pay varied from £101 to £109. However, low pay is not equally distributed between men and women in ancillary work. In 1981, when the weekly wage in pay group one was £59.05, the

supplementary benefit level for two adults with two children, frequently used as the level of a poverty line, was £82 per week. At this time COHSE estimated that the average gross earnings for male NHS ancillary workers was £99.3, whilst the average gross earnings for female NHS ancillary workers was £75.8.(4) At this time the average earnings for full-time male manual workers was £149.13 per week and for female manual workers £91.18 per week.(5) While recognising the generally low levels of pay in ancillary work, there seems to be a considerable disparity between the wages of men and women.

The difference of incomes between men and women reflected the concentration of women in pay group one. This form of pay structure with a bottom grade consisting totally of women was at the time of the research common to the whole of public sector manual workers, and to much of the private sector.

Many writers explain women's lower pay in manual work by their concentration in unskilled work.

"Women have historically and socially been designated lower status semi-skilled or unskilled work. It is because women work in such jobs that they are considered low-skilled and hence low paid. Women are in a vicious circle - they are low paid because of inequality and this unequal status is reinforced by low pay."(6)

What Rahman misses in her study of low pay in council manual work is that certain grades have been constructed as women's

grades. Even when men enter work in a job classed as unskilled, they do not enter the lowest grade or grades, which are reserved for women. Thus there are three problems, why women's skills are given less value, how certain work is constructed as women's work, and how grading structures are constructed to differentiate between men and women.

Since the early 1980s public sector grading structures have been reorganised. In NHS ancillary work, Local Authority manual work and Universities' ancillary work the bottom grade has been removed. The basic structure remains, however, although in a less obvious fashion. In 1986 the eighteen ancillary grades in the NHS were reorganised into two separate pay scales, one for non-supervisory grades and one for supervisory grades. The non-supervisory staff were divided from Scale A (the lowest), to Scale D (the highest). Supervisory staff were divided from Scale I (the lowest), to Scale IV (the highest). This reorganisation did mean some improvement for workers in certain occupations. However, the new scales have internal point systems and the only staff on Scale A Point 1 are catering assistants and cleaners/domestic assistants, made up entirely of women.

Table 16 Highest and Lowest Grade points 1983 - 1986
(Weekly pay)

	1983		1986
Pay Group 1	£65.84	Scale A.1	£77.13
Pay Group 18	£86.56	Scale IV.5	£101.75

(Figures from NUPE 1986)

If the rates of pay between 1983 and 1986, shown in Table 16, before and after the changes in the pay structure are compared, it is evident that the distance between the lowest paid and highest paid ancillary staffs had increased slightly. During this time the lowest grade had increased by 17.1 per cent, while the highest grade had increased by 18.36 per cent. In 1983, the lowest pay grade represented 76.06 per cent of the highest pay grade. By 1986, the lowest pay grade represented 75.8 per cent of the highest pay grade. On the basis of pay rates, the position of women on the bottom grade had been worsening, despite an apparent equalising of the grading structure.

The grading structure indicates a bottom stratum of workers, entirely female, which is also almost completely part-time and defined as unskilled. However, this group is not insignificant in number, accounting for more than half of the whole ancillary staff. In 1980, this meant approximately one hundred thousand workers in England. Unskilled male workers never enter the workforce on this lowest grade, and in none of the ancillary jobs predominantly performed by men is there the almost total lack of opportunity for advancement which is found in women's low grade work. The ancillary workforce is one clearly segregated by sex, both vertically and horizontally.(7) This obviously has implications for pay levels as is evident,

although it also raises questions about why certain jobs are constructed as women's jobs and why women's jobs are placed on a lower level on the grading structure than men's jobs which are formally defined at a similar skill level.

CATERING WORK

Huws estimates that about a quarter of all employed women are doing jobs which she calls 'other people's housework'.(8) In this category she includes cleaners, canteen assistants, counter-hands, cooks, kitchen hands, general servants, waitresses and launderers. Despite the significance of the service sector, most studies of women's employment have concentrated on factory work.(9) This suggests that the lack of academic attention to areas such as cleaning and catering is a reflection of the low status of the work itself. Only with the national restructuring of such work, particularly through privatisation of public services, has it become 'visible'.

Work in the hotel and catering industries in the private sector is notorious for poor pay and conditions.(10) Nonetheless, there is similar low pay and work organisation in the public sector in the NHS, and these comparisons will be made later in the thesis.

Catering work as a general term includes the work performed by kitchen, restaurant, and bar staff. In the NHS the relevant groups are the kitchen and restaurant staff, the chefs, cooks, kitchen assistants, waitresses and canteen staff. Catering staff make up the second largest group of workers in NHS ancillary services: in 1980, 17 per cent of the whole ancillary staff. Staffing levels have been declining since the high point in the early 1970s.

"NHS catering departments now feed 600,000 mouths a day, an increase of 10 per cent since the 1974 reorganisation. But during the same period catering staff numbers have fallen by 9.4 per cent. In 1975-76 catering expenditure as a percentage of the total NHS revenue expenditure amounted to 7.3 per cent. Now this has fallen to under 5.6 per cent. The cost of patient meals per day, even allowing for inflation, has also reduced from £1.17 to £1.09."(11)

Cost cutting has been a persistent feature in NHS catering, and as in other departments, staffing levels have been seen as a prime target for cost cutting. However, catering departments have not been prime targets for privatisation as has been the case in domestic service departments. Why the two departments have had such different experiences will be discussed in subsequent chapters.

Catering departments are responsible for the purchase, preparation and dispersal of food in the hospital for patients and staff. The centre of the catering department is the kitchen.

"The scale of the operation is frightening. Large pans of hot mince beef are cooling on a trolley, helped along by a primitive cooling system - a swivel fan on a stool. The kitchen is hot (180 pork chops are being grilled a few feet away, with the grills on continually from 11am to 2pm)....."(12)

Staff work in close proximity in relatively small areas in these uncomfortable conditions. There are a range of occupations, and the distinctive characteristics of catering departments compared with domestic services departments are the hierarchical grading structure and the employment of men. However, like domestic services there is a low grade job performed solely by women, that is catering assistant. Catering assistants are divided into two main groups, the kitchen assistants and the dining room assistants. Kitchen assistants mainly perform routine food preparation, and dining room assistants are involved in the serving and clearing of food.

In this section, the organisation of the three catering departments in the study will be examined. Unfortunately, access was not gained to the catering department at Coventry and Warwickshire hospital as it was involved in a complete reorganisation at the time of the fieldwork.

Warwick Hospital - South Warwickshire Health Authority

The Warwick Hospital had the largest catering department covered in the research, in terms of staffing levels. The manager was a young college trained man. The department was situated in the centre of the hospital buildings, with light and airy conditions.

As table 17 overleaf shows, staff in this department ranged from the head cook on the highest ancillary grade, to the catering assistants on the lowest. Most of the men employed in the department were on higher grades, and most of the women were on the lower grades, although there were some women employed on middle grades.

Unlike the other two catering departments that were looked at, this department had a large staff responsible for serving food to patients in the ward, the ward waitresses. Most of the part-time staff in the department were in fact the ward waitresses, which reflected the demand for staff at the peak meal times of lunch and dinner. The duties of other catering assistants was defined as,

"General duties in the kitchen, dining room and associated areas, including the serving of food, cleaning of premises and equipment, preparation of vegetables, fruit, salad, sandwiches, toast and beverages. May be required to collect pre-paid meal tickets."(13)

Table 17 Catering department staff Warwick Hospital

position	number of workers	male/ female	hours worked per week	grade
head cook	1	M	40	14
assistant head cook	1	M	40	10
cook	1	M	40	7
	2	F	40	7
supervisor	1	M	40	6
assistant cook	2	F	40	5
trainee cook	1	M	40	
senior catering asst.	1	M	40	4
	1	F	40	4
	1	F	20	4
catering asst. dining room - cash	1	F	10	3
catering asst.Kitchen	6	F	3 x 40	1
			1 x 30	1
			1 x 20	1
			1 x 10	1
catering asst. dining room	5	F	4 x 40	1
			1 x 15	1
catering asst. waitress	27	F	8 x 40	1
			1 x 28	1
			1 x 26	1
			1 x 24½	1
			1 x 22½	1
			5 x 20	1
			5 x 15	1
			5 x 12½	1

total number of staff: 52

total number of men: 6

total number of women:45

total number of part-time staff: 25

per cent of whole staff on grade 1: 75 per cent

(Hospital Department records)

The general picture of the department was one of a few staff on higher grades, with three-quarters of the staff, all women on the bottom grade.

Staff worked on a five day week, with a rota system for shifts.

Table 18 outlines the main shift patterns.

Table 18 Shifts for catering staff Warwick

The main shifts for full-time staff were:-

6.00 am - 3.30 pm
7.00 am - 3.30 pm
8.00 am - 6.00 pm
8.30 am - 5.00 pm
10.00 am - 8.00 pm
11.30 am - 8.30 pm

The main shifts for the part-time staff were:-

11.30 am - 2.30 pm
5.30 pm - 8.00 pm

(Hospital Department records)

This shows clearly that women's part-time labour was being used to cover the peaks of activity, mid-day and evening meal periods. Amongst the full-time staff peak periods were covered by over-lapping shifts and overtime. This finding supports the arguments made by Beechey and Perkins that men's and women's labour is used differently to achieve flexibility.(14)

All of the men employed in this department worked full-time while only six per cent of the women worked full-time. The three most senior positions were held by men and there were no men on Grade 1. The job of catering assistant was a completely female job. Thus, the grading structure, patterns of working and occupations were all defined around gender. There were two women cooks and the particular nature of the gendering of cooking occupations will be developed during this chapter.

Detailed information was not available on the ethnic origin of staff in this department, although it was estimated that approximately half of the women staff were of Asian origin, and all of these women were employed on Grade 1 work.

The manager said that there were good relations amongst all of the staff in the department. He was happy with the performance of all his staff and said that there had never been any problems between different [racial] groups in the department. General observations seemed to support this.
(Fieldwork notes)

There were occupational divisions based on gender and race, but these divisions did not appear to have developed into overt conflict in the department.

Warneford Hospital - South Warwickshire Health Authority

The catering department at the Warneford Hospital was the smallest one included in the study, with a total of 21 staff, and a woman manager who had been in post for many years. The kitchen was situated in the basement of the hospital.

Table 19 below shows the staff employed in this department. Thirteen of the staff were employed on Grade 1. These were the dining room and kitchen assistants, and the washing up machine staff. All of these staff were women.

Table 19 Catering department staff Warneford Hospital

position	number of workers	male/ female	hours
head cook	1	M	42
assistant head cook	1	M	42
cook	1	M	42
diet cook	1	F	40
part-time cook	1	F	27 *
dining room supervisor	1	F	40
dining room cashier	1	F	40
store keeper	1	F	40
dining room assistant	6	F	4 x 40 2 x 25
kitchen assistant	5	F	3 x 40 1 x 28 1 x 25
washing up machine staff	2	F	12 *

(* six day week)

total number of staff: 21
total number of men: 3
total number of women: 18
total number of part-time staff: 7
per cent of whole staff on Grade 1: 62 per cent

(Hospital Department records)

All except for three members of staff worked a five day week (the exceptions working a six day week), with a four week rota in the kitchen and a two week rota in the dining room. This department had a comparatively high level of full-time working amongst women staff compared with the previous department. This was also the case for domestic services at Warneford which will be discussed in the next chapter. The three men in the department worked regular overtime.

This department had operated an interim bonus scheme for many years, which had not been fully work-studied. In 1982 this had been updated and a bonus of 15 per cent awarded to all staff in the department. The introduction of the bonus had been achieved by a reduction in total staff hours.

The manager said that it hadn't been a problem to cut the overall hours. One of the cooks had left, and had not been replaced. The remaining three men cooks had taken a reduction of two hours a week and a couple of catering assistants had moved from full-time to part-time working. She claimed that it had not been a problem to introduce these changes, and that it didn't make much difference to the running of the department.
(Fieldwork notes)

Despite the three men having taken a cut in hours, they continued to regularly work over the normal full-time hours.

Flexibility was not an issue as such in this department, since the manager automatically expected flexible working from the staff, particularly the catering assistants.

She [the manager] said that although the catering assistants were formally kitchen or dining room assistants, they in fact had to go in either as required.
(Fieldwork notes)

This lack of resistance to moving from job to job was not the case throughout hospital catering.

"The thing that struck me most was the lack of flexibility. In hotels, if someone was off, someone else would move from their job to fill in.' Now even simple re-arrangements aren't simple..... union limits on job flexibility, together with lack of training, add both to their staffing problems and costs."(15)

Although there was no expressed policy of moving from full-time to part-time working in this department, this had been used as an important aspect of achieving the cut in hours required for the introduction of the bonus scheme.

The shift to part-time working wasn't seen as a managerial strategy by the manager. She implied that it was the natural response in the situation. She did not seem to have a policy to continue this trend.
(Fieldwork notes)

The issue of what is regarded as 'natural' in terms of women's labour is a theme that will be developed in subsequent chapters.

The three male members of staff held the three senior positions in the department. All three were cooks, and as mentioned above, all regularly worked overtime. There were two women cooks, although they were differentiated from the men cooks, one being the diet cook and one working part-time.

All but one of the catering assistants were of Asian origin. This group of workers were identified as a distinct group by the manager.

The manager said that the cooks were rarely off work, but that absenteeism and sickness was very high amongst the Asian women. She also said that many of the Asian women did not speak or write English very well, although she thought that it didn't matter that much.
(Fieldwork notes)

None of the more senior staff were of Asian origin, which indicates a division based on grade and occupation.

This was a small department which had already gone through a degree of rationalisation with little resistance from staff. It retained a comparatively high level of full-time working amongst Grade 1 women workers, which may in part explain this lack of resistance.

Central Catering Department - South Warwickshire Hospital

The Central Catering Department was the largest catering department in the study in terms of output. It had the largest staff of cooks, with twelve plus a superintendent who was in effect kitchen manager. It also had five male staff employed as kitchen porters, a post which did not exist in the other two catering departments in the study. The manager of the department was a young college trained woman.

Table 20 overleaf shows the staff employed in Central's catering department. This department had the lowest proportion of staff employed on the bottom Grade 1 of all the catering departments in the study. It also had the lowest proportion of part-time working and the highest proportion of male staff.

Table 20 Catering Staff Central Hospital

position	number of workers	male/ female	full/ part-time
superintendent	1	M	F
head cook	1	M	F
assistant head cook	1	M	F
cook	2	M	F
diet cook	1	F	F
assistant cook	5	M	F
	2	F	F
kitchen porter	5	M	F
dining room supervisor	1	F	F
senior catering assistant	1	F	F
catering assistant cashier	2	F	F
catering assistant	9	F	F
catering assistant	6	F	P

total number of staff: 37
total number of men: 15
total number of women: 22
total number of part-time staff: 6
per cent of whole staff on Grade 1: 40 per cent

(Hospital Department records)

In this department cooks worked either of two shifts, 7.00 am to 4.00 pm or 10.00 am to 7.00 pm. They worked a complicated rota system of: 10 days on, 4 days off, 8 days on, 2 days off. This meant working two weekends out of every three.

Full-time catering assistants worked two shifts, 7.00 am to 4.00 pm or 9.00 am to 6.00 pm, on alternate days. For the main part of the day most staff were on duty. Part-time catering assistants worked from 5.00 pm to 8.15 pm. The evening meal period for assistants was covered by a permanent evening shift. The ordinary shift system ensured that cooking staff were on duty to cover this period. In this way a distinctive method

was used to cover peak periods for predominantly male jobs compared to that used in women's jobs.

There was no distinct pattern in terms of age, although the part-time catering assistants tended to be slightly younger and to have held their jobs for a shorter period of time than the full-time catering assistants. From the length of service of some of the catering assistants it becomes apparent that the lowest grade staff remained in their jobs for considerable periods of time, the longest serving member of staff having been in her job for twenty-seven years. (See Table 21 p194) In this department internal promotion was very rare, so this meant twenty-seven years on Grade 1 for one member of staff with no hope of promotion.

The manager commented that staff turnover was much greater amongst the skilled staff, the male cooks. She said it was difficult to get cooks and the turnover caused her problems. She said in a joking tone that it was a great pity that turnover wasn't higher amongst the catering assistants, 'who seem to stay for life'.
(Fieldwork notes)

For the staff defined as skilled there was opportunity for higher pay outside of the NHS, but for the catering assistants comparable work in the private sector paid no more and had much less security.

There was comparatively little part-time working in this department, and the manager said that her aim was to move

towards more part-time working. However, because of the geographical isolation of Central Hospital, and because most staff were tied to the hospital transport system the potential for an increase in part-time working was limited.

The department had been operating an interim bonus scheme for ten years with a bonus of 10 per cent. At the time of the research they were expecting to have a new work study carried out and a new bonus scheme introduced. However, it was expected that the new bonus might not be any higher than the existing bonus, yet it would require a cut in staff and hours. There was an assumption by the manager that cuts would be achieved by the full-time catering assistants moving to part-time working, a loss of ten hours a week each. The catering assistants did not want to move to part-time working and there were bad relations in the kitchen between them and the cooks, who seemed to expect increased pay at the expense of the catering assistants. This division was further enhanced by the racial division of these two groups of workers, with the majority of the full-time assistants being women of Asian origin.

The familiar picture emerges of women occupying the bottom grade jobs, men the most senior positions, and a few women in the middle grade positions. The post of kitchen porter, which was found in this department, illustrates how men are

differentiated from women even when employed on work formally regarded as equally unskilled. A job description from Warwick Hospital, where the separate male job of kitchen porter was not used, defined the job as synonymous with the job of catering assistant. However, a general South Warwickshire Health Authority job description which was used at Central Hospital gave the role of kitchen porter specific duties.

"Function and Responsibilities - Simple preparation of vegetables, and fish. Removal of swill rubbish. Carrying out of heavy lifting, collection of stores items. Operation of mechanical scrubbing machines."(16)

The main difference in this description was the specification of heavy lifting. This then justified the payment of this job on Grade 2 and suggests that the job description cited above was constructed to differentiate between male and female labour rather than reflecting actual differences in the work. As Beechey and Perkins showed, heavy lifting in women's jobs is usually ignored or under-estimated.(17) This theme will be developed in the following chapters.

In this department more detailed information was gained on the racial origin of staff, and the age and length of service of the women staff. Although there was a greater mix of ethnic origins in this department, as table 21 overleaf shows, there was a pattern of white men in most senior positions and Asian women in the lowest grade work.

Table 21 Racial Origin Catering Staff Central Hospital

position	racial origin	age (women only supplied)	length of service in years
superintendent	white British		
head cook	Afro/Carib.		
assistant head cook	white British		
cooks	2 x white British		
diet cook	white British	19	3½
assistant cooks	6 x white British	23	0
	s. European	63	15½
kitchen porters	3 x white British		
	s. European		
	Asian		
dining room supervisor	s. European	40	18½
senior catering asst.	white British	37	2½
cashier	s. European	58	16½
	Asian	44	16
catering assistant (full-time)	white British	34	10
	"	50	27
	Afro/Carib.	58	18
	Asian	36	4
	"	56	7
	"	54	11½
	"	35	5
	"	30	9
	"	35	5½
catering assistant (part-time)	white British	22	1
	Asian	44	4
	"	38	4
	"	38	4
	"	37	5
	"	31	1

(Hospital Department records/manager interview)

The division in this department was not solely a racial division (between black and white staff), but a division based on both race and gender (between Asian women staff and all other staff). There appeared to be overt conflict between these groups, which extended to rest periods, when the Asian women took their breaks separately from all other staff in the rest room.

The divisions in the department were encouraged by the attitude of the manager.

The manager claimed that the women of Asian origin had higher absenteeism than other staff and complained that she thought that they did not work hard enough. She also complained that these women frequently took maternity leave. She was particularly annoyed that they usually came back to work after taking maternity leave, because they could call on extended family to care for their children.
(Fieldwork notes)

Even the fact that the women of Asian origin were able to take advantage of their statutory rights appeared to present a cause for resentment and division. From a managerial point of view, women leaving to have children presented a useful possibility for cutting or changing staffing levels. The organisation of women's work is frequently built around the assumption that they will not take advantage of their rights.

This was a department where divisions of race were particularly evident. The divisions were further enhanced by the disagreements over the introduction of the new bonus scheme. The implications of these divisions will be explained further below.

COMPARISON OF CATERING DEPARTMENTS

Having examined each of the three departments it is now important and necessary to draw out the similarities and

differences between them. There are five areas that will be examined: shift patterns, bonus schemes, hours of work, and racial and gender divisions.

Shift patterns

All of the departments used similar types of shift pattern. The peak periods for catering departments were mid-day and evening meal times. Theoretically, these two periods could be covered by separate workers on different shifts. In fact, in all the catering departments the peak periods were covered by the same staff working different shifts on a rota basis, for example from 7.00am to 4.00pm and from 10.00am to 7.00pm. Therefore, during the middle period of the day, all full-time staff were on duty at the same time.

The shifts of the part-time evening catering assistants did not overlap with full-time staff on an early shift. However, because the full-time staff rotated their shifts, even the part-time staff worked with all other staff at some point.

The implication of this shift organisation is that with all staff coming into contact with each other, there was potential for the development of group cohesion and solidarity which would enhance trade union organisation. This, however, was hindered because of the way that the hierarchical divisions

within catering departments were augmented by sexual and racial divisions, preventing such unity developing.

Bonus schemes

All of the departments in the study were covered by bonus schemes, more correctly a single bonus covered all staff in each catering department. This indicated another area which might be expected to enhance the unity in catering departments. However, the way in which they had been introduced made this less likely.

At Central Hospital there had been a bonus scheme in operation for many years, with a bonus of 10 per cent. However, there were plans at the time of the research to introduce a new scheme with a higher bonus. The necessary savings which would have to be found in order to maintain a higher bonus, had been identified as a ten hour a week cut to the catering assistants which caused considerable disagreement. The Warneford Hospital had introduced a new bonus scheme in the catering department shortly before the research commenced. There was a new bonus of 15 per cent, which was achieved by considerable staff cuts. One cook left and was not replaced, the other cooks took a cut of two hours a week and some catering assistants moved from full to part-time working. As with shift

patterns, the bonus schemes too provided a potential basis for conflict between staff.

Grading structures

A general picture emerged from these three catering departments, of a hierarchy divided into three main groups. The top group consisted of a small number of higher grade staff doing skilled work, mainly men of white British origin and a few women of white British origin. The small intermediary group was exclusively female, carrying out jobs with some supervisory tasks or responsibility for cash, and from a variety of racial origins. The largest group of staff were all on grade 1, classed as unskilled, they were all women and mainly of Asian origin.

Amongst the cooks there was a promotion structure, with staff entering at a position appropriate to their experience and qualifications, with the head cook at the top of this career structure. The largest group of staff, the catering assistants had virtually no opportunities for promotion or training. Staff turnover was lower amongst lower grade staff, and the lower grade staff tended to be older than other staff.

It has been argued that the hierarchical grading structure in catering departments was one of its most distinctive and

important characteristics. It was a hierarchical structure constructed around gender mediated by racial divisions.

Hours of work

Although part-time working was evident at all three hospitals, the extent was varied. At Warwick Hospital 25 of the total of 52 staff (48%) worked part-time. This compared with 7 out of 21 at Warneford (33%) and 6 out of 37 at Central(16%). All of the part-time staff were women, and all were catering assistants. This pattern was common to all the hospitals, with only one cook throughout the three hospitals working part-time.

One important difference was the period covered by part-time staff. At Central Hospital part-time staff were only employed on the evening shift, whilst part-time staff were employed at all stages of the working day at the other two hospitals.

A further feature of part-time working was that there was a distinct trend away from full-time to part-time working. This was particularly associated with the introduction of bonus schemes and involved a shift for women rather than men workers from full-time to part-time working. There had also been pressure on male cooks to accept cuts in hours with the introduction of new bonus schemes, although this usually meant

cuts in overtime working. Nowhere did a male member of staff work less than 40 hours a week.

Women's low grade catering work was in the process of being reconstructed as part-time work, although this process was limited to some extent by local factors. Such a process indicates that the nature of change to the organisation of work cannot be understood without reference to gender.

Gender divisions in the workplace

Two of the three functional managers of these catering departments were women, although within the departments there was a very clear sexual division of labour. The head cooks, who had supervisory control over the day to day running of the whole department, were all men. In every case there were some women cooks, but none at senior levels.

All catering assistants were women, all kitchen porters were men. The high level of employment of women in catering seems again to reflect the sexual division of labour in the home. However, within catering there was a highly skilled section of the workforce, which had traditionally been dominated by men.

There were some women of white British origin in higher grade work as cooks. The job of catering assistant was clearly

constructed as a woman's job, but this pattern was not so clear in the case of cooks. The occupation of cook or chef is constructed as male or female in different sectors of the labour market. In hospital catering the job of cook was primarily a male job, although some women had entered the occupation.

Racial divisions

There were two main racial groups in the catering departments. These were those of white British origin and those of Asian origin. There were small numbers of staff from Afro/Caribbean origin and Southern European origin. In terms of divisions within the catering departments the main division seemed to be between the women of Asian origin and all other staff. These divisions were reinforced by the policy of making cuts by reducing the hours of catering assistants, the majority of whom were women of Asian origin. The common view expressed by managers that Asian women were lazy further fed and emphasised this division.

Taking the example of Central Hospital, it becomes clear that the gender division of labour in the department was mediated by racial divisions. Most senior jobs were held by men of white British origin, and the lowest grade jobs were mostly occupied by women of Asian origin.

In the catering departments women of Asian origin occupied the low grade jobs, yet for men racial origin seemed less significant in terms of predicting position in the departmental hierarchy. As will become evident below the racial divisions in catering departments were reflected between grades. This gave rise to a situation where race appeared as a key factor in the development of conflict between staff. These themes will be developed in the following chapters.

SUMMARY

In this chapter it has been demonstrated that grading structures establish women workers as a bottom stratum within the hierarchy of labour. Despite superficial indications that the distance between workers at the bottom of this hierarchy were narrowing, close study shows that the gap was actually widening. In the example of catering departments, catering assistants occupied this bottom stratum, and had therefore, specific common interests. Where women of Asian origin were employed in catering departments, they were found to be concentrated within this bottom stratum.

A number of trends were identified within catering departments. There were pressures to introduce increased flexibility, particularly amongst catering assistants. There were pressures to accept job flexibility, to move from the kitchen to the

dining room as necessary. Since women of Asian origin tended to work in the publicly 'hidden' areas, in the kitchen, there are questions raised about whether managers would regard them as appropriate staff for the public areas of the dining room.(18) There was also pressure to accept flexibility of hours, primarily in terms of women accepting a reduction of hours.

The case of Central Hospital showed that management initiatives to cut costs in catering departments were focussed primarily on cutting wage costs amongst the catering assistants. Since the women of Asian origin were more likely than other women on the bottom grade to be working full-time, they had been targeted as the prime group to absorb cuts. They were in this way established as a distinct group, with distinct interests. The segregation of the work by race created a situation in which divisions of race cut across divisions of gender. All other staff combined in order to impose any cuts on the group of catering assistants of Asian origin. In the next chapter this discussion is developed in relation to domestic service departments.

Notes

1. See Beechey and Perkins 1987 for a discussion of the role of gender in the construction of part-time work.
2. Williams et.al. 1977 p18.
3. See Low Pay Unit 1984 and 1988, TUC 1984 (2), Walker and Walker 1987, NUPE undated (4), and Townsend et.al. 1987 for discussions of low pay and poverty.
4. From COHSE 1982.
5. Department of Employment Gazette 1984.
6. Rahman 1985 p14.
7. For a discussion of labour market segregation see C.Hakim 1979 and 1981.
8. See Huws 1982 Chapter 1.
9. For example, Cavendish 1982, Pollert 1981, Westwood 1984.
10. See for example, Counter Information Service(CIS) undated.
11. Sherman 1983 p1188.
12. Leith 1984 p16.
13. Job description - 'Catering Assistant' - South Warwickshire Health Authority used at Warwick Hospital.
14. Beechey and Perkins op.cit.
15. Catering manager quoted in Polunin 1983 p1322.
16. Job description - 'Kitchen Porter' - South Warwickshire Health Authority used at Central Hospital.
17. Beechey and Perkins op.cit. see in particular the section on the baking industry and Chapter 4 on attitudes of employers.

18. See Parmar 1982 for a discussion of the inter-relation of race and femininity in construction of women's jobs.

Chapter 7

The Organisation of Women's Ancillary Work - Cleaning

This chapter will develop the themes outlined in the previous chapter on catering, with reference to cleaning work in hospitals. This chapter will deal with the organisation of domestic service departments from all four of the hospitals in the study. This will be followed by a consideration of the similarities and differences between the four departments. The analysis will explore the complex way in which certain occupations are constructed as female or male and the implications this has for pay, status and skill definition. As in the previous chapter, consideration will also be given to the importance of divisions of race, the way in which much of women's work is constructed as part-time, and the role of managerial policy in the re-structuring of work.

CLEANING WORK

"Cleaning is big business but just as the social value of cleaning is undervalued, and only noticed when it is not done, so cleaning as an economic activity has been considerably underestimated."(1)

Domestic Services Departments are responsible for all cleaning inside the hospitals. The defined aim of a domestic assistant is to 'ensure a high standard of cleanliness within the area allocated', (Warwick Hospital job description). Duties include dusting, sweeping, polishing, cleaning toilets and maintaining provision of soap, towels and toilet rolls. This may include the use of chemical cleaning agents and mechanical cleaning aids. Waste bins have colour coded bin bags, according to the nature and risk of the waste; domestic assistants are responsible for the removal and replacement of these bin bags. Although not formally part of their job, domestics frequently assist visitors, offer friendly companionship to patients, and liaise with nursing staff. Williams et.al. cite a number of studies which indicate that patient contact, including such activities as re-filling water jugs and attending to patients' flowers, is a crucial factor in terms of domestic staff's work satisfaction.(2)

In the context of a hospital, the importance of cleanliness makes the value of domestic services immediately apparent, cleaning cannot be regarded as peripheral in a hospital. However, it is not always visible and as Coyle suggests, mostly only noticed when not done or done inadequately.(3)

The most outstanding feature of the organisation of hospital ancillary work is its complexity. Even in domestic services

departments, where it might be expected to be straightforward, the organisation is actually very complicated. Here there are a large numbers of women, almost all on the same grade, working on two shifts, but there tends to be a vast number of starting times, a variety of bonus schemes, different staffing levels and different numbers of hours worked.

The variety of organisation is partly a reflection of difficulties in the past of recruiting ancillary staff, and the need to fit in with workers' other responsibilities such as childcare. However, it also reflects the complex requirements of the hospital sector, with needs changing on the basis of specialty, size and location. It is also affected by managerial policy, particularly the pressures of cuts and privatisation which are increasingly pushing management towards a rationalisation of work organisation. This is made possible in an economic climate in which recruitment of staff is no longer a problem.

Each of the domestic services departments at the four hospitals will be examined in turn. This will be followed by a consideration of the the specific features of this work. In each case work organisation, shift patterns, hours, managerial policy, and divisions by race and sex will be analysed. The data used was obtained through interviews with domestic services managers and from departmental records.

Coventry and Warwickshire Hospital - Coventry Health Authority

The Coventry and Warwickshire Hospital was grouped with two smaller hospitals in the Health Authority to form a unit for administrative purposes. The Domestic Services' Manager was responsible for domestic services at all three units and worked with an assistant manager, both based at Coventry and Warwickshire Hospital. The department operated with six supervisory staff. The total number of staff, excluding supervisory staff, was 98 which was equivalent to 50 whole time staff. All but one member of staff worked part-time, all but one member of staff were on the bottom grade, all but one member of staff were women. There was one full-time male member of staff, employed on Grade 2.

The shift patterns of the department were divided between day and evening shifts. In the case of the day shift there was a clear pattern of part-time working, as indicated in table 22.

Table 22 The Day Shift Coventry and Warwickshire Hospital

total number of staff	40
total number of women staff	40
total number of part-time staff	40
total number of staff on Grade 1	40
average number of hours	27 per week
number of supervisors	2
usual starting time	7.30 am
usual finishing time	2.00 pm

(Hospital Department records)

As indicated, the day shift ran from 7.30am to 2.00pm. The evening shift ran from 5.00pm to 9.00pm as shown in table 23.

Table 23 The Evening Shift Coventry and Warwickshire Hospital

total number of staff	58
total number of women staff	57
total number of part-time staff	57
total number of staff on Grade 1	57
average number of hours	16 per week
number of supervisors	4
usual starting time	5.00 pm
usual finishing time	9.00 pm

(Hospital Department records)

This department had a much larger number of women employed on the evening shift compared with the day shift. This was explained because there was a large out-patients department which was closed during the evening, and therefore cleaned during the evening. Most general cleaning was done during the morning, but this was impossible in the busy out-patients areas.

Most staff worked a five day week, on a four week rota. There had been a bonus scheme in operation for eleven years at the time of the research, since 1971. The one man employed in the department worked a split shift: mornings and evenings with the afternoon off, except at the weekends when he worked a straight eight hour day. The staff turnover rate was very low in this department at the time of the research, less than one per cent annually. The absenteeism and sickness rates were

also very low, although these had risen during the period 1982/1983.

The manager said that she thought the worsening record on absenteeism and sickness was directly related to poor morale which was a result of the threat of privatisation.
(Fieldwork notes)

Almost all of the women staff were between 30 and 60 years of age. The evening shift were generally slightly younger than the day shift. This reflected the needs for childcare, women with younger children could leave husbands with children during the evening. Women with school age children were more able to work during the day, while children were at school.

There was a managerial concern with flexible work arrangements. In interviews, the manager stressed the need for flexibility amongst her 'ladies'.

The manager said that because she needed flexibility domestics should not be allowed to remain working on the same section or ward permanently. She said they then assume that they actually have a right to work there.
(Fieldwork notes)

However, because all the staff were the same grade, and since there was no scope or opportunity for promotion or training, there had developed a system of internal hierarchies based on the cleaning of different parts of the hospital. The most highly valued areas to work were those which entailed contact with patients, the wards. Once a domestic had 'made it' to the

wards, which could take many years, she would strongly defend her right to stay there. There was also a hierarchy of wards, and when a member of staff left or retired, the remaining staff recognised a strict code of seniority as to who should get which ward. This unwritten code conflicted directly with the managerial need for flexibility.

The conflict over the rights to work in certain areas based on length of service represented a conflict over the control of the work process. In an occupation barren of opportunities, domestics created their own opportunities and career ladders. Working on a ward over a long time not only offered enhanced status within the department, but also the chance to develop relationships with other non-domestic staff on the ward and opportunity to develop the work programme in their own way. Familiarity with a ward offered the chance to become aware of where work could be speeded up or corners cut from time to time, in order to make time for breaks or to talk with patients or other staff.

The manager claimed that she had a departmental 'move round' about every nine months to prevent any feeling of ownership of particular wards or sections. However, a domestic shop steward had told me during an informal discussion that this was 'rubbish', and that she [the manager] had tried to move someone once, but that it had caused such trouble that she had to give up and leave everyone where they were.
(Fieldwork notes)

This seniority ladder which was constructed informally, was

clearly a focus for struggle between the staff and the manager who was trying to assert her 'right to manage'.

There was also a relief pool of workers who were not based in any particular section, but who were moved in to take care of any particular extra work or where there was a problem through sickness or absenteeism. Williams et.al. provide evidence which suggests that relief workers feel less satisfaction in their work and are likely to provide a lower standard of work than permanent cleaners.(4) Despite this the notion of rights to work in certain areas directly contradicts the push toward flexibility.

Domestic services in this hospital had been organised around part-time working as long as any staff could remember (field observation). More importantly, there was a managerial concern that part-time work be defined as expedient and not necessarily the most desirable way to organise cleaning work.

The manager said that she thought that flexibility could be better served by an increase in full-time working, which seemed rather against the trends. She explained that full-time work would only ever be offered on the basis of the split-shift. However, I got the impression that she did not see this as a realistic proposition. She also said that she would be happy to employ more men in her department. I felt that some of this was said to try and show that this work had not been established as women's part-time work - although that is exactly what the department records do show.
(Fieldwork notes)

All of the women cleaners in this department worked on a part-time basis, the one man worked full-time on a split-shift. The split-shift, common in the hotel and catering industries, was one^{of} the most arduous working patterns. However, it offered the advantage of part-time working, of only having staff in for the peaks of activity, without the disadvantage of having two separate workgroups.(5)

There was one man working in this department and he was on a higher grade than the women domestics. Working a split-shift, during the day he was responsible for routine maintenance which the women did not do. This included tasks such as floor maintenance and hanging curtains. On the evening shift, he used the large scrubber/drier automatic machine. Although all domestics used cleaning machinery, this particular machine was slightly larger, and was not used by the other domestic staff. In other hospitals, all of these tasks except floor maintenance were performed by women domestics on Grade 1. In other hospitals, floor maintenance was included as part of the work of maintenance staff. Thus the work of this one man was clearly delineated from that of the women. Everyday cleaning tasks were carried out by women.

Two of the domestics were of Southern European origin, the specific origin of the remainder of the staff is not known, although they were all white. This is particularly surprising

since the hospital is situated in the city centre with the sizable Asian community close by.

The manager said that the lack of staff of Asian origin might be explained in part by discriminatory employment practices by the previous manager. She said that since she had been in post, there had been almost no vacancies because they had such a stable workforce and because they had been forced to make some cuts in the numbers of staff. The assistant manager, who had joined us, interrupted her at this point, saying that Asian women tended to call in on the off-chance that there might be a job, but tended not to apply formally when a job was advertised. I asked if they kept a record of people who popped in on the off-chance, in order to notify them when there was an opening. The assistant manager said not, and anyway, most of them couldn't speak and write very good English. The manager jumped in really quickly telling the assistant that she couldn't say that - she [the manager] said she was aware that such an attitude was discriminatory.
(Fieldwork notes)

This example indicates the importance of recruitment practices in excluding groups of workers based on racial origin. The manager attempted to remove 'blame' for discriminatory practices to a previous manager, indicating that there was an awareness of a problem. The explanation that there were no longer vacancies was contradicted by the assistant manager who made clear that women of Asian origin were regarded as 'inappropriate' employees because of language difficulties. In Chapter 9, the use of language as a means to exclude certain groups of workers, and as a form of resistance will be discussed. That the ability to read and write English was a requirement for the work was challenged by the manager who showed her awareness of what practices were discriminatory.

However, the recruitment system of public advertisements and formal applications continued the exclusion of women of Asian origin, despite the indication of interest in employment through informal enquires. This case will be discussed in greater detail in Chapter 9.

Warwick Hospital - South Warwickshire Health Authority

The department at Warwick Hospital was slightly smaller than the previous one, with five supervisors and a total staff of 69. Of the 69, six were on Grade 2 and the remainder on Grade 1. All of the 69 members of staff were women. There were 64 part-time staff and five full-time, with a whole time equivalent for the whole staff of approximately 45. Bonus schemes had been in operation for several years, with a different bonus on the day and evening shifts.

Of the total, eight women worked a split shift, that is they worked some day shifts and some evening shifts. However, only one of the split-shift workers worked over 30 hours a week. In Tables 24 and 25 below, the total number of staff will add up to more than 69 because the eight split shift workers will appear on both shift totals.

Table 24 The Day Shift Warwick Hospital

total number of staff	50
total number of women staff	50
total number of part-time staff	45
total number of staff on Grade 1	46
average number of hours	26 per week
number of supervisors	3
usual starting times	7.30, 7.45, or 8.00 am
usual finishing times	12.30, 1.00, 1.30, 3.00, 3.30, or 4.30 pm

(Hospital Department records)

This department had a wide range of starting time and finishing times on the day shift compared with the previous department. However, the evening shift was more regular.

Table 25 The Evening Shift Warwick Hospital

total number of staff	27
total number of women staff	27
total number of part-time staff	27
total number of staff on Grade 1	25
average number of hours	13 per week
number of supervisors	2
usual starting times	4.30 or 5.00 pm
usual finishing time	7.30 pm

(Hospital Department records)

To get a better idea of the complexity of the arrangements a brief breakdown of the shifts of the eight women who worked a split shift will be given:-

A, worked one day shift and one evening shift for a total of 7 hours a week.

B, E, G and H worked one day shift and five evening shifts for a total of 19½ hours a week each.

C, worked five day shifts and two evening shifts for a total of 28½ hours a week.

D, worked five day shifts and one evening shift for a total of 31 hours a week.

F, worked four day shifts and three evening shifts for a total of 29½ hours a week.

When work is organised on a part-time basis, the only way to earn more is to build up a complex system of extra hours, wherever available. Some workers took second jobs outside of the NHS, whilst this group worked on different shifts.

"There are a lot of myths about women's work and part-time jobs. One of the myths is that it 'fits in' conveniently with family life and suits the women and the families concerned. Looking at the hours of the cleaners in the interview sample, it was clear there was no question of convenience for the women workers, or for their families. None of those interviewed said that it was convenient, only that cleaning was possible while other jobs were not.....families were fitted around the job, and not the other way."(6)

The findings of Community Action on the fragmented working week were similar to that found in this research. A typical working week for this last woman, F was divided up as shown in table 26.

Table 26 A shift pattern Warwick Hospital

	<u>Day Shift</u>	<u>Evening Shift</u>
Monday	-	4.30 - 7.30 pm
Tuesday	off all day	
Wednesday	off all day	
Thursday	8.00 am - 12.30 pm	4.30 - 7.30 pm
Friday	8.00 am - 12.30 pm	-
Saturday	8.00 am - 12.30 pm	-
Sunday	8.00 am - 12.30 pm	4.30 - 7.30 pm

(Hospital Department records)

It is difficult to see how working Saturday morning and a split shift on a Sunday could be described as convenient. This suggests that Community Action has a strong case in identifying this work pattern as possible, not convenient.

Most women worked a five day week, although two worked a six day week and all worked to a rota for days off. The five full-time members of staff worked a regular day shift from 8.00 am to 4.30 pm. This shift arrangement meant that throughout the day between 7.30 am and 7.30 pm there would be some domestic services staff on duty.

In the past there had been problems of recruitment of domestic services staff and the vast array of different working hours may have represented a way of recruiting staff with children. Management made it possible for women with children to work in hospital cleaning, although it should not be assumed from this that the women liked the hours of work.

The manager felt that recruitment was no longer a problem, and said that she had reflected this in changing employment practices. She repeatedly said of the need for flexibility. She was particularly keen to move away from any full-time working. She said that it was her policy to recruit only part-time staff. She argued that there was no need for domestic cover during the afternoon period, and that part-time workers would provide the flexibility that she needed.

(Fieldwork notes)

As with the previous department, there was resistance from

staff being moved from section to section. However, in this department, the manager had had greater success in breaking down customary 'rights' of staff to work in certain areas. This had been aided by the general fear of privatisation in a Health Authority actively seeking private tenders.

"They're so worried about privatisation, it has become easier to move them around."
(Domestic Services Manager)

That the threat of privatisation provided management with a powerful weapon in the struggle over control of the work process will be a theme developed in later chapters.

There were no men employed in this department.

When I asked the manager whether she had thought about employing men in the department, she was rather confused and said that it wasn't the sort of work men would want to do. She also added that anyway since she was only taking on part-time staff, men wouldn't want part-time work.

(Fieldwork notes)

These assumptions that cleaning is 'women's work' and that part-time work is 'women's work' were very strong throughout the research.

There was no distinct racial division between the day and evening shifts in this department. However, most of the split shift workers and approximately half of the day shift were of Asian origin. Although the precise origin of the remainder of the staff is not known, they were all white. While there were

no staff of Afro-Caribbean origin, the staff of Asian origin tended to be slightly older than the rest of the staff.

Managerial policy was at the time of the research only to take on staff who could demonstrate an ability in reading and writing English.

The manager explained that she had introduced this requirement because she was dissatisfied with her Asian staff. This dissatisfaction was not related to the quality of work, but to their attitude to work.

(Fieldwork notes)

This view was expressed frequently by various managers during the research and will be discussed in following chapters in discussions of forms of resistance to managerial control. As with the example from Coventry and Warwickshire Hospital, language abilities were used as a means of excluding certain groups of workers.

Warneford Hospital - South Warwickshire Health Authority

The domestic services department at Warneford Hospital had been identified as one of the first in South Warwickshire Health Authority which should be considered for privatisation. It was in fact taken over by private contractors in July 1985. The manager of the department had been promoted from head porter to domestic services manager two years previous to the research.

Despite the criticism in Government reports about the failings of functional management, the promotion of this man from head porter to domestic services manager reflected the enduring belief that 'everyone knows about cleaning'. This man had no background in domestic services and no training in management.

He [the manager] seemed very insecure about his position. He was terrified that if the department was privatised, he would lose his job along with the rest of the staff. Throughout the whole department there was an atmosphere of resigned despondency.
(Fieldwork notes)

There was a total staff of 58, all women, with a whole time equivalent of 40. All 58 women were on Grade 1. Of the 58 staff there were 22 staff working full-time, the highest proportion of full-time staff in any of the departments covered in the research.

There were a total of 19 women working a six day week, 16 of these on the evening shift. There had been a 20 per cent bonus on the evening shift since 1977, and a 10 per cent bonus on the day shift since 1982. There were five supervisory staff.

Table 27 The Day Shift Warneford Hospital

total number of staff	33
total number of women staff	33
total number of part-time staff	11
total number of staff on Grade 1	33
average number of hours	36 per week
number of supervisors	3
usual starting time	7.30 am
usual finishing times	12.30 or 4.00 pm

(Hospital Department records)

Unusually, staff on the evening shift tended to be older than staff on the day shift, the former mostly between 40 and 50 years of age. Evening shifts were frequently staffed by younger women with children below school age. Staff on the day shift were mostly in the 35 to 40 year age group.

Table 28 The Evening Shift Warneford Hospital

total number of staff	25
total number of women staff	25
total number of part-time staff	25
total number of staff on Grade 1	25
average number of hours	15 per week
number of supervisors	2
usual starting times	5.00 or 5.30 pm
usual finishing time	8.00 pm

(Hospital Department records)

Tables 27 and 28 show that regular starting and finishing times had been established in this department. What was most significant about work in this department compared with the previous two departments which have been described, was the use of full-time working by women on the day shift. There was also a high proportion of women of Asian origin in full-time work. On the day shift 13 of the staff were of Asian origin, 4 of Southern European origin, and one of Afro-Caribbean origin. All staff on the evening shift were white, although they included four staff of Irish origin. Eleven of the 13 members of staff of Asian origin worked full-time.(7)

The manager complained that he was 'stuck with' full-time workers on the day shift. He seemed exasperated with the full-time staff because they would not move to part-time working. He said that if he had to keep full-time staff on, there was no

way that he could produce an in-house tender which would compete with private firms using cheap part-time labour, when it came to privatisation.
(Fieldwork notes)

The bonus scheme had recently been introduced on the day shift which had reduced staffing levels through 'natural wastage'. However, these cuts were seen by the manager as inadequate in order to be competitive.

The fact that full-time staff were regarded as the problem, and that many of the full-time staff were of Asian origin encouraged the manager to identify this group as the main cause of threats to the department, in terms of the impending privatisation. Partly because many of the women of Asian origin were also friends outside of work, their husbands also working together, they appeared as a cohesive group. The manager was critical of the work of these women, although his comments referred more to them than their work. He argued that they,

"...pretend not to understand English when it suits them, but when they have a problem with their wages they seem to understand English."
(Domestic Services Manager)

This again indicates the importance of language, in this case being used as a form of resistance.

Generally morale in this department was very low, and absenteeism and sickness the highest found in the research.

Future events were to show that the feeling of pessimism about the future of the department was not misplaced.

Central Hospital - South Warwickshire Health Authority

The Central Hospital had the largest single domestic services department included in the research. The department was run by a male manager who was approaching retirement, and an assistant manager. There were a total of of 106 staff plus 7 supervisory staff. In addition there were also 3 more staff, men who did not operate under the supervisory structure.

Despite a large staff, this department had very regular starting and finishing times, shown in tables 29 and 30.

Table 29 The Day Shift Central Hospital

total number of staff	60
total number of women staff	57
total number of part-time staff	0
total number of staff on Grade 1	57
average number of hours	38 per week
number of supervisors	4
usual starting times	8.00 or 9.00 am
usual finishing times	2.00 or 4.00 pm

(Hospital Department records)

Table 29 demonstrates the extensive use of full-time working on the day shift.

Table 30 The Evening Shift Central Hospital

total number of staff	49
total number of women staff	49
total number of part-time staff	49
total number of staff on Grade 1	49
average number of hours	15 per week
number of supervisors	3
usual starting time	5.00 pm
usual finishing time	8.00 pm

(Hospital Department records)

This department had a significantly higher proportion of full-time staff than any of the other hospitals in the research. There were two reasons for this situation. Firstly the hospital was situated in a remote area where there was no adequate public transport system. Most staff travelled to and from work on hospital transport, which required some uniformity in terms of starting and finishing times and meant that there were difficulties attracting staff for short periods of time to cover peaks in demand. Secondly, this was a psychiatric hospital with a considerable number of day patients as well as a secure unit. The nature of the hospital created extra forms of cleaning which needed to be dealt with throughout the day, and the hospital day did not precisely resemble acute services with visiting during the afternoon in the wards.

In this department, flexibility was not an issue. The manager had no desire to shift to part-time working, suggesting that it was difficult to complete the work with a full-time day shift. Despite the comparatively secure position of this department,

the manager suggested that absenteeism and sickness were at high levels. This may have been in part due to what appeared to be very bad relations between manager and staff.

The manager said that he would like to bring in a system of individual bonuses. He said the present system was unfair because everyone got the bonus however well they worked. He said that he thought that many staff did not deserve it, especially the Asian women.
(Fieldwork notes)

In interviews this manager made clear that he disliked the women staff of Asian origin, identifying them as a distinct group who tended to work less hard. He disliked the bonus scheme system which did not allow for managerial decisions about individual incentives. He had little control over the payment of the bonus. The bonus scheme had been in operation since 1968, it had been one of the first productivity schemes introduced in the Health Service. Bonus rates were also comparatively high, with a bonus of 33½ per cent on the day shift and 25 per cent on the evening shift.

There were only three men in the department, with the remainder women. These men did not work with the women staff, but were defined as 'team cleaners' and mainly worked on polishing the floors. In a department with much full-time working, the employment of men was made more likely. However, the men operated outside of the usual supervisory system, and therefore did not have a woman supervisor over them. Their work was

clearly delineated from the rest of the women staff, although it was the sort of work frequently carried out by women at other hospitals. They were also on a higher grade than the women domestics and they were given a different title - team cleaners. Thus even where men worked on similar work to women, they were separated off from the position of women in a variety of ways.

Because of the nature and location of this hospital, recruitment of domestic staff was still difficult at the time of the research despite rising unemployment. Although precise figures were not available, the manager estimated that over half of the domestic staff were of Asian origin.

The manager said that he was unwilling to employ women of Asian origin, but that he had no choice because of the problems of recruitment. He claimed that the Asian women would not work as hard, and that they couldn't speak and write English very well. He made no attempt to hide his dislike of the Asian staff.

(Fieldwork notes)

The hospital had tried an experimental English class previously, half in work time and half in the lunch break. However, these had been stopped because management claimed that too little progress had been made. It was unclear whether these classes were seen as a means to improve staff recruitment or as a general part of staff training. It may have been in part a management response to the practice of the women of Asian origin of taking amongst themselves in Punjabi. Since this did

not necessarily result from an inability to speak English, language classes held few benefits for management.

COMPARISON OF DOMESTIC SERVICE DEPARTMENTS

It is possible to identify a number of differences and similarities between the departments in the research. Some of these will be discussed briefly as a lead into the next chapter where a broader analysis will be constructed. As with the previous chapter on catering, six features of employment in cleaning work will be examined: shift patterns, bonus schemes, grading structures, hours of work, gender divisions and racial divisions.

Shift patterns

All of the hospitals operated the same basic system of a day shift and an evening shift. It was evident that there was some managerial disagreement as to the efficiency of having domestic staff on duty during the afternoon, the quiet time of the hospital day. Even so, the most important trend was towards more part-time staff, and fewer staff on duty during the afternoon. Generally, those sections of the hospital which were in use only during the day were cleaned during the evening.

There were considerable differences between the proportions of the whole staff employed on the day and evening shifts.

Table 31 Proportions of staff employed on the day shift (WTE)

Coventry and Warwick	40 per cent
Warwick	60 per cent
Warneford	60 per cent
Central	55 per cent

(Hospital Department Records)

Only at Coventry and Warwickshire Hospital did less than half of the staff work on the day shift. This was because of the large out patients department which was cleaned during the evening when it was closed. The actual proportions of staff employed on the day shift at Warneford and Central Hospitals would appear much larger if figures were used for whole time equivalents, since many of the day staff work full-time at these hospitals.

An important feature of the shift systems was the resulting lack of possible contact between workers on each of the shifts. Only where there were split shift workers was there any contact between day shift staff and evening shift staff. Even where there were full-time staff, they finished before the evening staff started. At Warwick Hospital there were some split shift staff, and also some day staff finished at 4.30 pm and some evening shift staff started at 4.30 pm. Here there was some possibility for contact between the two shifts.

At Coventry and Warwickshire Hospital there was the one man who worked a split shift, but otherwise there was a complete break of three hours between the two shifts. At Warneford and Central Hospitals there was a complete break of one hour between the two shifts.

A sense of separation between the day and evening staff was found at all of the hospitals. The result was that where there was extra work to do on one shift the tendency was to blame staff from the other shift staff. Where equipment was broken and where materials were short or missing it was assumed to be the fault of the other shift. This division was made more distinct by having different bonuses on the different shifts. This meant that the two sets of staff had a different negotiating position in relation to management. The two sets of staff were then placed in opposition to one another: if there was only so much cake, both wanted to ensure that the other did not get the bigger slice.

Bonus Schemes

All of the departments in the research had bonus schemes in operation. There was no clear pattern as to the size of the bonus on each shift. At Warneford Hospital the day shift were on a bonus of 10 per cent and the evening shift on a bonus of

20 per cent. At Central the day shift were on a bonus of 33½ per cent and the evening shift on a bonus of 25 per cent.

As discussed in Chapter 4, there had been various moves since the 1960s to introduce bonus schemes in ancillary work as a means of both reducing costs and improving recruitment. The bonus scheme at Central was one of the earliest of the productivity schemes, introduced in 1968. In contrast the scheme for the day shift at Warneford had been introduced by management as recently as 1982 in an attempt to resist privatisation.

Certainly recent schemes represented little more than a method of persuading less staff to do more work, for slightly more money each. The assumption of the schemes was that more money would be saved by the cut in staffing levels than would be spent in paying remaining staff higher pay.

Bonus schemes in NHS ancillary work were based on group targets. Each shift had a required amount of work to carry out, which had been previously calculated through work measurement. If the work was completed, all members of the shift received the bonus.(8) For a bonus scheme to be efficient in managerial terms, it needed to be re-measured at regular intervals of time. After a scheme had been in operation for some months, workers self-regulated and adapted

in order to cope with increased workload, and as time went by it became an 'accepted normal' workload. Management savings were made only once, at the introduction of the scheme when the number of staff were reduced. In these circumstances 'scientific' management required continually increased pressure on the staff to speed up and continual reductions in staffing levels to provide continual cuts in costs.

Continual scrutiny of this kind was expensive, and the functional management in the departments in this research did not have the managerial expertise to carry out such a scheme. In short, bonus schemes only really offered the 'one off' opportunity to cut staff, as had happened at Warneford Hospital. Staff were initially enthusiastic about additions to their wages, but found that work was significantly more demanding and the bonus in real terms not very great.

Grading Structures

At all of the hospitals, almost all routine, non-supervisory work was carried out by women domestics employed on Grade 1, the lowest grade within hospital ancillary work. Regardless of length of service or the area they cleaned, all staff carrying out this work were on this grade. The only hope of promotion lay in the possibility of becoming a supervisor, a possibility which could only be a reality for very few staff. This meant

that the inequality between men and women was compounded. The men employed in domestic services departments were never placed on Grade 1. This meant that they had more prospects of promotion from the very time they entered into waged employment at the hospitals.

In cleaning departments there was little formal hierarchy, with all women staff on Grade 1. In these circumstances staff attempted to maintain a form of internal hierarchy based on the status of areas of work. This attempt to superimpose some control over the organisation of work was generally under attack from management as preventing flexibility. Only at Coventry and Warwickshire Hospital had the domestic staff retained a strong sense of this internal hierarchy. Since there were few opportunities for promotion, the internal hierarchy enabled staff to feel a sense of progression. The next chapter will develop an argument that the struggle to maintain the internal hierarchy formed an important aspect of worker resistance to managerial control.

Hours of Work

At all four hospitals the evening shifts were composed totally of part-time staff. (The one full-time man at Coventry and Warwickshire Hospital appears in the staff list for the evening shift.) However, there was considerable variation over the use

of full-time and part-time staff on the day shifts.

Table 32 Part-time working in domestic services

Coventry and Warwick	day shift	all part-time
	evening shift	57 out of 58 part-time
Warwick	day shift	45 out of 50 part-time
	evening shift	all part-time
Warneford	day shift	11 out of 33 part-time
	evening shift	all part-time
Central	day shift	no part-time
	evening shift	all part-time

(Hospital Department Records)

Except for the employment of one man on a full-time shift, Coventry and Warwickshire Hospital was the only department based completely on part-time working. Central Hospital had the only department with one shift based completely on full-time working.

The departments had different methods of coping with the need for weekend working- six day weeks, permanent weekends and rotating shifts. Coventry and Warwickshire Hospital had used the split system to enable the one man employed there to work full-time in a department otherwise based completely on part-time working. Warwick Hospital had eight split shift staff, although this system had developed on an ad hoc basis to allow women to expand their number of hours without working full-time.

There was considerable variation in the number of hours worked by staff in the four hospitals. This varied not only from

department to department, but also within departments. Number of hours worked a week varied from seven, to forty for the full-time staff, and included almost every figure in between. Evening shifts tended to have more regular hours, for example from 4.30 to 7.30 pm, or from 5.00 to 9.00 pm, with perhaps only two starting times or two finishing times. For the day shift some departments had a regular starting time, while others had many different times. Most had a variety of finishing times. Only at Coventry and Warwickshire Hospital was there regular starting and finishing times for both shifts. This was also the only department to be completely organised around part-time working (with the exception of the one male full-time worker), and had the least variation in terms of number of hours worked a week. Domestic services at Coventry and Warwickshire Hospital had gone furthest in terms of rationalising work organisation. The lack of internal differentiation made the internal hierarchies of greater importance to workers in this department.

The key issue raised by all managers, except the manager at Central Hospital, was that of flexibility. They desired a flexibility of working hours which would enable the employment of large numbers of staff over short periods of time. The main route to flexible working was regarded as the use of part-time labour. Since part-time working was regarded as possible only with women workers, this is quite clearly a gender specific

route to flexible working. The drive for flexibility by employing part-time labour was also very closely linked to the introduction or updating of bonus schemes. However, the example from Warneford Hospital demonstrated that the introduction of bonus schemes does not guarantee that full-time staff will accept part-time working.

There was also a general feeling that recruitment of staff to ancillary posts had become easier, again with the exception of Central Hospital. This had given managers greater choice over who they employed. The clear trend was to limit recruitment of women of Asian origin through particular recruitment practices as at Coventry and Warwickshire Hospital, through requirements of abilities in English as at Warwick Hospital, or through overt discrimination as at Central and Warneford Hospitals.

An issue affecting all of the departments in the research was the potential threat of privatisation of domestic services. All managers were having to consider the development of in-house tenders in order to compete with private contractors. This issue was in the background to all the efforts to achieve flexibility. Fear amongst staff of losing their jobs led to low morale, and managers appeared to have gained power vis-a-vis employees.

Gender divisions in the workplace

As shown previously, domestic services departments were almost completely female. Only at Coventry and Warwickshire hospital and Central hospital were any men employed in this department. Where men were employed, they worked full-time, were on higher grades, and performed different work. They were involved in work which was carried out throughout the hospital rather than being tied to one section or ward. They always used machinery, and especially larger machines than were used by the women. They carried out 'odd jobs', reflecting a widespread aspect of the sexual division of labour in the home. They worked outside of the supervisory system, being responsible directly to functional management.

In an area of work such as cleaning which is generally regarded as 'women's work', the employment of men results in the development of specific jobs which are constructed around the need to differentiate men from women.

Cleaning in the four hospitals had been constructed as women's work. Where men were employed aspects of the work were separated off and awarded greater value. If no men were employed, as at Warwick and Warneford Hospitals, these tasks remained part of women's work on Grade 1. This suggests that the value of work is linked to the gender of the worker and

for this process to remain within the law management develop ways of differentiating between the actual tasks performed by men and women.

Racial divisions

In all of the hospitals in the research there appeared two main racial groups, those of white British origin and those of Asian origin. There were small numbers of staff of Southern European origin, one of Afro-Caribbean origin, and some of Irish origin, although there was no distinctive division between these groups and those of white British origin. There did appear to be divisions between the staff of white British origin and those of Asian origin.

At Coventry and Warwickshire hospital, the staff was almost completely of white British origin with no staff of Asian origin, despite the location of the hospital very close to an area with a large Asian population. At Warwick hospital most of the split shift workers were of Asian origin, evening shift staff were predominantly of white British origin and the day shift were equally divided between the two groups. At Warneford hospital there seemed a very clear division, the day shift staff being mainly of Asian origin and the evening shift all of white British origin. At Central Hospital there was

less of a division, with over half of the day and evening shifts being of Asian origin.

Generally women of Asian origin were more likely to be working full-time. At Coventry and Warwickshire hospital where the staff were almost all of white British origin, most evening shift workers were younger women with small children. In the evening partners were able to look after the children. Many of the women of Asian origin were able to call on extended family relations to care for small children, and were able to work during the day shifts and to work full-time.

As discussed, management frequently identified the women of Asian origin as the main problem in their departments, for wanting to work full-time when the trend was towards part-time working, and for not working hard enough. These attitudes from management served to enhance the racial division between shifts, increasing the lack of unity between workers on the two shifts which were discussed earlier. A discussion of the implications of these divisions will be developed in the later chapters.

SUMMARY

This chapter has demonstrated that hospital cleaning was based on a two shift system to cover peak times for cleaning in the

morning and evening. This divide between shifts represented an important division between staff. There was a general trend towards the use of part-time working, although Central Hospital was an exception to this trend. Hospital cleaning was almost completely carried out by women, but where men were employed they were differentiated from women staff on the grading structure, by the allocation of tasks and by invariably working full-time. With the exception of Coventry and Warwickshire Hospital, there were high levels of employment of women of Asian origin. Recruitment practices were identified as important in the exclusion of certain groups from employment. Language was identified as important in both justifying the exclusion of women of Asian origin, but also as a possible form of resistance to management. Where divisions based on shifts or hours were reflected by divisions of race, racial antagonism was worsened and further limited the development of a collective identity. In the following two chapters the analysis of the construction of work in relation to gender and race will be developed.

Notes

1. Coyle 1986 p6.
2. See Williams et.al. 1977 p37.
3. Coyle op.cit.
4. Williams op.cit. p35.
5. For a discussion of shiftworking see Labour Research Department 1987.
7. This is in line with the findings of TUC 1987, and Beechey and Perkins 1987, that non Muslim black women are more likely to work full-time than white women.
6. Community Action 1984 p15.
8. See Labour Research Department 1988 for a discussion of the different types of bonus schemes and processes of measurement.

Chapter 8

Gender and Divisions in the Workplace

This chapter will be concerned to show the centrality of gender to the construction and reconstruction of work; to identify interests specific to women ancillary workers; and to assess the development of a group consciousness around those interests. It will draw on the material presented in the previous two chapters. The next chapter will consider issues of race and divisions in the workplace.

In this chapter it will be argued that the concept of 'sectional interests' is inadequate in the context in which work is constructed around gender, that it is a gender blind concept. The thesis is that where the construction of work is based on gender divisions, women will have specific interests in the workplace. While these interests are sectional, there are two problems with the concept. Firstly, it obscures the gender specific nature of the interests. Secondly, it obscures the way in which women's workplace interests reflect more general shared interests over the hierarchical division of the labour market by sex. There are, however, limitations to the

development of a collective consciousness around these interests. It will be demonstrated that the organisation of work militates against this development. The next chapter will show that a key factor limiting the development of a collective consciousness amongst the women ancillary workers in this research was the racial division of labour.

In Chapter 3 it was argued that there is an underlying limitation to the ability of trade unions to represent the interests of women workers in the overall labour market. In this chapter this general theoretical argument is linked to the actual process of gendering of work in individual workplaces. This chapter and the next are concerned with the identification of interests and processes which promote division amongst workers. The next section of the thesis will go on to consider the representation of these interests within local union organisations, and the extent to which trade unions challenge or reflect and reproduce division amongst the workforce.

GENDER AND THE CONSTRUCTION OF WORK

In this section the role of gender in the construction of women's ancillary work will be examined. The general debates around the gendering of work will be considered first, and then followed by a discussion of the relationship between gendering and skill definitions and part-time working. These, it will be

claimed, are the two major aspects of ancillary work that illustrate the process of gendering of work relative to the women in the hospitals.

The strict sexual segregation of jobs in hospital ancillary work indicates a high level of gendering of jobs in this area. It is often accepted rather uncritically that women perform those waged jobs in the labour market which they perform unwaged in the home, for example cooking and cleaning. Beechey and Perkins show how deeply these assumptions run.

"...employers did not feel that they had to produce any explanations of, or justifications for, their practices. But perhaps more significant is the fact that employers generally found it easier to answer, and more comprehensible to be asked, questions about women's absence from 'male' jobs than they did questions about men's absence from 'women's' jobs."(1)

A similar stance was adopted by the department managers in the departments in this study. Only the manager from Coventry and Warwickshire Hospital domestic services department could conceive of the employment of men cleaners; although as demonstrated in the previous chapter even she did not expect men to work alongside women doing the same work.

Women make 'attractive' employees in those areas of work which reflect women's domestic labour in the home.

"It is partly because this training, like so many other female activities which come under the heading of domestic labour, is socially invisible and privatized, that the skills it produces are attributable to nature, and the jobs that make use of it are classified as 'unskilled' or 'semi-skilled'."(2)

Through these assumptions of 'natural' abilities certain forms of employment have been constructed as women's jobs. Routine catering and cleaning work offer prime examples of this process. However, as the previous chapters have shown, men do work in catering and domestic service departments. Cockburn argues that where men do find themselves working alongside women they will attempt to move out of the area 'contaminated' by women.

"We may assume that men as a sex have an interest vested in maintaining superiority over women, a situation they must secure in a system where they themselves, as workers, are subject to domination by capital. Individual men therefore are under some social pressure to locate themselves in situations not only where they have greater bargaining power relative to capital but in which they are not directly comparable to women. He may be seen to do the job less well. He may, in the logic of things, find himself answerable to a woman supervisor or forewoman. These things are uncomfortable for the individual male and bad for the relative stature of the sex."(3)

This was precisely what was found in the domestic services departments at Coventry and Warwickshire and Central Hospitals. Separate jobs were devised which were constructed as men's jobs and placed outside of the normal, female, supervisory structure. Cockburn was talking specifically about the process of differentiation when women move into men's jobs.(4) However, the evidence from this research suggests that the same process occurs when men establish a place in women's jobs. The gendering of work is not a static feature but a dynamic

process continually redefining appropriate roles for men and women.

That men are entering women's work at all is a feature of male unemployment. The nature and rewards of the job follow the gender of the people that occupy it, where men do enter these occupations, management collaborate in redefining the job both in terms of organisation and pay rates. It is unlikely that large numbers of men would enter hospital cleaning. The claim by the domestic services manager at Coventry and Warwickshire Hospital to wish to employ more men, more probably reflected a desire to demonstrate her awareness of equal opportunities rather than expressing a realistic aim and indicating the hospital's employment policy. A similar process was found in the catering department at Central Hospital, where kitchen porters were employed. The job of kitchen porter, a man's job, was differentiated from that of catering assistant, a female job, as was shown in Chapter 6.

The general field of catering provides some fascinating insights into the process of gendering of work. Unlike cleaning, in catering there is a wider range of occupations, skill levels and pay. Not only are broad occupational groups gendered, but specific jobs within occupations are strictly gendered.

"In departments where both men and women work, the women are always in the least skilled jobs. In the

restaurant for instance a large number work as waitresses. There are skilled waiting jobs, such as silver service with apprenticeships, but a survey by the HCITB [Hotel and Catering Industry Trade Board] showed that two-thirds of apprentice waiters were men.One shop steward summarised the prevailing attitude: 'Can you imagine a woman fileting a Dover Sole?'"(5)

In contrast, waiting/waitressing in hospitals has been constructed as a woman's job. As this quote suggests, the employment of men is associated with status and prestige. Nowhere is this more clear than in the process of cooking. The peak of the cooking hierarchy is the chef, a term itself which is usually recognised as masculine. All of the senior cooks in the departments in the research were men. The Counter Information Service survey found that in the private sector, where women are employed in cooking, it is as the breakfast cook or cook in the staff canteen.(6) A similar picture prevails in hospital kitchens where the job of diet cook is held by women.

"Many different prospective employers visit the college and talk to the students....but also all fail to inform the student that these jobs are not for the female species, no, just for the males. The sole choice appears to be preparing school dinners.'"(7)

School dinner cook has indeed been constructed as a women's job.(8) Cunnison's work illustrates the effect on work environment of an all female staff in school kitchens.

"The kitchen was a close community of women in constant interaction, sharing a common teapot and table. It was, as the supervisor explained on my first visit, a place where people helped one another, not only in their work,

but also by giving succour in times of bereavement and sharing pleasures when times were good."(9)

Nothing could be further from the picture of discontent which was observed in this research in the kitchen at Central Hospital. The greater the degree of differentiation between men's and women's jobs in the workplace, the more likely was the development of a conflict of interests along sex lines. These interests were indeed sectional interests, however to see them only in terms of sectional interests is to fail to recognise their gender specificity.

Cockburn identifies two routes for men to achieve differentiation, to segregate the workplace, through vertical or horizontal moves.(10) The case of the cooks and chefs is an example of vertical movement, certain areas of cooking are defined as more skilled and retained as male preserves. In 'unskilled' manual work, the focus of this research, differentiation was achieved through horizontal movement. As in the case of the kitchen porters and the team cleaners, similar but separate jobs were constructed as men's jobs. This process of gendering cannot be understood without reference to definitions of skills, therefore the next section will consider the concept of skill and how it is formalised in grading structures.

SKILL DEFINITION AND GRADING STRUCTURES

Two arguments will be advanced in this section. Firstly, the concept of skill is a socially defined concept and one in which gender is a key factor. Secondly, even where men's and women's jobs are notionally on the same skill level women's jobs will be ranked lower on grading structures. This is made possible by the collaboration of management in the horizontal movement of men into jobs specifically constructed as men's jobs.

Beechey suggests that there are three aspects to the concept of skill,

"First, the idea of skill can refer to complex competencies which are developed within a particular set of social relations of production and are objective competencies (in general terms, skilled labour can be objectively defined as labour which combines conception and execution and involves the possession of particular techniques); second, the concept of skill can refer to control over the labour process; and third, it can refer to conventional definitions of occupational status."(11)

As Beechey points out these different aspects of skill are not necessarily coterminous with one another.(12) It is the third aspect of skill which both indicates the likely financial rewards of the job, and which is rarely found in association with manual jobs carried out predominantly by women. Although this aspect of skill has been traditionally linked to

collective organisation, the association between gender and skill has become so strong that the gender of the worker will have an impact on the assumed skill level of the job independent of collective organisation or objective competencies.

The argument is that if a man becomes employed in the domestic services department he is given duties which enable him to be differentiated from the majority of women in the department. This may be achieved by organising a slightly different pattern of work or work tasks or through the use of slightly different equipment or machinery. By examining specific workplaces and jobs, it is possible to identify the actual means of differentiation. To begin to substantiate this argument, a statement by a manager lays out the basis for 'skill differentiation'.

In an interview, the manager of the domestic services department at Central Hospital did not initially mention the employment of men in his department, regarding them as separate to the bulk of the cleaning staff - the women staff. When asked about these men, the manager explained that they were known as 'team cleaners' not domestics as the women were called. These men worked outside of the normal supervisory structure, reporting to and responsible to the departmental manager and not the supervisors. The need for male employees was explained by the need for strength in the use of the larger polishing machines. This further was used to explain the placing of the men on a higher grade than the women staff.
(Fieldwork notes)

A number of important points come from this example, which need separate attention.

Machinery and strength

The use of machinery is of major importance in skill definition. As Cockburn indicates the process of gendering of jobs is a two way process.

"People have a gender, and their gender rubs off on the jobs they do. The jobs in turn have a gender character which rubs off on the people who do them. Tools and machinery used in work are gendered too, in such a way that the sexes are expected to relate to different kinds of equipment in different ways."(13)

In the case of the male cleaners at Central Hospital, the larger polishing machines had become associated with male workers. It had become accepted in the department that they were not suitable for use by women. However, these machines were used by women at Warneford and Warwick Hospitals as a part of their normal duties on their normal rates of pay.

This suggest that there was nothing about these machines that made it essential to employ men to use them. At Central Hospital they had acquired a gender by association with their users. Four miles away in another hospital the machines had acquired a different gender association, which indicates the adaptability of the gendering process.

The field notes suggest that whatever the realities of individual men and women's differing strengths, strength itself is associated with men. Beechey and Perkins point out that

when women's jobs involve heavy tasks, that requirement for strength tends to be ignored.(14) They document a case in the baking industry in which requirements for strength were introduced into job descriptions at the implementation of the Equal Pay Act 1970, in order to differentiate men's jobs.

"It appears, then, that the distinction between 'light' and 'heavy' work was not a 'traditional' distinction, but was one which has recently been introduced, presumably as a means of avoiding giving women equal pay."(15)

The requirement for strength to use large cleaning machines at Central Hospital's domestic service department created a 'need' to employ men to use them. However, this analysis suggests that strength is not a prime requirement of the larger polishing machines, but a key label in the gendering of a job. The defined requirement for physical effort in a job is used in assessments of pay and grade. There seems to be a clear indication that it is not the nature of the work which defines its status and rewards but the sex of the worker.

It should be noted that there was not sufficient evidence to make firm suggestions about why management collude with the gendering of jobs. Beechey and Perkins in their example, indicate that it may be used as a strategy to prevent the payment of equal pay to women. It may be used as a conscious strategy to maintain division amongst workers, although this implies considerable management sophistication.

The general point to make in explaining this process is that managers exist in a general ideological framework in which gender roles are firmly entrenched. To most managers it seemed 'natural' that cleaners and catering assistants should be women. Even so, there are clues that indicate why jobs may be structured according to a gender order. There were specific advantages to management of having certain jobs constructed as women's jobs, and these may be important in explaining why managers collude in differentiating men from women workers. These advantages included the use of part-time working and particular forms of reorganisation, issues which are developed later in this chapter. This, however, still does not provide an adequate explanation as to why managers encouraged the employment of small numbers of men. It may be that the employment of men adds status to the department, although there needs to be further research on this topic.

Job title and grading structures

Where segregation occurs along gender lines then differentiated job titles tend to become the norm. The differentiation between men and women's jobs is formalised through the application of a different job title, so the male cleaners at Central Hospital were known as 'team cleaners' rather than domestics which the women were called. They were further separated off from the women by not operating under the women's

supervisory structure. Managers were then able to claim that the men did a different job to the women, used specific machinery and had specific requirements for the job, which legitimated the placing of the men on a higher grade point. In this way job titles acquire a sanctity in terms of gender specificity, even though the same job elsewhere may be performed by a person of a different sex.

Segregation takes place not only between men and women employed in the same department, but throughout the ancillary departments. Catering and domestic services assistants' jobs are classed as unskilled. There are in the ancillary services a number of jobs performed almost exclusively by men which are also classed as unskilled, for example labourer or porter. However, as was indicated in Chapter 6, in public sector grading structures women's unskilled occupations are always positioned below men's unskilled jobs. Recent changes to these grading structures have served to maintain and conceal this situation, not to challenge it. It is for these reasons that women ancillary workers have a shared interest in challenging this discrimination, the allocation of women's jobs to a lower point on the grading structure.

A further feature of the grading structure which is not initially apparent, is the lack of mobility associated with the jobs predominantly done by women. Unskilled male workers

entering the grading structure near the bottom would not expect to remain at that level, but would expect opportunities for rising within the grading structure without actual promotion. All of the male ancillary jobs had this potential. However, women catering and domestic services assistants, who entered the grading structure at the bottom had almost no opportunity for advancement. In the ancillary jobs carried out by women, there was no possibility for movement up the grading structure without an actual promotion. In domestic services departments all staff except for the supervisors were on the lowest grade, Grade 1, which meant that there were very few opportunities for promotion. In catering departments there was no career ladder between catering assistants and cooking staff which left any route for promotion. One of the catering assistants at Central Hospital had been on Grade 1 for twenty-seven years. There were several examples in the study of women domestic assistants who had been on the same grade, the bottom grade, for over twenty years.

An important feature of women's manual work generally is the lack of routine movement within and between grading structures and the possibilities for improvement in terms of pay. Women's manual work is not only undervalued and placed below men's work in grading structures, but there are less opportunities for women to move off the bottom grade. Therefore women ancillary workers share a further interest in

terms of the lack of possibilities for training and promotion associated with their work. Training for basic level cleaning and catering staff is mostly non-existent. When they begin the job, the only training is 'on-the-job'. This reflects the assumption that these forms of work are 'natural' to women, although this view has been challenged:

"Smith comments, for example, in relation to the domestic department, that the assumption that anyone can do cleaning is no longer valid and quotes from the DHSS Organisation and Management Report No.4. The Organisation and Management of Domestic Work in Hospitals to make his point: 'Only too often do staff rely upon methods learned in the home which are ill-suited to the different and larger needs of the hospital.'"(16)

Such a view has not resulted in any major changes in hospitals. A limitation to the development of any training programme is the problem that if the job requires training, it must involve some skills and might lead to challenges to the grading structure. Training would also involve considerable expense and the assumption that such work is 'natural' to women establishes women as a cheap source of labour.

In catering departments there has recently been an impetus towards more training in the light of the case of salmonella poisoning at Stanley Royal Hospital in Wakefield.(17)

"Another key to improving kitchen hygiene is staff training. All catering staff at Stanley Royal have now been sent on refresher courses, and issued with a code of practice for hygiene....instructions on how to wash up by hand, how to clean a slicing machine or a work surface, and on safe thawing, cooking and

reheating of meat and poultry."(18)

At the time of the fieldwork for this research which preceded the Wakefield case, no specific training was given to any of the catering and domestic assistants. This suggests that the managers in this study assumed that women would automatically have the necessary skills for cleaning and catering work.

Implications for skill definitions

Chapter 3 of this thesis lends support to Phillips and Taylor's argument that skill definitions are socially constructed and that the sex of the worker is a key aspect in this process.(19) In the hospitals studied, women's ancillary work was undervalued in as much as the conventional status of the work did not reflect the complex competencies involved. There was an assumption that cleaning and catering work was 'natural' to women. Further, even where the skill content of jobs carried out by men and women was nominally the same, men were differentiated from women by job title and position on the grading structure. Of particular importance in this process was the way in which the use of certain machinery and claimed requirements for strength were linked to gender. Women ancillary workers have a shared interest in challenging the skill definition of their work which is defined by the gender of the workers.

It was indicated earlier in this chapter that the construction of certain ancillary jobs as woman's jobs has particular implications for the organisation of work and benefits for management. These implications were identified as the potential for the use of part-time working and for specific forms of reorganisation. These will each be discussed in turn.

PART TIME WORKING

The majority of domestic services and catering assistants in this study were working part-time, but not all. The fact that the majority worked part-time is important since it is sometimes argued that women's work is marginalised because it is part-time. Rather it is marginalised and it is part-time because it is women performing this work - it is seen to be women's work. The construction of certain jobs as women's jobs enables employers to pursue certain strategies in terms of work organisation and reorganisation which are only possible in the context of women's work. Only in work constructed as women's work is the use of part-time labour a possible strategy.(20) Beechey and Perkins found that,

"The crucial fact to emerge from our research is that there is nothing inherent in the nature of particular jobs which makes them full-time or part-time. They have been constructed as such, and such constructions are closely related to gender."(21)

There is no inherent reason why hospital cleaning should be

organised on a part-time basis, but since hospital cleaning has been constructed as women's work, it offers the possibility of being organised in that way.

Part-time working increased dramatically in women's ancillary work at a time when hospitals found it difficult to recruit sufficient numbers of staff. Part-time working was seen as a way of attracting married women into the service, but it was never regarded as an option in those jobs regarded as men's jobs.

There were also problems of recruitment in men's jobs in hospital ancillary work, although here answers to recruitment difficulties were identified in terms of the low pay on offer.(22) Therefore the response was in terms of identifying productivity deals which would attract more men into the service. As was pointed out in Chapter 4, the NPBI Report in 1966 recommended the use of productivity schemes to improve the pay of male ancillary workers.(23) There seemed no necessity to improve the pay of women ancillary workers because, although low, it compared well with the wages which women could achieve in the private sector. However, as was discussed, the actual introduction of productivity schemes was patchy. The initially warm reception from trade unions waned as it became apparent that management were actually using them to cut staffing levels and thus wage bills.

Nonetheless, different methods were identified to attract labour in a period of labour shortage. Male labour was to be attracted by higher pay, and female labour was attracted by flexible hours. This accounts for the vast array of starting and finishing hours which were found in women's ancillary work, especially domestic services, which was discussed in the previous chapter. However, flexibility may be used to the benefit of the workers or the employers, and later it will be suggested that in periods of labour shortage flexibility may mean that working hours are organised to suit the convenience of the employee, although in the 1980 s flexibility has little to do with employee convenience.(24)

Beechey and Perkins suggest that there is nothing inherent in catering and domestic services assistants' jobs that makes them part-time.(25) While Beechey and Perkins make a strong case, it was nevertheless the case in this research that management found that part-time working in these departments actually represented an efficient use of labour and in many hospitals these jobs have become 'part-time jobs'.

"It seems fairly clear that women ancillary workers in the hospital sector were employed on a part-time basis for similar reasons to those which prevailed in the baking industry, to cope with peaks of work during the normal working week. As in manufacturing industry, however, where men were employed their work was organized on a full-time basis. Porterage, for instance, was undertaken entirely by men, who worked full-time and flexibility was attained through overtime; porters at the district hospital regularly worked

a 49-hour week."(26)

Part-time working represents an efficient and effective use of labour from a managerial point of view in most occupations. It enables peaks of activity to be covered and is cheaper than the use of full-time labour.(27) It is, however, a strategy only used in those occupations identified as women's work. Although the initial growth of part-time working can be linked to the need to attract women, especially married women and women with children, into the labour market, its centrality to the capitalist economy in Britain had little to do with women's convenience.

Part-time working results in a number of specific interests particularly related to entitlement to employment protection, intensity of work, break times, convenience of hours and unsocial hours. However, the use of part-time working also raises a number of specific issues related to restructuring which will be discussed in the next section.

Up to this point it has been argued that there are three areas in which women ancillary workers share interests, in relation to definition of skill; placing in the grading structure; and as part-time workers. It has been shown that women's ancillary work cannot be understood without reference to gender, and that the nature and construction of such work cannot be separated from the gender of the workers. This will necessarily lead to

different interests in the workplace, although to describe these interests as sectional would be to ignore the gender specific nature of the interests, and the way in which they reflect more general interests in relation to the hierarchical division of the labour market by sex.

GENDER AND RESTRUCTURING

There are two main routes to restructuring in women's ancillary work, the introduction of bonus schemes and the development of competitive tendering. These will each be discussed in this section, followed by a review of the debates around flexibility. Not only is it necessary to consider gender in an understanding of the construction of work, but it is also necessary to see the restructuring of work in the context of gender. Beechey and Perkins draw attention to the gendered aspect of restructuring, and also to the issue that women's work may be restructured in more subtle, less obvious ways than men's work:

"It must be emphasised, however, that calculations of job losses and gains, so favoured by economists, do not begin to capture the variety of ways in which work is being restructured. Part-time jobs may not have disappeared as fast as full-time ones but there is a variety of other ways in which they have been adversely affected by the recession and the restructuring of work: the cutting and reorganization of hours, part-timers being sent to work in other workplaces, the abolition of retainers paid during the school holidays and the deregulation of employment contracts through privatization, for instance."(28)

In domestic services and catering departments there were two main aspects to the attempt to restructure work organisation and procedures, the use of bonus schemes and the move towards competitive tendering for work, which may be through private contractors or in-house tenders.

Bonus schemes

As was discussed earlier, bonus schemes are not new developments in hospital ancillary work, although there has been a push during the 1980s to introduce new schemes, and to update schemes. To fund a bonus payment it is always necessary to cut staffing costs in some fashion. In men's jobs, the only way to achieve this is by an actual loss of jobs, an obvious cut which workers often find unacceptable.

A male senior shop steward from Coventry and Warwickshire Hospital described how management had attempted several times to introduce bonus schemes in the portering department. He explained that each time the proposals had been rejected by the porters because they were aware that it would really mean more work and a loss of jobs.
(Fieldwork notes)

This example illustrates the ongoing struggle that had been taking place between management and the portering staff over attempts to introduce new working practices which the porters had resisted. They collectively sought to resist a scheme because they had access through a senior steward in the department to information about the effects of bonus schemes.

The senior steward was able to counter management's argument for more pay, with evidence that this would mean a loss of jobs, and therefore the same amount of work to be done by fewer people. Furthermore, the portering staff had a common interest in resisting the scheme's introduction, unlike the situation in Central Hospital's catering department, where most staff stood to gain at the expense of the catering assistants. In the porters' department there were no divisions based on sex or race. This example not only illustrates that restructuring may be more overt in men's jobs, but also links into the ability of men to organise collectively to resist restructuring, which will be discussed later in the thesis.

Women's work, however, presents the possibility of cutting hours, by moving from full to part-time working, or by reducing the hours of part-time workers. There tends to be an assumption that this is both feasible and acceptable regardless of the individual circumstances of the women concerned. As part-time working becomes the norm for women, to refuse to work part-time is often seen as unreasonable. An assumption that women should work part-time was found in the catering department at Central Hospital where the full-time catering assistants refused to move to part-time working and thus allow the rest of the staff to increase their wages through the bonus scheme.

This example illustrates how workers frequently identify another group of workers as the cause of their problems rather than considering the underlying cause of the problem. Armstrong describes such a situation in his research at ChemCo.

"...whilst the men's hostility towards the women has its basis in fact, a deeper analysis would have led them to the conclusion that their real conflict of interests was with their employers. If the women seem to be a nuisance it is because the management have promised benefits and laid down rules which make them seem a nuisance. If the men had remained aware of this, of the fact that however uninvolved they may seem, the management have a hand in practically everything that happens at work, none of the issues discussed here need have led to a breakdown of solidarity - let alone to the kind of antagonism which exists in ChemCo's Cement works."(29)

Armstrong seems to be suggesting some notion of false consciousness amongst the men.(30) However, the men were acting on immediate sectional interests and to have found them acting otherwise would have been the more surprising. What is significant in this situation is that, as suggested previously, the sectional interests are divided along sex lines. The continual reaffirmation of sectional interests on gender specific lines makes the achievement of solidarity more difficult than is suggested by Armstrong. Managers use male and female labour in different ways, and therefore men and women frequently have different sectional interests in the workplace. As these interests, however, reflect underlying conflicts of interest between men and women in the wider labour market, conflict between men and women workers cannot be

dismissed as false consciousness, since men frequently benefit from the gendering of work. As will be argued in the next chapter racial divisions also give rise to these kinds of conflicts in the workplace.

Beechey and Perkins found evidence of a shift from full-time to part-time working in their research in the Central Sterile Supplies Department of a hospital.(31) Generally they found little evidence of substitution of part-time women workers for full-time men workers. The substitution was of part-time women workers for full-time women workers. In this research there was, as indicated in Chapters 6 and 7, actual or attempted substitution of part-time women workers for full-time women workers in the domestic services department at Warneford Hospital and in the catering departments at Central and Warneford Hospitals. Although it is necessary to be aware of differences of organisation in different industries, restructuring around part-time work is, above all, about the restructuring of women's work.

In this study, even where direct substitution was not occurring, there was evidence of a general trend towards part-time working. The domestic service department at Coventry and Warwickshire Hospital had already established itself as completely part-time, and the manager of Warwick Hospital's domestic services was only employing part-time staff. This

form of restructuring could only happen in women's work where part-time working is regarded as legitimate. Hospital cleaning and catering assistant work were in the process of being reconstructed as part-time jobs.

Competitive tendering

The desire by management to seek cost cutting initiatives such as work study linked to bonus schemes, was encouraged by Government directives to subject ancillary services to competitive tendering.(32) Health Authorities, reflecting the political makeup of the Local Government Authority, reacted at different speeds to proposals to competitive tendering. Coventry Health Authority resisted this pressure until compelled, but South Warwickshire entered the process at the earliest possible time.

At the time of the fieldwork for this study no services had reached the stage of being put forward for competitive tendering, although domestic services at Warneford Hospital were to go to a private contractor in 1985.

"The privatisation of cleaning services at Warneford has meant a big cash saving....Crothalls Ltd, the company awarded the cleaning contract by South Warwickshire Health Authority officially took over the cleaning service on Monday. The bill for sweeping up will be £100,000 less than last year as fewer staff will do the cleaning. Fourteen staff have been made redundant - though seven of these have been re-employed by Crothalls - and 12 have taken early retirement."(33)

Many of the cleaning staff at Warneford Hospital had been working in the department for over twenty years. However, the implications of competitive tendering were felt long before its implementation. For both private contractors and in-house tenders the only means to offer a cheaper service is to offer lower rates of pay, and/or expect the same amount of work to be done in less hours. Employees are faced with the choice of participating in the worsening of their own conditions through an in-house tender or risking the loss of their jobs, with the vague possibility of insecure employment with the private contractor.

At Warneford Hospital the domestic services manager sounded depressed when he described how he hoped to produce an in-house tender. He said that the only way to do it was to persuade the full-time staff to move to part-time working. He had been unable to convince them and therefore was sure that the tender he produced could not compete with one from a private contractor. He also described how the part-time staff resented the full-time staff for refusing to accept a reduction in their hours. This resentment was increased since most of the full-time workers were of Asian origin.
(Fieldwork notes)

The manager had identified a shift to part-time working as the only means to produce an in-house tender, a strategy that would only be contemplated in the case of women's jobs. The private firm, coming in fresh with 'new' staff, was able to construct private hospital cleaning as part-time work. Since the manager wanted the in-house tender to receive the contract, and thus maintain his own job, he unsuccessfully put considerable

pressure on full-time staff to move to part-time working. He attempted to mobilise pressure from part-time staff, utilising existing divisions between full and part-time staff and between staff of Asian and white British origin. The result was discontent and conflict. This state of affairs seems to suggest that the pressure of competitive tendering serves to highlight these divisions.

It is not coincidental that within hospital ancillary work, those departments under the most serious threat of privatisation are the departments which are predominantly female. Female labour presents greater potential for rationalisation and flexibility, and tends to have weaker trade union organisation.(34) In the case of Warneford Hospital, although there was high union membership in the domestic services department, the department was bitterly divided which precluded a collective response. The union Branch Secretary did not think that there was much chance of resisting the private contractor.

"'But there's very little we can do because many of our members would wish to be employed by any private firm to keep their jobs - any action they take would count against them.'"(35)

Because many of the specifications for tenders for domestic services ignored a number of the tasks actually carried out by domestic staff, many hospitals have been dissatisfied with the service provided by the private companies.(36)

"...nurses have ended up doing much of the work on the wards. They now find themselves serving and clearing away meals and hot drinks - time consuming tasks, and all previously done by domestics. Other jobs such as emptying waste bags, replacing paper towels and lavatory paper and washing and replacing water jugs and glasses simply tend to be neglected."(37)

Whilst private cleaning firms have been keen to enter hospital cleaning there has been less enthusiasm from the private sector over catering departments. Hospital catering offers less opportunity for profit making. Private cleaning firms can be cheap because they have lower staffing levels. Although the result may be unsatisfactory the effects are felt more in the long term. With the immediate consumption linked to catering, low staffing levels would be felt immediately through the lack of meals. Also in catering departments with their employment of full-time male workers, there are limited possibilities of moving to completely part-time working.

"The private sector has managed to pick up five of the 33[catering] contracts put out to tender in the last two years. One has since reverted in-house after the contractor withdrew because the firm was losing money. In 20 of the 32 contracts put out to tender, there has been no competition from the private sector....Now trade unions are urging staff preparing in-house tenders to exploit this chink. Why cut hours and reduce benefits if there is no competition from the private sector?"(38)

In short, catering staff appear to be in a more powerful situation than domestic services staff. Catering departments in this research did not appear to be under the same immanent threat of privatisation as the domestic service departments.

However, this power is not evenly spread within catering departments. Management are still concerned to cut costs wherever possible and this may be focussed on the catering assistants through either cutting their hours or replacing them through the introduction of new processes. Within the catering departments studied in the research there were discussions around a number of potential cost cutting initiatives, such as self-service canteen facilities, increased use of vending machines and pre-prepared frozen meals.(39) However, none of these developments were introduced during the research.

The establishment of jobs as women's jobs makes them particularly susceptible to restructuring through the substitution of part-time labour. This happens in women's ancillary work with the introduction of bonus schemes and/or tenders for contracts. This form of restructuring can take place with relatively little visibility, as moves towards part-time working are seen as natural and acceptable for women. Once jobs are established as part-time jobs, it serves to reproduce labour market segregation since men are even less likely to enter them.

Flexibility

Flexibility has become a key concept in both management and industrial relations literature and practice.(40) All but one of the functional managers interviewed as a part of this research identified the importance of achieving a flexible workforce. They linked the need to achieve flexibility to both the introduction of new bonus schemes and the attempt to put together in-house tenders. The major concern of catering managers was to be able to move staff from one task to another, thus requiring flexibility in terms of the activities carried out. This was particularly focussed on the catering assistants, who were expected to move, for example, from food preparation to waitressing.

In domestic services, managers were more concerned with being able to move staff from one working area to another, and with being able to change shifts and hours. Since all staff did broadly the same work, managers required flexibility in terms of time and location.

The domestic services manager from Warwick Hospital said that she felt that she had the right as the manager to change the number of hours worked, the time of shifts and areas of work with comparatively little consultation with staff. She explained that she always tried to meet the needs of her 'ladies', but that 'when it comes down to it, I've got a department to run, and that must come first'.
(Fieldwork notes)

In this example, the process of achieving the flexibility desired by management was linked to the fact that these were women's jobs. Management's right to change the number of hours worked could not have been contemplated in the portering department. Fairbrother has pointed out that managers in the public sector are looking at means of reorganising hours of male staff.

"Proposals to calculate working time over a longer period than a week are currently the subject of negotiations in several areas of employment such as parks, road maintenance and gardens where it would be possible to relate employment numbers to fluctuations in work routines. Similar re-arrangements of the working week would have advantages to employers where some element of weekend working is a requirement of the job."(41)

These examples are drawn from jobs predominantly carried out by men. In men's jobs flexibility is more frequently achieved through the use of overtime working.(42) In women's work, particularly in part-time work, changing hours is an established and relatively invisible practice. This means that in occupations constructed as women's jobs, flexibility may be achieved in gender-specific ways through the use of part-time labour.

Beechey and Perkins were informed by trade union activists in their research that,

"...one of the consequences of the introduction of work study had been an increase in managerial control over the organization of domestic work; thus the women had very little control over their hours or conditions

of work."(43)

Whilst managers interviewed as part of the research for this study did claim to have increased their control over the organisation of work, it is important to recognise ways in which workers are resisting such attempts to control the work process, which will be considered later in this chapter.

In this section it is evident that not only the construction, but also the reconstruction of work occurs in the context of a gendered labour market. The gendering of the labour market results in gendered sectional interests in the workplace. However, the gendered nature of work organisation makes it more difficult for women to organise collectively around their shared interests, as discussed in the next section.

WORKING PATTERNS AND LIMITATIONS TO COLLECTIVITY

It is important to stress that working patterns in women's ancillary work may militate against collective organisation. This was evidenced in both domestic services and catering departments.

Domestic Services Departments

As pointed out in the previous chapter, the result of discrete day and evening shifts in domestic service departments was

division and a lack of identity between the two groups of workers. A major problem was around the fact that day and evening shifts operated on different bonus schemes and therefore saw their interests as in conflict. It was also noted that each shift tended to blame the other shift for shortages of materials and damage to equipment and machinery.

A domestic services assistant from Coventry and Warwickshire Hospital described how many of the day shift staff felt that the evening shift left equipment cupboards untidy, used excessive amounts of cleaning materials and left machinery uncleaned. However, a member of the evening shift at the same hospital made similar complaints of the day shift. There seemed to be a general problem of shortages of materials and equipment with 'blame' being placed on workers from the other shift.
(Fieldwork notes)

Although any shift working situation presents a possibility for division, the form of shift working found in domestic services departments enhances this likelihood. The particular form of shift working with a permanent part-time evening shift can only be understood in terms of the sex of the workers.

The total lack of overlap between shifts in domestic services resulted in no contact between workers. Workers on the other shift remained an anonymous blur rather than real individuals with similar problems. The two shifts also tended to attract women of a slightly different age. The day shift attracted women with children at school, while the evening shift attracted younger women with pre-school age children who could

be left with their husbands while they went to work. One of the main problems for the women on the day shift, was found to be one of how to cope when children were off from school sick.

One implication of this form of shift pattern is that it enhances the problems of getting together for informal discussion. Evening shift staff who worked a small number of hours had no breaks in which to talk to one another. Staff working a variety of shift patterns were working with different staff on different days. In the larger hospitals, the mere geographical separation prevented staff getting together when they did have breaks, for example, it was easier to stay on the ward to have a cup of tea. These problems were enhanced by the frequent lack of rest room facilities where domestics could take breaks together.

In their research Coote and Campbell found that both men and women stressed the importance of informal 'chatting' to the development of unity and union consciousness in the workplace.(44) In a factory women may be tied to the line, while in domestic services women work on separate shifts, geographically isolated from one another, and work tends to be intense and demanding. One advantage of part-time working for employers is that they can expect greater intensity of work over shorter periods of time, and gone are the communal tea breaks. This compares with the porters who moved around the

hospital as part of their job and had many opportunities for talking to one another, and also had tea and meal breaks in which to discuss any issue arising.

"The men had got into the habit of meeting in the cloakroom during the day just as they gathered in the pubs at night. The women were not in the least downtrodden or disinclined to unity; they simply lacked the opportunity to meet and exchange views."(45)

This suggests that a major factor in underwriting a division in the domestic services departments was the shift system. These divisions were further emphasised where women of Asian and white British origin were working on different shifts.

Catering Services Departments

As shown earlier, unlike domestic services departments with all staff on the same grade, catering departments were divided between the catering assistants and all other catering staff, staff classed as skilled. In the extremely hierarchical atmosphere of the catering departments, much emphasis was placed on status and position. While domestic services departments were divided horizontally, catering departments were divided vertically. Staff in catering departments were not separated in time through a shift system, or geographically through working in isolation. The main limitation to the development of a collective identity found in catering departments in the research was that based on racial origin,

that between women of Asian origin and all other staff. To a large extent this coincided with the division between catering assistants and the skilled staff, but not completely. This also reflected the sexual division of labour in as much as the catering assistant job has been created as a female job, although some women were found in the skilled positions as cook. Thus the development of a collective identity was hindered by the kitchen hierarchy, in which staff had different sectional interests, which were most obvious in the case of Central Hospital. As with domestic services, divisions were emphasised most strongly where women of Asian origin were working full-time. This will be considered in more depth in the next chapter.

CONTROLLING THE MOP - WORKER RESISTANCE

Despite the obstacles to collective organisation amongst women ancillary workers, it would be wrong to assume they constitute a submissive and passive workforce. Attempts by workers, however, to maintain some degree of control over the work process have to be seen in the light of the divisions discussed.

"On the shop floor of many factories the division between the supervisor and the men can be characterized as a 'frontier of control' - management's rights on the one side and those of the workers on the other. It is in this way, in disputes over control at work, that the class struggle has been fought out by the British

working class during this century. At the lowest, and most fundamental level, it has involved a conflict over how much work the men do and how much they get paid for it. At its most developed level it has produced an ideological conflict over who runs the factory and why, to a questioning of the essential nature and purpose of production within a capitalist society."(46)

Although there are limits to the comparisons to be made between a hospital and a car factory, there was significant evidence of a 'frontier of control' within women's ancillary work. In women's hospital ancillary work the frontier of control was between the domestic services assistants and the catering assistants, and their supervisors and managers. As ever increasing pressure is placed on functional management to operate efficient, cost effective, competitive services so the struggle became more intense. One aspect of this struggle was the attempt to maintain internal hierarchies in domestic services. It will be argued that the forms of resistance resulted from the nature of women's ancillary work, and contained contradictions and limitations to collective organisation.

Internal Hierarchies

As was pointed out in the previous chapter the development of internal hierarchies within domestic services, based on the cleaning of different parts of the hospital and informally operated by the women themselves, was felt to be very important by the women domestics. This code of seniority offered the

women potential for advancement in a job with few opportunities. The operation of such a hierarchy conflicted directly with managements' desire for a flexible workforce and their 'right to manage'. On the other hand, such a hierarchy enabled a domestic assistant to work in the same area for some time and develop efficient practices and good relations with other staff.

Although the attempt to maintain this internal hierarchy presents a challenge to managerial control, the hierarchy in itself has contradictory effects on group unity, since it is actually based on forming and maintaining divisions amongst the workers. The hierarchy is attractive only to those workers at the top and those that might soon expect to be at the top.

Beechey and Perkins in their research were informed by trade union representatives that,

"....one of the consequences of the introduction of work study had been an increase in managerial control over the organization of domestic work; thus the women had very little control over their hours or conditions of work. Cleaners, for instance, had been moved from cleaning wards to cleaning offices without management taking into account whether they liked the contact with patients which working on the wards gave them. And hours of work had been changed at little or no notice."
(47)

In this research, although the trends appeared to be in the direction of greater managerial control over the work process, it had not advanced as far as Beechey and Perkins found in

their research.(48) In particular there seemed to be differences between what managers claimed had happened and how domestic assistants experienced the changes.

A domestic services assistant from Coventry and Warwickshire Hospital said that the manager's claim that she moved all staff on to different jobs every nine months was rubbish. She said that there would have been trouble if some staff had been moved from their wards to less attractive areas.
(Fieldwork notes)

The first implication of this example is a methodological one. There needs to be considerable caution in taking management assessments of developments in their departments as evidence that these developments have in fact taken place. Managers may be defensive of their own practices and present a picture of how they would like to see the department operate, rather than a true picture of how it does operate.

The operation by workers of an informal internal hierarchy of jobs in domestic services indicated that the workers were actively involved in exerting their own control over the organisation of work. Women domestic staff could not be seen as a purely passive workforce simply accepting management initiatives. They believed that they had a right to work in certain areas of the hospital and were determined to retain that right. Domestic assistants claimed to have retained greater control over hours and allocation of work, than managers had suggested was the case.

Both management and staff at Coventry and Warwickshire Hospital seemed very aware that there was a struggle for control being carried out and wanted to present 'their side'. Despite the pressures for re-organisation in domestic services, the example of the internal hierarchies indicates that women ancillary workers are not a passive workforce, but actively defending their position.

SUMMARY

This chapter has shown that ancillary work is constructed and reconstructed around the concept of gender, and that this results in women having specific interests in the workplace. While these interests may be regarded as sectional, they reflect underlying divisions in the labour market as a whole. The women's ancillary work studied in this research was organised in such a way as to hamper collective organisation, but women ancillary workers did resist attempts by management to extend control over the workplace. In the next chapter, these themes will be extended by looking at the implications of racial divisions in the workplace. This is the preliminary to considering the role of local union organisation in accommodating women ancillary members.

Notes

1. Beechey and Perkins 1987 p111.
2. Elson and Pearson 1981 p93.
3. Cockburn 1988 pp33-4.
4. Ibid. pp33-37
5. Counter Information Service undated p24.
6. Ibid. p24.
7. Ibid. p24.
8. See Cunnison 1983 for a description of the organisation of school dinner work.
9. Ibid. p82.
10. Cockburn op.cit. pp33-37, see also Cockburn 1983 for a general discussion of the process of gendering and Cockburn 1985 Chapter 6.
11. Beechey 1987 p83.
12. For a more detailed discussion see Beechey 1987 Chapter 3, "The Sexual Division of Labour and the Labour Process: A Critical Assessment of Braverman."
13. Cockburn 1988 op.cit. p38.
14. See Beechey and Perkins op.cit., Chapter 4 on the attitudes of managers.
15. Ibid. p105.
16. Williams et.al. 1977 p53.
17. See Anderson 1986.
18. Ibid. p1192.
19. See Phillips and Taylor 1980.

-
20. For a discussion of labour market segregation and part-time work see Robinson 1988.
 21. Beechey and Perkins op.cit. pp145-6.
 22. See NPBI 1966.
 23. Ibid.
 24. Beechey and Perkins op.cit. Chapter 6 and Fairbrother 1988.
 25. Beechey and Perkins ibid.
 26. Ibid. p87.
 27. See Robinson op.cit. pp122-127.
 28. Beechey and Perkins op.cit. p39.
 29. Armstrong 1976 p97.
 30. Ibid. p97.
 31. Beechey and Perkins op.cit. p88.
 32. See the discussion in Chapter 4 on privatisation.
 33. Leamington Morning News June 1985.
 34. See Coyle 1986.
 35. The Branch Secretary from the COHSE Branch at Warneford Hospital quoted in the Leamington Morning News 1.4.85.
 36. See Snow 1987, see also Cousins 1988.
 37. Snow 1987 p21.
 38. Sherman 1985 p806.
 39. These possibilities were raised by catering managers in interviews.
 40. See for example Atkinson and Gregory 1986 and Pollert 1987.
 41. Fairbrother 1988 p21.
 42. Beechey and Perkins op.cit. pp36-37.

43. Ibid. p88.

44. See Coote and Campbell 1982 Chapter 5 for a longer discussion.

45. Ibid. p159.

46. Benyon 1975 p129.

47. Beechey and Perkins op.cit. pp88-89.

48. Ibid. pp88-89.

Chapter 9

Race and Division in the Workplace

In the previous chapter, the focus was on the features related to gender which may promote or prevent the development of a collective identity amongst women in the workplace. In this chapter, this focus will be extended, showing that not only is gender central to the construction and reconstruction of work, but also race. This results in certain interests in the workplace being defined with reference to and perhaps by racial divisions. A consequence of this is that the concept of sectional interest is inadequate not only because it is gender blind, but also because it is race blind. Gender and race interconnect in the workplace in a complex way, and this chapter begins to consider how they interconnect in the development of a collective identity. It will be suggested that even where women workers have shared interests, racial divisions are crucial in hindering that development.

The argument is that racial divisions result in specific forms of response and resistance to managerial control. The next section of the thesis considers the role of local trade union

organisation in representing specific interests and facilitating the participation of women members. As with the previous chapter, this one draws particularly on the material presented in Chapters 6 and 7. It will be divided into four main parts, the first and second considering the role of race in the construction and reconstruction of work, the third identifying the importance of working patterns to limiting collectivity, and the fourth identifying specific forms of worker resistance. Firstly, however, it is necessary to give a brief review of race and employment in the NHS.

RACE AND EMPLOYMENT IN THE NHS

One of the most important findings in this research is that the way in which race and racial divisions are constructed within the workplace do not necessarily reflect potential distinctions based on immigration. In this study workplace divisions were not based on a distinction between workers born in this country and those born overseas. Rather the key divisions were based on a distinction and separation of a specific group of workers, in this case women of Asian origin. This has methodological and theoretical implications. From a methodological point of view it means that a study of the country of origin of workers will not necessarily illuminate the importance of racial division to the development of a collective identity. From a theoretical position this indicates the importance of

maintaining an analytical distinction between race and immigration. Miles and Phizacklea discuss the development of the notion of race in relation to immigration policies.(1) The importance of these policies to employment in the NHS will be discussed in this chapter, although the prime focus of this thesis is on the way in which race is constructed in the workplace and its implications for the development of a collective identity.

Doyal et.al. have carried out considerable research on migrant workers in the NHS.(2) Their research has been concerned with workers who were actually born overseas, whereas this research aims to identify racial divisions, regardless of actual country of birth. One of the main differences found in this research compared with that of Doyal et.al. is the high level of employment in this study of women of Asian origin. Doyal et.al. found that 38 per cent of domestic staff in the hospital they studied were Afro-Caribbean, which they compare with 22 per cent Afro-Caribbean in the study by Williams et.al.(3) In Doyal et.al.'s study they found as few as one per cent of domestics who were Asian. In this study over half of the domestics at two of the hospitals, Central and Warneford, were of Asian origin, and there were no domestics of Afro-Caribbean origin. Similarly in catering, Doyal et.al. found 32 per cent and Williams et.al. found 69 per cent of catering workers were Southern European.(4) In this study there were only three

catering workers of Southern European origin at Central Hospital. The key group was again women of Asian origin. This was surprising given the generally high levels of workers of Southern European origin in catering work.(5) These figures indicate the reliance of NHS ancillary services on black workers, although also indicate how dramatically regional variations may alter the pattern of employment.

This research is unable to confirm the argument by Doyal et.al. that,

"....the type of worker who is found most consistently in the lowest levels of work in the health labour force is the female worker from overseas."(6)

This research does, however, suggest that the lower levels of work in the health labour force are particularly dependent on the labour of black women. In this study there were also indications of high levels of employment of women of Irish origin, (this category includes both immigrants and those born in England).(7) This was not surprising since Coventry and Leamington had large Irish populations. Precise numbers of staff of Irish origin, however, were found difficult to establish. This in itself suggested that differentiation and divisions were not based directly on immigration. It was for this reason that the focus of the research was on race, rather than immigration.

This study, in considering the interconnections between race and gender divisions amongst working class women, focuses particularly on women of Asian origin. Some of the issues raised in this chapter may be generalised to other groups of workers. However, the strategies for differentiating groups of workers such as the use of a particular racial stereotype and the forms of resistance are specific to Asian women workers.

RACE AND THE CONSTRUCTION OF WORK

In Chapter 3 it was suggested that racial divisions in women's work tend to be horizontal rather than vertical, as in the case of gender. Race, in British capitalist society, does not have the same implications for skill level as gender. Whilst the skill level of a particular work process may be defined by the gender of the workers who perform it, this is not the case with race. This, however, is not to deny that in a society with institutionalised racism, black workers are over-represented in lower grade work.(8) In hospital ancillary work, much research has found an over-representation of black workers in the lower grade work.(9) Nevertheless, the ancillary grading structure is defined primarily around gender, and the precise way in which race interconnects with gender varies very much by location. In order to understand the role of race in the construction of work it is necessary to look at

the process of recruitment of black workers and racial stereotypes which are applied to black workers.

Recruitment

There are specific reasons for the generally high level of employment of staff born overseas in the NHS. To understand this, it is necessary to study the implications of general immigration policies and then local recruitment strategies.

Doyal et.al. point out that overseas recruitment to the health service began as soon as the establishment of the NHS.(10)

"This initial scheme marked the first systematic introduction of colonial recruits into British hospitals and from the early 1950s until the first Commonwealth Immigration Act of 1962, labour from the colonies was actively sought after. The two areas which achieved particular attention were the Caribbean and the Indian subcontinent."(11)

Despite the restrictions of the 1962 Act, skilled labour was still able to enter the country. This enabled doctors and nurses to continue to enter the country. Unskilled workers were only able to enter the country if they were able to obtain a work permit. However,

"...the NHS has been treated as a special case and hospitals have been allowed to recruit an annual quota of overseas workers (excluding immigrants from the New Commonwealth) specifically to fill posts as nursing auxiliaries and resident domestics. Thus the special staffing problems of the NHS were officially recognised in the operation of the work permit system and a minimal supply of unskilled overseas workers was

ensured."(12)

After the 1971 Immigration Act removed automatic right of entry to Commonwealth nonpatrials, restrictions on work permits stopped the flow of unskilled overseas workers into the NHS. In this way patterns of recruitment into hospital ancillary work have been directly affected by successive government's use of immigration legislation.(13)

The women of Asian origin in this study were recruited in this country. In general the women in the study were from the Sikh community, whose families had mostly come from the rural Punjab area of northern India.(14) Wilson describes how men from the Punjab came to Britain in the 1950s and their wives began to join them in the 1960s.(15) Although these women were not directly recruited in India, they entered a country in which hospital ancillary work had been formally identified as appropriate work for immigrant labour, as appropriate work for black workers. Not only were certain ancillary jobs constructed as women's jobs, but also constructed as 'suitable' work for black women workers, whether of Afro-Caribbean or of Asian origin.

More particularly, large numbers of Sikhs from the Punjab settled in the West Midlands, specifically in the areas covered by this research, in Coventry and in Leamington. For this reason, it was likely that more women of Asian origin might be

expected to be present in hospital ancillary work than in Southern England where most of the other studies have been carried out.(16)

That regional variations are so great indicates again the adaptability of the process by which certain jobs can be constructed around race, as well as gender. Doyal's work suggests that, particularly in the London area, hospital cleaning has been established as 'appropriate' work for women of Afro-Caribbean origin and hospital catering has been established as 'appropriate' work for women of Southern European origin.(17) In contrast, at three of the hospitals in this study, Warneford, Warwick and Central Hospitals, both areas of work had been established as 'appropriate' work for women of Asian origin.

If the local area is examined in detail, then it becomes apparent that there are particular historical explanations for the concentration of Asian staff in ancillary work in the areas covered by this research. Ancillary staff were mostly drawn from housing areas situated close to hospitals in which they worked. In this study there were a considerable number of women of Asian origin employed in the three hospitals in South Warwickshire Health Authority.

A shop steward from Warneford Hospital said that several of the women ancillary workers at the hospital had been recruited when they come from the Punjab in India in the 1960s to join their husbands who had been

attracted to the Leamington and Warwick area by the prospect of work at the local Ford's Foundry.
(Fieldwork notes)

This pattern of immigration fits precisely with the national picture described by Wilson.(18) Since the women in this study were recruited in this country, it is necessary to consider the recruitment practices of individual hospitals.

Smith found that those employers who had larger numbers of 'minority' [his term] employees had used a wider range of recruitment methods.(19) He found that employers tended to use a wide range of methods when they had difficulty finding labour, especially in low level, low paid work. Although in his later research Smith suggests that overt discrimination in recruitment was declining, this study found very marked racial divisions of labour.(20)

Given the general patterns of recruitment the most significant feature was the lack of employment of women of Asian origin at Coventry and Warwickshire hospital. While there was no definite explanation of the absence of black workers in the domestic services department at Coventry and Warwickshire Hospital, a manager offered her explanation, already referred to in Chapter 7.

'The trouble was that the previous manager was racist, he just wouldn't take on black or Asian workers. But that has changed now and I have had lots of experience of working with Asians in Leicester where I worked before.'

[But you still don't have any black staff?]

'No. For one thing we haven't been taking on many staff, and when we do, they don't apply. They do sometimes call in at the hospital and ask if there are any jobs going, but they don't apply when we advertise.'

(Fieldwork notes)

The manager had been in post for about three years, and was openly admitting that racist employment practices had been in operation up until the late 1970's. Although it was impossible to find evidence to substantiate this suggestion, the example indicates that where employers have been able to recruit white staff, they do so.

One explanation for the availability of white staff in Coventry is the generally high economic activity rate of women in Coventry, linked to a shift in women's employment from manufacturing to the service sector in the 1960s.(21) There may have been more white women seeking employment in Coventry in the 1960s than in many other towns and cities. This would then give managers greater choice and therefore greater opportunity to discriminate in recruitment.

The manager at Coventry and Warwickshire Hospital claimed to have removed racist recruitment practices, yet there were still no black staff in the department. Since the end result was the same, this suggests that discriminatory recruitment practices

may have become more covert. This would fit with Smith's findings in his earlier research that,

"Recruitment from people calling on their own initiative was also less common among plants employing only whites.."(22)

Managers may not be overtly refusing to employ black applicants, but they may be using those recruitment methods which are least likely to result in having black applicants. For example, in his discussion of mainly male manufacturing work, Wrench argues that the common practice of word-of-mouth recruitment works against black applicants.(23) If, as suggested by the managers at Coventry and Warwickshire Hospital, black applicants were more likely to call at the hospital seeking employment, then the practice of only recruiting through advertisements in the press may have discriminated against potential black applicants. Using a recruitment practice which is commonly regarded to be fair, may actually be a more covert method of discrimination.

Racial stereotypes

The previous section describes how when the NHS was unable to attract staff to ancillary jobs, it sought labour overseas. It also recruited the labour of wives and families of male workers who had immigrated to Britain. However, the example of Coventry and Warwickshire Hospital suggests that black workers

are seen as less attractive workers and recruited only when there is no alternative supply of labour. This suggests that individual managers base their recruitment practices on racial stereotypes about the suitability of different groups of workers.

The application of stereotypical labels plays a key role in the construction of race in the workplace. As Parmar points out work is constructed in terms of racially defined gender roles.(24) She begins to indicate the racial stereotypes which define the employment position of women, and explain features such as the lack of black women in secretarial and other jobs which,

"...present women as visibly attractive to men. It is precisely these jobs from which black women are excluded because in such instances it is white femininity which is required to be visible."(25)

It is important to remember that the construction of women's work around race is based on stereotypes of all women, not only black women. Hoel indicates a stereotype used by Asian employers in her study,

"...the Asian employers had developed a view of English women workers as undesirable, perhaps dangerous, to employ. While two thought that English women worked harder and would be best suited as forwomen, on the whole they felt that English, unlike Asian women demand higher pay and better conditions, and spend a lot of money on clothes, cigarettes and general entertainment for themselves."(26)

Stereotypes of white British workers tend to be less frequently heard than the expression of white British racism, in terms of stereotypes of black workers. Stereotypes may in certain cases be based in part in fact, for example, there is a strong stereotype of Asian women as passive, and Hoel's research seems to support this.(27) However, what her research also shows is that Asian managers may be able to use family connections to maintain greater control over Asian women workers in certain circumstances. This does not mean that women of Asian origin are inherently passive, or always constitute a passive workforce.

In this research there was some evidence that even within the NHS the family structure may be utilised as a means of controlling women of Asian origin.

The branch secretary from Central COHSE said that there had been a case where one of the supervisors felt that one of the Asian women domestics was not working hard enough. The supervisor contacted the woman's husband, who beat her, and offered to beat her again if her standard of work did not improve.
(Fieldwork notes)

This example suggests that the family may be seen as an appropriate means to control women workers of Asian origin. However, the example was given as an extreme and unusual case. Nonetheless, as Parmar points out, there is much evidence to suggest that the stereotype of Asian women as passive should not be assumed to cover all Asian women.(28)

This discussion does not intend to suggest that racism can be reduced to the application of stereotypes. The argument is made, however, that stereotyping plays an important part in the distinction and separation of groups of workers in the construction of race. This argument will be developed in relation to the hospitals involved in the research.

Stereotypes used in the hospitals

A key stereotype that emerged in this research was of Asian women being 'slow' and/or 'lazy' and/or 'stupid'. These were views expressed openly by functional managers in the research. An example of this was the domestic services manager at Central Hospital who, as was discussed in Chapter 7, wished to restrict the bonus to white staff.

Whilst describing the bonus scheme in the domestic services department at Central hospital, the manager said that he thought bonus schemes were unfair because every member of the shift received the same bonus, and he felt that some women deserved it and that some did not. He said it was mostly 'the Indian women' who did not deserve the bonus - he would like to have a system of individual bonuses, which he could use to reward those 'who really deserved it' - he indicated he meant the white staff.
(Fieldwork notes)

This manager was firstly treating all women staff of Asian origin as a homogeneous group in which individual background and effort was irrelevant. His reasons for wishing to remove the bonus from the women of Asian origin was that he believed

that they were 'lazy and slower' workers. Significantly, he was unable^{to} present actual evidence for these beliefs.

Of the six departments studied in the three hospitals in South Warwickshire Health Authority, only managers in the Warneford and Warwick Hospitals catering departments said that Asian women workers were no different to any others. In the other four departments the functional managers described Asian women workers as problematic in some form or other. The view expressed by these managers was that they had been 'forced' to employ Asian women in the past because they had been unable to recruit anyone else. This suggested that women workers of Asian origin were regarded as the 'last resort' when no other sources of labour were available. Central Hospital was still experiencing difficulties with recruitment, but managers from Warwick and Warneford Hospitals felt that increasing unemployment had given them greater choice over who they recruited. In this way increasing unemployment had given them greater opportunity to discriminate against women of Asian origin.

The domestic services manager at Warwick Hospital said that in the past they had been forced to recruit Asian women who had problems reading and writing English. However, now they don't have any problems recruiting staff and will not employ anyone who cannot demonstrate adequate use of English. When asked if she thought this might have the effect of discriminating against certain groups, she said it wasn't discrimination because it was a genuine requirement of the job on health and safety grounds.
(Fieldwork notes)

Whilst this manager made a convincing argument for the need to read English in relation to the hazards of chemicals used in cleaning, it was obvious that this had not been considered as a problem in the past. Further, it should be noted that non-employment of anyone with language difficulties is only one response. During the 1970s many hospitals including Central, organised classes for staff in English, using half their own time and half work's time. Equally chemicals could have been labelled in more than one language. This suggests that this argument had been developed for the sole purpose of excluding women of Asian origin from hospital ancillary work, and to legitimise that exclusion.

Up until the early 1970s low pay and unattractive work made recruitment to hospital ancillary work difficult. Successive governments facilitated the recruitment of overseas workers through immigration legislation. Hospital ancillary work was constructed as appropriate work for black workers and widespread recruitment also took place amongst black populations living in Britain. Where alternative sources of labour were available, as in Coventry, white workers were recruited in preference to black workers. There seems some evidence from this research that with increasing levels of unemployment in the 1970s and 1980s, hospital ancillary work may be in the process of being reconstructed as unsuitable work

for black workers. This process appears to be legitimised through the application of racial stereotypes to black workers.

RACE AND RESTRUCTURING

As Brown indicates, in most age groups, non-Muslim Asian women are less likely to be economically active but more likely to be working full-time than white women [his terms].(29)

"Overall, they [Asian women] are less likely to be found in the labour market than white women, but this comparison hides a big difference between Muslim women and other Asian women: only 18 per cent of Muslim women are working or unemployed, compared with 57 per cent of other Asian women. In most age groups, however, the activity rates of the non-Muslim Asian women are to varying degrees lower than those of white and West Indian women. The exception is in the 25-34 age group, in which 60 per cent of these Asian women are in the labour market compared with 54 per cent of white women."(30)

but,

"The ratio of full-time to part-time workers is very different for the three ethnic groups: 44 per cent of white women employees are part-time workers, compared with 29 per cent and 16 per cent of West Indian and Asian women respectively. This means thatnon-Muslim Asian women are in terms of full-time work, more active than white women."(31)

Beechey and Perkins also support the point that part-time working is more usual amongst white women, but do not develop an argument around the implications of it.(32) If Asian women are significantly more likely to be working full-time, and the main impetus of the restructuring of women's jobs has been the shift from full-time to part-time working, then restructuring

cannot be understood without reference to racial divisions. Immediately new questions are raised. To what extent does the restructuring of the labour process mean the substitution of part-time white women workers for full-time black women workers? To what extent are black women workers taking the brunt of recession in women's manual work? This research can offer some tentative conclusions with reference to hospital ancillary work.

This research found that the majority of full-time women staff in both catering and cleaning departments were of Asian origin. The main exception was of more senior cooking staff in catering departments who were more likely to be of white British origin. The previous chapter identified two main forms of restructuring, the introduction of bonus schemes and competitive tendering.

The introduction of a bonus scheme required a cut in staffing costs in some fashion, and reducing women's hours of work was regarded as the 'rational' means to achieve such a cut.(33) The women of Asian origin were a potential target as the workers who should absorb this cut.

The catering manager at Central Hospital described with annoyance the difficulties she had had trying to introduce a new bonus scheme. They needed to 'lose' a certain number of hours in the department and she said the easiest way to do this was for the full-time kitchen assistants (all Asian women) to lose ten hours each. Everybody in the department agreed to this except the women affected who refused to accept

it. The manager admitted that there were still staff doing overtime in the department and that they had not been asked to lose that - male chefs. She justified the proposal on the grounds that the women were 'lazy' anyway.

(Fieldwork notes)

This particular incident raises a number of issues relating to some of the complex relationships between race and gender divisions. Only men were doing over-time which was regarded as acceptable. White full-time women cooks were not expected to take a cut, their jobs being regarded more as 'career' jobs. Part-time white women staff were not expected to take a further reduction in hours. If the Asian women had not been in the department, it seems probable that another strategy would have been sought. However, in this situation they were identified as the first target for cuts, and all of the other staff united in supporting this strategy.

Competitive tendering created the same impetus to cut staffing costs. As demonstrated in the previous chapter, the prime means to create a competitive in-house tender was identified as substituting part-time for full-time staff. As illustrated in the case of the domestic services at Warneford Hospital, almost all the full-time staff were of Asian origin. The women of Asian origin refused to accept a shift to part-time working and divisions between workers became obvious.

In the cases of the bonus scheme at Central Hospital catering department and the in-house tender at Warneford Hospital domestic services department, the immediate aim was to shift existing staff from full-time to part-time. However, since most managers expressed a wish to reduce the employment of women of Asian origin, there was some indication of a long-term substitution of white part-time women workers for black full-time women workers.

The patterns of full-time and part-time working amongst women mean that black women may be most under threat from the restructuring of women's employment. The examples from this research also suggest that black women may have specific interests in the workplace as a result of restructuring. Different interests in the workplace along racial lines serve to prevent the development of a collective consciousness amongst staff. These interests may be identified as sectional interests, although the concept obscures the way in which they are defined by divisions based on race as well as gender.

WORKING PATTERNS AND LIMITATIONS TO COLLECTIVITY

Moving from the argument about stereotypes and the implications for restructuring, it will be argued that those divisions identified in the previous chapter which resulted from the patterns of working were reinforced by coinciding with racial

divisions. It has been suggested that in domestic services the shift patterns prevented collective identification amongst the workers. In those hospitals where women of Asian origin were employed, there tended to be a racial division between the shifts. The women of Asian origin were more likely to be employed on day shifts, the most extreme example being at Warneford Hospital where the evening shift was completely white. There are a number of reasons which could combine to explain this. Since women of Asian origin were much more likely to be working full-time and evening shifts were always completely part-time, it would be more surprising to find Asian women on the evening shifts. Women of Asian origin may have been able to utilise family networks to care for children during the day, enabling them to work on the day shift. There were often sizable friendship groups on the shifts, women tended to apply for jobs where they had friends working, reinforcing the racial divisions.

Where antagonisms between shifts reflected racial divisions, these divisions obscured the real problems. For example, at Warneford Hospital domestic services department the problem relating to the competitive tender was defined racially. Many white British staff were blaming the women of Asian origin for not accepting part-time working: the Asian women became 'the problem'. This was reinforced by the attitude of the manager who openly expressed this view. In all of the domestic

services departments there seemed to be some antagonism between day and evening shifts, with each blaming the other for lack of materials and equipment. Where the shift pattern also reflects racial divisions, this antagonism also took on a racial dimension.

As already noted, catering departments were divided vertically and women of Asian origin were employed disproportionately at the catering assistant grade. They were also more likely to be working as kitchen assistant than as dining room assistants. This distribution of the workforce was associated with particular tensions in the catering department at Central Hospital, where the key division seemed to be between the Asian women and all other staff. This was illustrated by the hostility over the refusal by the women of Asian origin to take a cut in hours. Once again the remainder of the staff seemed to identify the women of Asian origin as 'the problem'. The women of Asian origin were seen as preventing everyone else getting an increased bonus payment. This attitude again seemed to be reinforced by the attitude of the manager.

However, Westwood is correct to warn against reading from such examples purposeful 'divide and rule' strategies by management,

"This is the contradiction: black and white women workers share in the experience of exploitation under patriarchal capitalism, yet racism cuts through and across a potential unity. It does so not simply because management use racism as a strategy to divide the working class as a whole

(such conspiratorial simplicities do not advance our understanding of racism amongst the working class)."(34)

There was little evidence in this research that the functional management in the departments in the research had developed managerial strategies as such at all. However, it does not take much sophistication to blame the workers with least power for any problems faced in the department. Where the organisation of work results in horizontal segregation based on race, sectional interests too are more likely to take on a racial dimension. This further prevents the development of a collective identity amongst women ancillary workers who have certain common interests.

ASIAN WOMEN AND RESISTANCE

In the previous chapter the struggle over the 'frontier of control' between women ancillary workers and their managers was discussed. In this section it will be suggested that struggle also takes on a particular form in a racially divided workforce.

In her work on women workers during World War Two, Summerfield suggests that sexism was used by women as a form of resistance to factory discipline.(35) She suggests that where male supervisors assumed that women could not work hard or well because they were women, the women took advantage to play out

the stereotype. In this context Summerfield argues that unionisation could act as a form of discipline, through channelling random and haphazard forms of resistance into accepted forms of struggle.(36)

Westwood identifies a similar form of resistance based on a shop floor culture which,

"...structures the way that becoming a worker, through a woman's role in production, and becoming a woman, through her role in reproduction, are brought together and reinforced. It is an oppositional culture, providing a focus for resistance to managerial authority and demands, while forging solidarity and sisterhood.....That version of womanhood is tied to Western, romantic idealisations of love, marriage and motherhood, which promote a subordinate definition of woman founded upon weakness and division."
(37)

Westwood questions whether these culturally specific strategies could be extended and utilised by all women.(38) What she fails to develop is an awareness that black women have developed their own forms of resistance. Parmar develops this argument in relation to Asian women workers today.

"We want to argue two points in this section; first, that the ways in which patriarchal relations affect Asian women in the workplace take a distinct form that is determined by a racist patriarchal ideology based on common-sense ideas of Asian sexuality/femininity; and, second, that these differing modes of femininity are manipulated by the women to their own advantage (albeit limited). They give rise to specific forms of resistance in the workplace."(39)

This research supports this argument in two particular areas.

Firstly, the continual criticisms by management that Asian women refused to hurry in their work suggests that they were more resistant to any speed up of their work. Whilst such an attitude might usually be identified with good union practice, in this context co-workers, managers and union officers cited this as an example of 'laziness' which they suggested was common to all Asian women.

The manager at Warneford [domestic services] said that one of the main problems with the Asian women was that he couldn't get them to work any faster, and if he asked them to do anything differently they just pretended that they didn't understand.
(Fieldwork notes)

That he believed that the women were pretending not to understand his requests indicates that he saw their responses as a challenge to managerial control.

Linked to this, secondly, there was evidence to support Parmar's argument that language can be used as a form of resistance.

"One common-sense image of Asian women is that they do not speak English and it is frequently used as an excuse to explain their low position within the labour market and their low participation in trade unions. Many Asian women are well aware that there is always an assumption made that they are dumb because they cannot speak English.....Many Asian women whom we have interviewed have a good grasp of English and can understand it well. Yet, because they are usually expected not to utter more than a few words and are spoken to by management in a patronizing manner, they deliberately let them believe that they don't understand very well."(40)

This seemed to be the situation at Warneford Hospital. The domestic services manager was convinced that the Asian staff did in fact understand English and were being non-cooperative on purpose.

He [the manager] said that when there is a problem about their wages, they seem to be able to speak English well enough. He claimed that they are the first to complain if there is anything wrong.
(Fieldwork notes)

This manager saw the women workers of Asian origin, not as a passive workforce but as purposefully disruptive. A most vigorous management/worker struggle was being enacted in an almost covert fashion, and one into which trade unions organised by white males could not link.

Parmar recognises the limitations of such forms of resistance, reinforcing the very divisions to which they are a response.(41) However, it is important to recognise that despite divisions, groups of women ancillary workers did have a sense of unity and were resisting attempts to increase managerial control over the work process.

SUMMARY

The very reasons which enabled some groups of women of Asian origin in ancillary work to develop a degree of unity with one another, served to reinforce divisions between them and other

workers which were based on racist stereotypes. Divisions between full and part-time workers and between day and evening shifts often coincided with divisions between women of Asian origin and women of white British origin. The forms of resistance which were used by the Asian women not only alienated management but also their co-workers who argued that the result was more work for themselves. As more pressure was placed on domestic services and catering departments to cut costs there was evidence of management and workers of white British origin identifying the women of Asian origin as the major problem - they could not achieve efficiency while the Asian women insisted on working full-time, while the Asian women refused to work harder.

It is clear from this research that the women of Asian origin had specific workplace interests. To use the term sectional interest would be to miss the complexity of the relationships in ancillary work, where workplace interests were defined through gender and race divisions. It is also evident that the women of Asian origin developed their own response and forms of resistance to managerial control, albeit in a limited way. The next section of the thesis will be concerned with identifying how local trade unions deal with these divisions.

Notes

1. See Miles and Phizacklea 1984 Chapter 2.
2. For more detailed discussions see Doyal et.al. 1980, Doyal et.al. 1981 and Williams et.al. 1977.
3. Doyal et.al. 1981 ibid. p59.
4. ibid.
5. See Counter Information Service undated, Doyal et.al. ibid., and Williams et.al. op.cit.
6. Doyal et.al. 1981 op.cit. p59.
7. This was suggested in interviews with managers and union officers.
8. See Miles and Phizacklea op.cit.
9. See Doyal et.al. 1980 op.cit., Doyal et.al.1981 op.cit. and Williams op.cit.
10. Doyal et.al.1981 op.cit. pp55-57.
11. Ibid. p55.
12. Ibid. p54.
13. Doyal et.al. ibid. suggest that in the early years of direct recruitment, the Caribbean was the main area for the recruitment of ancillary staff.
14. This was noted in discussions with ancillary staff and union officers.
15. For a discussion of Asian immigration to Britain see Wilson 1985, especially Introduction and Chapter IV.
16. For example see Doyal et.al. 1981 and Williams et.al.1977.
17. Doyal et. al. 1980 pp58-60.

-
18. Wilson op.cit.pp13-15.
 19. See Smith 1974 pp44-46.
 20. See Smith 1977 pp103-112.
 21. See Perkins 1983. p34.
 22. Smith 1974 op.cit. p45.
 23. Wrench 1986 see p10.
 24. See Parmar 1982 and Bryan et.al. 1985.
 25. Parmar ibid. pp258-9.
 26. Hoel 1982 p82.
 27. Ibid. pp82-83.
 28. Parmar op.cit. pp246-253.
 29. For detailed figures see Brown 1984 pp150-1.
 30. Ibid. p150.
 31. Ibid. pp150-1.
 32. See Beechey and Perkins 1987 pp20-21.
 33. See the section in Chapter 8 on restructuring.
 34. Westwood 1984 p234.
 35. See Summerfield 1977.
 36. Ibid.
 37. Westwood op.cit. p230.
 38. Ibid. p230-1.
 39. Parmar op.cit. p258.
 40. Ibid. pp264-5.
 29. Ibid. pp257-269.

**WOMEN IN TRADE UNIONS: A STUDY OF HOSPITAL
ANCILLARY WORKERS**

Anne Munro

Volume II

**Thesis submitted for the degree of PhD at the
University of Warwick**

Department of Sociology

January 1990

Contents

Page

VOLUME II

PART IV: ANCILLARY WORKERS' UNIONS

Chapter 10. Workplace Stewards	318
Shop Steward Systems.....	319
Becoming a Shop Steward.....	328
Levels of Activity.....	331
Representation of Women Ancillary Staff.....	343
Centralisation.....	348
Chapter 11. Union Meetings	354
Time and Place of Meetings.....	356
Meeting Organisation.....	359
Participation in Meetings.....	370
Meeting Procedures.....	376
Summary.....	382
Chapter 12. Representation in Local Union Structures	386
Representation and Members.....	389
Dealing with Problems in the Workplace.....	405
Representation and Shop Stewards.....	410
An Agenda of Issues.....	419
Chapter 13. Participation in Local Union Structures	424
Levels of Involvement.....	426
Shop Steward Views on Participation.....	436
Debates on Participation.....	445
Summary.....	455
Chapter 14. Conclusions	461
The Main Arguments.....	462
Union Branches in the Study.....	469
Areas for Further Research.....	471
The Potential for Change in British Unionism.....	473
Appendix I - Positive Action	476
What is Positive Action?.....	476
What are the problems with Positive Action?.....	481

Appendix II - Methodology	487
Background to Methods.....	489
Research Techniques.....	497
Summary.....	505
A. Interview Schedule - Ancillary Shop Stewards.....	508
B. Interview Schedule - Non-Ancillary Shop Stewards.....	517
C. Questionnaire - Women Ancillary Workers.....	524
 BIBLIOGRAPHY	 532

List of Tables

Table Number and Title	Page
Volume II	
33. Contributions by stewards at steward meeting NUPE Coventry.....	371
34. Problems faced by domestics at Warneford Hospital.....	393
35. Ways of dealing with problems - domestics at Warneford Hospital.....	394
36. Problems faced by domestics at Coventry and Warwickshire Hospital.....	399
37. Ways of dealing with problems - domestics at Coventry and Warwickshire Hospital.....	401
38. Members' knowledge about the branch - COHSE Warneford.....	429
39. Members' knowledge about the branch - NUPE Coventry.....	430
40. Members' union activities - COHSE Warneford.....	431
41. Members' union activities - NUPE Coventry.....	431
42. Ways to improve participation - NUPE Coventry.....	434
43. Ways to improve participation - COHSE Warneford.....	435

List of Diagrams

Diagram Number and Title	Page
Volume II	
3. Shop steward meeting layout NUPE Coventry.....	377
4. Branch meeting layout NUPE Coventry.....	377
5. Steward meeting layout COHSE Central.....	378
6. Branch meeting layout COHSE Central.....	378
7. Branch meeting layout NUPE Warwick.....	380

List of Examples

Example Number and Title	Page
Volume II	
1. Shop steward meeting agenda NUPE Coventry.....	361
2. Branch meeting agenda NUPE Coventry.....	361
3. Shop steward meeting agenda COHSE Central.....	362
4. Branch meeting agenda COHSE Central.....	364
5. Branch meeting agenda NUPE Warwick.....	365

PART IV - ANCILLARY WORKERS' UNIONS

Chapter 10. **Workplace Stewards**.....318

 Shop Steward Systems.....319

 Becoming a Shop Steward.....328

 Levels of Activity.....331

 Representation of Women Ancillary Staff.....343

 Centralisation.....348

Chapter 11. **Union Meetings**.....354

 Time and Place of Meetings.....356

 Meeting Organisation.....359

 Participation in Meetings.....370

 Meeting Procedures.....376

 Summary.....382

Chapter 12. **Representation in Local Union Structures**.....386

 Representation and Members.....389

 Dealing with Problems in the Workplace.....405

 Representation and Shop Stewards.....410

 An Agenda of Issues.....419

Chapter 13. Participation in Local Union Structures	424
Levels of Involvement.....	426
Shop Steward Views on Participation.....	436
Debates on Participation.....	445
Summary.....	455

Chapter 10

Workplace Stewards

Central to this chapter is an argument that within the union branches studied there was considerable centralisation of power at the level of branch officers. It will be suggested that an essential counter-balance to branch officer power is the development of an effective shop steward system providing a link with members in the workplace. Hyman indicates some of the contradictions of the concentration of power at branch level.(1) Power may be used to develop and extend participation, or it may be used to contain and limit participation. These contradictions will be examined through a comparison of the union branches.

An underlying argument in this chapter is that certain structures may increase opportunities for participation, although they cannot guarantee it. The chapter will focus on union structures at the level of the branch, and assess the degree to which these structures encourage or inhibit the participation of women members. It is maintained that whilst union structures have implications for the participation of all

members, there are specific implications for the participation of women members. Linked to this, it is suggested that women's ability to take a role in union posts is limited by the nature and organisation of their work.

Whilst it is not suggested that there is an ideal type of local union structure, it is claimed that union structures enable or inhibit the participation of women ancillary members. One specific feature of this is the importance of key branch or union officers in determining access to the structures of participation as well as control over the definition of interests.

SHOP STEWARD SYSTEMS

The basic structure of the branches was described in Chapter 5, but in this section the shop steward systems and union organisations at each of the hospitals in the research will be described. The shop steward holds a key position in local union organisation, providing the link between members and the wider union. In Chapter 5 it was demonstrated that women are proportionally under-represented at the level of shop steward. Through a discussion of various aspects of the shop steward's role, it will be argued that the nature of women's ancillary work makes it more difficult for women ancillary workers to carry out the role of shop steward.

The source material for this was obtained during structured and informal interviews carried out with shop stewards as well as branch officers. Because of varying degrees of access to shop stewards there is more material from certain branches than from others. (See Appendix for a more detailed discussion of the methodological problems.)

The job of the Shop Steward

The precise role of a shop steward varies enormously from union to union, and from industry to industry. Coates and Topham outline a range of activities which research suggested formed the main parts of this role.(2)

"(1) spokesman for the work-group (2) disseminator of information between the organisation and the group, (3) minor bargaining over grievances, (4) monitoring of information, (5) liaison, with other groups and with managers, (6) exercising leadership, to strengthen the cohesion and therefore the bargaining power of the group, (7) decision making, (8) formal negotiation with senior management."(3)

Evidence from this research suggests that shop stewards in the NHS vary greatly in terms of the degree of their involvement in the activities described. With pay and conditions set nationally, there is no immediate local role in the negotiation over these issues. Negotiations at the level of District Health Authority and at the Hospital level were carried out by branch officers and/or full-time union officials. Negotiations at the level of Department were carried out by branch officers

and/or stewards who had been identified within the branch as senior stewards. In larger branches small numbers of stewards were identified as potential branch officers and informally recognised as 'senior stewards'. This left only the first three of the spheres of activity identified by Coates and Topham for the other shop stewards. In particular the main role of shop stewards in this research was the dealing with individual member's grievances and disciplinary cases.(4) The remainder of this section is concerned with looking in more detail at the activities of shop stewards.

Steward Structures in the Four Union Branches

This section gives a brief summary of the steward systems in each of the branches at the four hospitals in the study.

1. NUPE - Coventry and Warwickshire Hospital

In 1983 the Coventry Hospital Branch of NUPE had 78 shop stewards, of whom over 50 were women.(5) At this time there were ten NUPE stewards at Coventry and Warwickshire Hospital. Of these, four were men - two from portering, one from domestic services and one from the works department. There were six women stewards - two from nursing, one from the dining room and the remaining three from domestic services.

Proportionate to membership there were fewer shop stewards at Coventry and Warwickshire Hospital compared with Walsgrave Hospital, where the Branch Secretary was based. However, amongst these ten stewards were the Deputy Branch Secretary (a porter), and the Branch Chair (an auxiliary nurse who subsequently became Branch Secretary). Also, when the branch tested the idea of having senior stewards to represent administrative units within the Health Authority, one of the women stewards from the domestic services department was proposed. Although the hospital was numerically short of shop stewards, it was well equipped with active and experienced stewards. All of the shop stewards at Coventry and Warwickshire Hospital, indeed all of the stewards in this branch, were white. This branch, as the largest branch in the study, made the greatest use of the senior steward position when compared with other branches.

2. COHSE - Central Hospital

The Central Hospital COHSE Branch had a total of twelve shop stewards at the time of the fieldwork. Of these, eleven were nursing staff and one an occupational therapist. Despite the fact that there were no ancillary stewards, branch officers estimated that the branch recruited approximately half of the ancillary staff at the hospital. The remaining ancillary staff were members of the small NUPE branch at Central Hospital with whom access was not gained. The COHSE branch officers were all

young, white, male student nurses. There were eight male and four female stewards. One of the male stewards was of Asian origin.

Shop stewards in this branch, despite the young age of many, had considerable experience of unions. Five had at some point held other union posts as well as being shop stewards, although five had only been shop stewards for under a year. This branch was also particularly active in local campaigns against the potential privatisation of services.

3. NUPE - Warwick Hospital

As was explained in Chapter 5, the South Warwickshire Health Authority branch of NUPE was based around Warwick and Stratford. At Warwick Hospital there were seven shop stewards, five ancillary stewards, one member of the administration and clerical staff and the senior steward from the works department (who was later to become Branch Secretary). One of the shop stewards was of Asian origin. Access to shop stewards was limited in this branch. (See Appendix for a discussion of methodology.)

4. COHSE - Warneford Hospital

There were six shop stewards in total at the Leamington Hospitals Branch of COHSE. The Branch Secretary, a man from the works department, did not allow access to the stewards at

Warneford Hospital, although interviews were carried out with three stewards from other small local hospitals covered by this COHSE branch. One of the shop stewards interviewed was an auxiliary nurse and the wife of the branch secretary. The other two were another auxiliary nurse and a domestic. All three were women and all had been shop stewards for over five years.

Constituencies

The shop steward is the elected representative of members of the union. However, there is a great variety in the number and location of members whom the steward is expected to represent. In some cases stewards have specific groups of workers to represent. These may come only from their own work-group, or from several work-groups. In other cases stewards may be in a less formal structure in which any steward may be expected to act for any member in the branch. In this way union branches vary in the degree to which stewards have distinct membership constituencies.

"....there is no simple one-to-one relationship between stewards and work-groups. In a case study of 19 stewards in 6 factories, it was found that the average number of distinct groups represented by each steward was 6. Work-groups....are not necessarily co-terminous with shop steward constituencies."(6)

In this research a similar variety of organisation was found. However, there did appear to be an attempt to move towards

constituencies, and a move towards defining constituencies around individual work-groups.

A constituency system was in operation for the stewards at Coventry and Warwickshire Hospital, each steward having a specific group of staff in their own work area to represent.

"I represent twenty one members - twenty of them are men and there is one part-time woman."
(Male porter shop steward NUPE Coventry)

"I represent twenty members, all women, all part-time cleaners."
(Female domestic services steward NUPE Coventry)

"I represent twenty-four nurses. They are all female and eight of them work part-time."
(Female nursing steward NUPE Coventry)

Each of these stewards knew exactly who and where their members were. In each case the steward constituency was made up of the immediate work-group in which the steward worked. These comments also indicate the usual size of steward constituencies in this branch, averaging between twenty and thirty. In this branch shop stewards only dealt with issues relating to their own immediate work-group. Any problems in areas without a clear constituency were dealt with by one of the branch officers.

During the fieldwork the COHSE branch at Central Hospital was in the process of organising constituencies for shop stewards.

As a result there was some confusion over whom each of them represented. Some stewards were able to name and number the precise group of staff they represented, while others said that they did not have specific constituencies.

"I am steward for the school of nursing so have special responsibility for student nurses."
(Male nursing steward COHSE Central)

"In theory we try to have a steward for each department but in practice most stewards are responsible for nursing and ancillary staff."
(Male nursing steward COHSE Central)

Although this COHSE branch aimed to organise specific constituencies, it could not match constituencies to work-groups because of the many areas in which there was no shop steward, including the ancillary membership. This resulted in the practice of ancillary staff being represented by nursing stewards.

The stewards interviewed from COHSE at Warneford Hospital were not precisely sure how many members they represented. The domestic steward said that she represented fifty members, including three men, and approximately thirty of the fifty worked part-time. In this branch, and in the NUPE branch at Warwick Hospital, steward constituencies were blurred and not necessarily linked to work-groups.

In the case of steward constituencies which are formally organised, there are advantages to both stewards and members who are clear about who is the appropriate person to carry out representational work. Where the constituency is also based on the work-group this enhances close contact with members and issues related to the work of the members. In this way it is possible that unions can come to articulate the diverse and specific interests of members.

These findings contrast to some extent with Kessler's description of shop steward organisation in Local Government,

"The local government steward was not a work group representative. The nature of local authority manual work often meant that work groups simply did not form, but where they were apparent the steward had neither emerged spontaneously from within nor come to represent them. The steward did not have the kind of close contact with his constituents which has commonly been expected and associated with the factory steward."(7)

In particular in the NUPE branch at Coventry and Warwickshire Hospital, with its steward constituency system, the stewards represented clearly delineated work groups. This may suggest that large hospitals in the NHS more resemble the situation in a factory than manual work in Local Authorities.

BECOMING A SHOP STEWARD

Having pointed to the importance of the shop steward system, it is necessary to consider the process by which members become shop stewards. The explanations given by stewards in this research for becoming shop stewards were like those found for shop stewards in the private sector.(8)

"It is quite commonly found that shop stewards are 'pushed' into taking up office by members' pressure; only a minority actively seek the job....Amongst those who were 'pushed', some arrive because of a crisis at the plant, some because of their popularity, and some simply by accident. Amongst those who actively seek the job some are motivated by the need to solve work-shop problems, some by ideological considerations, and some by personal ambition."(9)

In this study the stewards from COHSE at Central Hospital were more likely than stewards from the other branches to have actively sought the position. For many becoming a shop steward was seen as an outcome of political commitment,

"I consider myself to be a socialist and therefore use trade unionism as a medium for expressing my political point of view."
(Male nursing steward COHSE Central)

"Guilt! I felt I should do something to help, which I suppose is not a very popular idea these days."
(Male nursing steward COHSE Central)

"To be a representative for staff, my colleagues, and to negotiate a fair deal for them."
(Female nursing steward COHSE Central)

"Personal egotism!"
(Male nursing steward - Branch Secretary COHSE Central)

"I became interested in the union after attending National Conference in 1968 and remained interested in it."
(Nursing steward COHSE Warneford)

Stewards from the other three branches tended to come from the 'pushed' category, many being able to give no reason for becoming a steward except that 'somebody had to do it'.

"There was no COHSE steward at Heathcote after the death of Mr Betts and I was just voted to become shop steward."
(Nursing steward COHSE Warneford)

"I became shop steward because I was asked to."
(Domestic steward COHSE Warneford.)

The stewards from the COHSE Branch at Central Hospital were distinct from the other groups of stewards in that they were predominantly male, young and in professional posts. They also worked in psychiatric nursing which has a greater history of union organisation.(10) These features are likely to explain the greater confidence found amongst these stewards about their own abilities. In the other branches the women stewards, and in particular the ancillary stewards, were the most frequently 'pushed' into becoming a shop steward. Neale's description of the election of a hospital canteen steward is typical of what was found in this research.

"For days before the meeting, the branch secretary keeps telling her that she'll make a good steward. Then at the meeting he says that the canteen really needs a steward. He thinks Shirley would make a good one. All her friends in the canteen turn to look at her and shout happily that she should do it. Her hands fly up to cover her face. The branch secretary asks if she'll

do it. In a small voice she agrees. Everybody laughs happily."(11)

It can be argued that the most important requirement to becoming a shop steward is the self-confidence to believe that it can be done. Many of the writers discussed in Chapter 2 argue that an important limit to women's participation in unions is their lack of confidence and the interviews with shop stewards support this.

The material suggests that the most important route to gaining sufficient confidence to take the post was the support of branch officers. None of the stewards in the study had been elected without the active support of their branch secretary. This suggests that the increased participation of women at the level of shop steward appears to require active recruitment strategies and support from branch officers. In this research only branch officers from NUPE Coventry and COHSE Central claimed to be involved in this process, and giving particular attention to the recruitment of women ancillary stewards. Even so, COHSE Central had not had any success at all in this aim.

The NUPE Branch in Coventry had, in contrast, recruited shop stewards amongst women ancillary workers, roughly proportionate to their membership. This provides an example of centralised control being used to extend membership participation. Although most of the stewards from NUPE Coventry had become

stewards because 'no one else would do it', one woman had become involved through her own experiences of dealing with management.

"In 1982 I had a problem with my own maternity leave arrangements. I represented myself because I didn't know I could contact the shop steward. It went to a tribunal, and eventually I contacted the chief steward here and got interested and became a steward."
(Female domestic services steward)

This example indicates a more active route into becoming a shop steward, and suggests that an awareness of the presence and relevance of unions may lead to greater involvement. This theme will be developed later in this section.

LEVELS OF ACTIVITY

Shop stewards vary in the sort of union activities that they carry out.(12) It is, therefore, important to compare the union activities of the stewards in the branches covered by the research. To do this a number of features will be examined: time spent on union work, participation in union training, steward turnover and the extent of work carried out by stewards independent of branch officers.(13)

Time spent on union work

In all four branches the branch officers, particularly the Branch Secretaries spent much longer amounts of time on union

work than the shop stewards. Generally women stewards tended to spend less time on union work than their male counterparts.

The Deputy Branch Secretary from NUPE Coventry had approximately ninety per cent time off for union work. Of the ordinary stewards, four women said that they did not normally take time off work for union business unless there was a special issue, while a male steward said he usually took approximately ten hours a week off for union work. This presents a similar picture to the amount of their own time spent on union work, most of the women doing less than five hours a week and this male steward claiming to be doing ten hours a week. There were also varying degrees of difficulty reported in trying to take time off for union work, with departments with predominantly female workforces having more problems. Male stewards tended to have less problems with departmental management in taking time off for union work,

"If its likely to take a while, I will go and ask -
I've never been refused."
(Male portering steward NUPE Coventry)

This steward from the porters' department had no problems with taking time off for union work. However, a woman steward from catering had major problems.

"I have had disagreement with management at local level, harassment and unwillingness to co-operate because of my different trade union activities."
(Women steward catering department NUPE Coventry)

Problems amongst nursing stewards were most frequently linked to staffing levels and their inability to leave the ward understaffed.

"I have never had any problems with time off until the last spell when I was steward. Then I was only able to attend one out of three meetings. I had changed departments and two staff nurses had left and not been replaced. There was nobody to relieve me while I attended meetings."
(Female nursing steward NUPE Coventry)

This NUPE branch had a local agreement with the Health Authority for three hours time off a month for all shop stewards for them to attend the shop stewards meeting. All the stewards interviewed were aware of this agreement and only in rare cases had problems with management over taking this time. Local and functional management seemed to respond differently to requests for time off for other union business, branch officers and male stewards having least difficulty.

Generally the stewards from COHSE Central Hospital took very little time off from work for union business. No one took more than five hours in a week. Management at Central appeared unsympathetic to union work being carried out during work time.

"I have had disagreements with senior staff at ward level. Sometimes I cannot get time off because of a shortage of staff on wards."
(Female nursing steward COHSE Central)

"We have an agreement for an hour off for the monthly branch meetings - in theory any member may have that hour off, but in practice it is often quite different, for example because of holidays, sickness etc. There

are staff shortages at times, it is particularly qualified staff who find it difficult to leave the wards without adequate cover for proper patient care."
(Male nursing steward COHSE Central)

"Usually I am the only trained member of staff on the ward. I get 'cover' for meal breaks but would find it hard to get 'cover' for union meetings."
(Male nursing steward COHSE Central)

Only the Branch Secretary from COHSE Central estimated that he did over five hours a week union work in his own time. The particular problems with time off at Central Hospital were because most of the stewards were nurses. In a situation of frequent low staffing levels, they were reluctant to take time off for union work and increase the pressure on their colleagues.

All three stewards from COHSE Warneford said that they did not take any time off for union work. The branch had an agreement with management for branch meetings to take place during work time, and shop steward meetings took place in their own time. The senior steward from NUPE Warwick said that he had no problems taking time off for union work, but that the other stewards tended not to take time off.

Coates and Topham indicate the importance of mobility linked to the nature of work in facilitating a steward to carry out their job.(14) In a comparison of the porters' department and the domestic services departments in this research, the cleaners

had tighter supervision, were more tied to a precise working area and had less availability for cover. A similar comparison could be made between porters and catering assistants. This suggests that the organisation of women's ancillary jobs militates against active involvement in union activities. As Neale argues,

"....only people in certain sorts of jobs can be active leaders. A good job is something like porter in a big hospital. There are thirty other porters in the pool and they can cover you easily. Nobody gets upset if you go off. The next best thing is a job where you work largely on your own. Then you rush through your work, and rush back to stay late and finish the work that has piled up. Best of all is to get a job where management doesn't expect you to do too much. Deputy-head porter and security man can both be turned into this kind of job. The worst sort of job is one where you work in a small section, with two or three people who have to cover for you. People in this position often become stewards, but hardly ever leaders."(15)

This argument is supported by the circumstance that three of the four branch secretaries in the research came from the works departments, where workers have greater control over the organisation of their work.

The one male member of the domestic services department at Coventry and Warwickshire Hospital was also a steward, and spent much more time on union work than the women stewards in the department. This was possible because, as was discussed in Chapter 8, his job had been constructed as different from the women's jobs in the department. He had greater mobility and

was not under the women's supervisory structure. In short, the specific way in which women's jobs are constructed makes active participation in trade unions more difficult.

Steward training

Attendance at a training course provides another indicator of the level of activity by shop stewards. Day release training courses are available to all shop stewards through their own trade unions and through the TUC linked to the WEA or colleges of further education.

In NUPE Coventry, most stewards had attended a shop stewards' basic TUC training course, although only branch officers had been on advanced courses. Within the steward cohort it was more likely for men to have attended advanced courses than women. Such a practice suggests that there may have been a tendency to perpetuate the notion of the male stewards as 'experts'. Even so, the Deputy Branch Secretary suggested that attendance on union educational courses was equally divided between men and women stewards, although this meant that women were proportionally under-represented since the majority of stewards were women. In addition to this, the Deputy Branch Secretary claimed that part-time women workers on evening shifts were the least likely to attend union educational courses. He suggested that there was little the branch could

do about this situation since there were not enough stewards to make it viable to put on part-time training courses for just morning staff, or just evening staff. This contrasts with the findings of Hayes et.al. in their study of NUPE branches in Local Government that,

"...the percentage of stewards sent on courses by their branch who were women roughly corresponded to the percentage of female stewards in the branches."(16)

The COHSE branch at Central Hospital had a policy of sending all newly elected stewards onto the basic shop steward training course as soon as possible, and all those stewards spoken to had been on at least one union educational course. As with NUPE Coventry it was more likely for male stewards to have been on advanced courses. Three of the male stewards, but neither of the women stewards, had been on more than one union education course.

Only one of the three stewards from COHSE Warneford had been on the stage one shop stewards training course. Less emphasis was placed on steward education in this branch, which tended to reinforce the central role of the Branch Secretary in union business.

It would appear that in the branches covered by this research, women stewards were less likely to attend any training course, and where they did, less likely to attend an advanced course.

Since almost all union training courses are based on full-time working hours, the issue of part-time working in women's ancillary work appears to be important in limiting women's participation as shop stewards.

Steward turnover

Coates and Topham argue that continuity of office is essential for the shop steward to adequately represent his/her members.(17) Although Coates and Topham do not explain why continuity is important, it is likely that it would assist in the development of confidence and representational skills.(18) The Deputy Branch Secretary from NUPE Coventry described steward turnover as 'generally high', particularly amongst women stewards, who he said tended to act as 'post-boxes' rather than carrying out the full steward duties.(19) This view did not seem to match the interview data gathered from stewards, which showed that of the four women stewards interviewed at Coventry and Warwickshire Hospital, only one had been a steward for less than one year. In relation to this particular hospital, the Deputy Branch Secretary appeared to over-estimate turnover amongst women stewards.

In COHSE Central four stewards, all branch officers, were male student nurses. One implication of having such a high proportion of student stewards is that turnover amongst this

group is likely to be particularly high because it is a structural feature of their employment. Shortly after the fieldwork was completed, two of them, including the Branch Secretary, completed their training and were not given permanent jobs at the hospital.

The steward groups at NUPE Warwick and COHSE Warneford were small and apparently stable. However, as Coates and Topham point out,

"...it may be feared that too great a stability amongst stewards would reinforce bureaucratic tendencies."(20)

In this research there was contradictory evidence as to whether there was a differential turnover amongst men and women shop stewards. It is nonetheless important to note that the Deputy Branch Secretary from NUPE Coventry believed the turnover rate to be higher amongst women stewards. It may be the case that male branch officers tend to under-estimate the activities of women stewards, which would suggest a need for caution in accepting their impressions of steward activity.

Centralisation of steward activity

In all of the branches, branch officers played a major role in dealing with members' problems. Rather than stewards processing problems and representing their members, there was a

tendency to refer problems to the branch officers. This supports the general argument about a high level of centralisation in these branches.

In NUPE Coventry the Branch Secretary, who was based at Walsgrave Hospital, had a high profile and was frequently approached directly by many staff, members and non-members, with their problems. More specifically the Deputy Branch Secretary from Coventry and Warwickshire Hospital suggested that particularly women stewards were likely to approach the Branch Secretary with day-to-day grievances which would normally not go beyond the level of the steward. Although there was little evidence available to support this assertion, if correct, it may be explained by the lower levels of training amongst part-time women workers.

When asked if he thought departmental steward meetings might aid women stewards, the Deputy Branch Secretary said that there was no reason why such meetings should be organised specifically for women stewards. Although he identified a number of ways in which women stewards were less involved, for example in problem handling and turnover rates, he did not think this situation indicated any specific organisational changes.

"Meetings of groups of shop stewards in similar departments across the DHA (District Health Authority) might be useful - I feel it might originate more demands on the union and management

and more thoughts about how to achieve those demands."

(Deputy Branch Secretary NUPE Coventry)

There were no plans to set up such departmental meetings. Although this Deputy Branch Secretary identified women stewards as less able to deal independently with individual cases, he did not regard the situation as requiring specific intervention. Interestingly, Terry suggests that such meetings aid the development of stronger steward groups,

"...the need for a 'key' steward may disappear as steward organisation at lower levels becomes better developed and co-ordinated. The growing use of sectional meetings demonstrated by Fryer and his colleagues and confirmed by these studies show that this is already happening."(21)

In the COHSE branch at Warneford the stewards felt that all groups of workers were adequately represented in the branch although two mentioned that the branch needed to recruit more shop stewards. However, the stewards said that all members' problems were referred to the Branch Secretary, none being dealt with by the shop steward alone.

"All members are treated with the same speed when they experience any problem at work. It is dealt with by the Branch Secretary."
(Nursing steward COHSE Warneford)

This indicates a high degree of centralisation of problem handling in this branch. The role of the shop steward in this branch had been reduced to acting as go-between for member and

Branch Secretary. Stewards appeared to take on no independent activity.

There seems some indication that women stewards were less likely to deal with members' problems independently. This may be explained by their particular problems of time off for union work and lower levels of training for part-time workers. The evidence from this section suggests that women ancillary stewards are less involved in union activities than their male counterparts. However, the evidence also suggests that the nature of the construction of women's jobs inhibits full participation in steward activities. This broadly supports Kessler's findings that,

"The development of steward organisation and subsequent relationships that could emerge between the steward and his or her constituents were primarily related to two factors; the character or relations between workers encouraged or imposed by different workplaces and the nature of the work carried out by different occupational groups."(22)

Part-time working made the attendance of steward education more difficult and women stewards tended to have more difficulties with management in taking time off for union work. Further, the activities of women ancillary stewards were restricted by tighter supervision and less freedom of mobility in the workplace.

REPRESENTATION OF WOMEN ANCILLARY STAFF

In the light of the problems raised by stewards in the interviews, they were asked if they felt that steward systems were adequate for the representation of women ancillary staff. There was considerable resistance by many of the stewards interviewed to discuss this issue. Many stewards said that representation was adequate and did not wish to discuss the issue further, while several claimed that 'we treat every member the same'. This response was interesting since it suggested that the idea that particular groups of workers might have specific organisational needs had not been discussed by stewards within their branches.

Despite the general reticence on this issue, the Deputy Branch Secretary from the NUPE branch in Coventry was able to give a specific example of how the branch had attempted to improve representation, which it would be useful to consider. He described how domestics had suffered problems with excessive informal warnings, 'being pulled into the manager's office', for example after being off sick. He claimed that at the time sickness levels were actually higher amongst porters, although they did not have any problems with management over sickness. This was linked to a greater level of supervision in domestic services, with supervisors walking around in pairs, sometimes being quite threatening to the domestic staff. He also said

that management had been successfully pursuing a policy of reducing women ancillary workers' hours to below sixteen a week, the level of entitlement to many legal rights.

The union branch response to this situation had been to carry out a recruitment drive amongst domestic staff for shop stewards. The number of stewards had been increased considerably although many of the problems remained. It was surprising given this situation that other stewards said that generally the branch maintained adequate representation for all members.

"I don't think we've ever put the interests of any group first - sometimes we've made conscious efforts to correct imbalances arising from structural reasons. (Some groups are able to look after themselves - are protected by good manager, have no tradition of organisation etc.)"
(Deputy Branch Secretary NUPE Coventry)

As the Deputy Branch Secretary pointed out himself, the staff in the domestic services department were facing particular problems which the branch seemed unable to deal with. The branch officers had attempted to develop the branch structure in order to deal with these problems. In this NUPE branch there had been a specific and successful effort to recruit women shop stewards. This is an important example, and the only example in the research of a steward system being extended specifically to facilitate the participation of women ancillary staff.

In the COHSE branch at Central Hospital there were no ancillary stewards. The degree of knowledge amongst shop stewards of issues within the ancillary departments tended to be low. The stewards admitted that their ability to represent ancillary workers' interests was limited, although the stewards expressed a commitment to protecting the interests of all groups of members. The Branch Secretary expressed a desire to recruit ancillary stewards, although no action had been taken on this issue. The situation in this branch demonstrated the importance of a workplace based steward system. Without stewards based in the ancillary departments, there was no route by which issues or problems could be raised or discussed.

Active recruitment strategies can result in increasing the number of shop stewards in women's ancillary departments. This was clearly shown in the NUPE branch in Coventry, although the recruitment of women stewards did not lead to a quick solution of workplace problems. Without the development of targetted support once elected, women ancillary stewards appeared less able to carry out all the steward activities and to tackle the particular problems in their departments.

Developing greater involvement

There appeared evidence from these union branches that positive experiences of dealing with issues in the workplace led to

greater union involvement and activity. Where a steward had achieved successes within the workplace, it encouraged further activity by members. Conversely the lack of activity within the branch or department appeared to discourage involvement. Where there was no steward or no experience of success, there seemed little point in becoming involved. In this way the dominance of particularly active groups within the branches tended to be reproduced.

This was illustrated by the example of the porters at Coventry and Warwickshire Hospital, which will be outlined. The Deputy Branch Secretary from NUPE Coventry, himself a porter, described the porters' department as the most effectively organised department in the hospital. He argued that within this department, they had used the union not only defensively to protect existing terms and conditions of employment, but also to improve working facilities and conditions. As examples of their successes he suggested the gaining of a proper path to the mortuary, the establishment of a rest room with a shower, and the on-going ability to get equipment replaced. He claimed that no other department had achieved comparable successes. He also said that this department was particularly active in the 1982 national dispute, suggesting that they had organised around issues which specifically affected their department and carried out their own negotiations directly with management. The Deputy Branch Secretary suggested that the high level of

activity in this department could be explained by the fact that it was a comparatively young department, although he had no evidence to support this claim. The Branch Secretary from COHSE Central in comparison, suggested that the porters' department was one of the least active. Interestingly in this case, lack of activity was attributed to the general youth of staff in the department.

There is, however, another possible explanation for the difference between the porters' departments at Coventry and Warwickshire Hospital and Central Hospital. Namely that positive experiences of the union encouraged interest and activity. In the department at Coventry and Warwickshire Hospital the first important feature was the presence of an active senior steward. The second important feature is that the organisation of the work allowed the development of collective identification and action. Together, this led to effective campaigns which in turn raised union awareness and involvement. Management also recognised the potential of union action in this department and afforded the union stewards greater respect. This suggests that once collective organisation is established, it serves to reproduce itself through its own successes. This also supports the general argument that workplace based steward systems are necessary for the development of membership participation.

In women's ancillary departments in this research, there were few senior stewards, there was no history of successful campaigns and the construction of work militated against both the development of a collective identity and the activities of stewards. Management, recognising this, afforded stewards less serious attention and made the conducting of steward roles more difficult. This served to reproduce inactivity.

This is not to argue that there is an inevitability about this process. Major events in a department may challenge inactivity or activity. However, this argument does suggest that the development of active collective organisation is likely to be more difficult in women's ancillary departments.

CENTRALISATION

The NUPE Coventry branch most resembled the description of centralised and hierarchical leaderships found in some of the studies of workplace organisation.(23) This was in contrast to research on unions in Local Government,

"....there is less evidence of the development of hierarchical steward organisation in local government than in private manufacturing..... dominant senior stewards or convenors are less frequently found in local government."(24)

The paradox of the NUPE Coventry branch was that it also was the most actively involved in extending and developing

workplace organisation through the shop steward system. This seems to support Batstone in his argument for caution in assuming increased centralisation necessarily leads to bureaucratisation and incorporation.(25) In the case of NUPE Coventry the more complex branch structure was enabling the recruitment of more women ancillary stewards. Although power appeared centralised, it was being used to increase participation at the level of shop steward. In Hyman's terms this appeared to be an exercise of the 'power for' membership.(26) This may indicate a dynamic relationship in that a degree of centralisation is necessary to the development of effective shop steward systems, which in turn limit the tendency towards centralisation.

All four union branches had shop steward systems in operation.(27) The largest branch in the research, NUPE at Coventry was the only one to have a fully developed constituency system for shop stewards and the only branch where the Branch Secretary had full facility time for trade union work. Both NUPE Coventry and COHSE Central were in the process of examining their shop steward systems with the stated aims of improving representation and participation. This process, however, had not been put into practice in the COHSE Central branch. In this branch power was not centralised in the hands of branch officers, but union activities were limited by the lack of stewards in the ancillary departments. This branch was

attempting to develop new non-hierarchical means of organising, although in a situation with the branch completely dominated by nursing stewards they had been unable to find a way to challenge their own dominance.

Although less data on shop steward systems was gained from the NUPE branch at Warwick and the COHSE branch at Warneford, there was some indication of centralisation. In these cases the power of branch officers was not balanced by an extensive shop steward system, and more resembled Hyman's concept of 'power over' membership.(28)

In all of the branches the Branch Secretary was a key figure. The section on steward recruitment indicated that the Branch Secretaries' support was important in encouraging members to stand as stewards. Cohen and Fosh indicate some possible problems of this reliance on key individuals,

"In NUPE, for example, the rather 'fatherly' senior steward of the largest hospital in our study tended to take all the members' problems on his own shoulders and handle each one for the individual member concerned, without getting anyone but himself and the member involved. One problem with this -though not the only one- was that when he went sick for six months, the 'system' collapsed into chaos."(29)

The Branch Secretary at the COHSE Warneford branch fitted Cohen and Fosh's description.(30) Although they point to the problem of over-reliance on one individual, their analysis also raises

major questions about whether it serves to inhibit the development of workplace organisation.

This chapter has begun to point to the importance of workplace organisation for membership participation. It has been suggested that certain structural arrangements are necessary to enable participation. The following chapters will develop this argument to suggest that structural developments alone are not adequate to guarantee that participation.

Notes

1. See Hyman 1979 pp59-61.
2. Coates and Topham 1980 Chapter 5, which draws on Partridge 1977-78.
3. Coates and Topham *ibid.* p137.
4. See Neale 1983 Chapter 2 for his description of the shop stewards' job.
5. Information from NUPE Coventry branch.
6. Coates and Topham *op.cit.* p146.
7. Kessler 1986 p433.
8. See Coates and Topham *op.cit.* which draws on Nicholson 1976
9. [^]Coates and Topham *ibid.* p137.
10. See Carpenter 1988 for a detailed history of COHSE.
11. Neale *op.cit.* p26.
12. See for example Fryer *et.al.* 1978.
13. This is in contrast to Hayes *et.al.* 1986 who in their study assess women stewards' activity by branch officers' views and meeting attendance - see pp159-60.
14. Coates and Topham *op.cit.* pp142-143.
15. Neale *op.cit.* p49.
16. Hayes *et.al.* *op.cit.* p165.
17. Coates and Topham *op.cit.* p143.
18. [^]Coates and Topham *ibid.* do not identify specific reasons for the need for continuity of office, but note that in industrial settings it is associated with better organised and supportive steward systems.

-
19. For a discussion of the role of women as 'post-box' stewards see Fryer et. al. 1978.
 20. Coates and Topham op.cit. p143.
 21. Terry 1982 p18.
 22. Kessler 1986 p433.
 23. See Batstone et.al. 1977 and 1988, and Terry 1978.
 24. Terry 1982 op.cit. p5.
 25. Batstone 1988 op.cit. Chapter 3.
 26. Hyman op.cit. pp59-60.
 27. For a discussion of national trends in the number of shop stewards see Batstone 1988 op.cit.
 28. Hyman op.cit. pp60-61.
 29. Cohen and Fosh 1988 p9.
 30. Ibid. p9.

Chapter 11

Union Meetings

The main theme of this chapter is that even where there is an appearance of workplace organisation through steward structures, power may still be concentrated in the hands of a small number of branch officers. It is therefore necessary to consider in more detail the nature of the shop steward role. One arena in which it is possible to observe steward activity is the setting of union meetings. This chapter gives a detailed analysis of union meetings in the branches covered by the research.

It has been suggested that the existence of shop steward committees may be an indication of the bureaucratisation of shop stewards.(1) This research supports the doubts about the bureaucratisation thesis expressed by Batstone,

"As in the case of other aspects of stewards bureaucracy, the exact significance of regular steward meetings is open to question. The bureaucratization thesis indicates that they constitute a means for senior stewards to ensure the compliance of other stewards. But it seems equally plausible to suggest that such meetings might provide an opportunity for rank-and-file stewards to impose checks upon senior stewards."(2)

This chapter will argue that there is no necessary link between steward meetings and centralisation, although the way in which meetings are carried out may serve to enhance centralising tendencies. Despite this potential it will be argued that meetings are an essential part of local union organisation in the process of raising issues affecting members in the workplace. This becomes even more important in the context of the dominance of white male workers in branch officer posts. This research supports Batstone who argues that,

"Conversely, the bureaucratization thesis suggests that the absence of steward meetings is likely to increase steward autonomy. And yet, in such situations stewards might become heavily dependent upon the support of senior stewards and so become more effectively subordinated to them through personal debt relationships."(3)

Having recognised the contradictory potential of union meetings, it is necessary to carry out a detailed analysis of exactly how they operate. In the context of a study which is primarily concerned with women's participation, particular attention will be given to the experience of women stewards.

The two types of union meeting at local level are branch meetings, open to all members of the branch, and shop steward meetings open only to shop stewards. Little attention is given in the literature to the role of branch meetings. In this

chapter both the shop steward and the branch meetings will be discussed.

Material used in this section will be drawn primarily from observational data collected during 1983, and interviews carried out with shop stewards. Where possible comparable data will be used from each branch in the study, although access was not achieved at the COHSE branch at Warneford to union meetings. (See Appendix II for a discussion of methodology.) Some of this data will be presented as examples to illustrate particular points.

TIME AND PLACE OF MEETINGS

There was great variety between the branches in the study in terms of where and when each of these meetings were held. The literature discussed in Chapter 2 suggests that the time and place of meetings presents particular problems for women workers. The evidence from this research generally supports this, finding that the meetings held in work time were the best attended.

At Coventry, the NUPE branch held monthly shop steward meetings, always on a Friday from 9.00am to 12 noon. The branch had formed an agreement with management for time off for shop stewards to attend this meeting. This agreement had been

made after the 1982 dispute. It was always held at Walsgrave Hospital, the largest single hospital site in the Health Authority. This did, however, mean considerable travelling for stewards from other hospitals.

"Changes? A more central venue as I have difficulty with transport. I do not drive and have to catch two buses to and from Walsgrave Hospital - our base - it adds travelling time of two and a half to three hours."

(Female catering steward NUPE Coventry)

Branch meetings, also held at Walsgrave Hospital, were held monthly and in the evening usually at 7.45 pm. After branch meetings senior stewards usually carried on discussions in the staff club. During the research the branch held an emergency meeting to discuss potential cuts and closures. This meeting was held off Health Authority premises, since there was a possibility of industrial action and a need for secrecy from management. It was held in the upstairs room of a pub in the city centre.

At Warwick Hospital, NUPE also held monthly branch meetings in the evening. The meetings rotated between Warwick Hospital and a venue in Stratford-upon-Avon. This meant a journey of up to fifteen miles for some people to attend meetings. The branch also held branch wide and unit based shop steward meetings, although access was not achieved to these.

The COHSE branch based at Warneford Hospital was the only union branch in the study to hold branch meetings during work time, and not surprisingly had by far the largest turn-out for branch meetings. Shop steward meetings were held in the evening. Both meetings were held at Warneford Hospital.

Shop steward meetings of the COHSE branch based at Central Hospital were held monthly in the evening. They were usually held at 8.00pm and held at the home of the Branch Secretary in Leamington Spa, approximately four miles away from the hospital. At this time most of the shop stewards did live in Leamington. The branch meetings were also held monthly at Central Hospital. The branch had tried holding these meetings at a variety of times to improve attendance, although at the time of the fieldwork they were always held during lunch time, 1.00 -2.00pm.

"The venue of the meetings are held in a ballroom, it would be better in a smaller room."
(Male nursing steward COHSE Central)

Most of the meetings were held on hospital premises and most frequently out of work time.

The particular problem in the NHS, (although this problem is not unique to the NHS) of finding a time at which members and shop stewards can attend meetings results from the vast array of shift systems. Neale describes his experience of this

problem,

"The obvious solution is to hold meetings after work. Only half the nurses finish at four and the other half at ten. Clerks and technicians are off at five, but the works staff have an hour of regular overtime till six. The cleaners have always finished at four so they can pick up their kids at school. Except for the evening cleaners, who leave the kids with the husband and work five to eight. The catering staff start very early and finish by three, though the supper shift stays till eight or nine."(4)

The best attended meetings, the stewards meeting of the NUPE branch in Coventry and the branch meeting of the COHSE branch at Warneford Hospital, were the only meetings held in works time. This suggests that attendance is linked to the timing of the meetings, although the particular problems in the NHS of complex shift systems, makes it difficult to find a time to suit all staff.

MEETING ORGANISATION

There was considerable variety in the interpretation of the purpose and organisation of union meetings. There was a wide difference in the degree of formality, adherence to procedure, and physical organisation of the meetings. There was also a difference in the purpose attached to meetings, for example discussion forums, educational sessions, information dissemination arenas. This section firstly considers the purpose of meetings in each branch through an examination of meeting agendas from NUPE Coventry Hospitals and the COHSE

branch at Central Hospital. It secondly looks in a little more detail at the content of meetings through an example of a meeting of the NUPE branch based at Warwick Hospital, and finally reviews how shop stewards from Coventry NUPE and COHSE Central estimated the value of these meetings.

Purpose of meetings

In the light of the discussion around centralisation, it is important to establish whether meetings enabled stewards and members to raise issues, or whether they served to enhance branch officer control.

For the NUPE branch in Coventry, the shop steward meeting was carried out as a business meeting, local issues were discussed, problems were raised by branch officers and information was given out by branch officers. Example 1 overleaf outlines a shop steward meeting agenda.

The large amount of the agenda devoted to reports suggests that these meetings did provide considerable space for stewards to raise issues in the meeting. In practice, however, three of the five reports were given by the Branch Secretary and one by the Branch Chair.

Example 1 Shop Steward Meeting Agenda NUPE Coventry

1. Apologies.
2. Matters arising
 - a) Gulson Hospital.
 - b) Emergency shop steward meeting.
 - c) Statutory sick pay.
 - d) Temporary workers.
 - c) Closure catering services Spire House.
3. Reports
 - a) Area Committee.
 - b) Craftsmen's Report.
 - c) Secretary's Report.
 - d) Nurse Learners' Report.
 - e) Joint trade union committee.
4. Attendance at shop steward meetings.
5. Vending machines.
6. Recruitment.
7. Any Other Business
 - a) Branch meeting.
 - b) National Conference.

The NUPE Coventry branch meetings, by contrast were organised around a visiting speaker, another form of educational session or specific activity. Example 2 below indicates this distinction between the two sorts of meetings.

Example 2 Branch Meeting Agenda NUPE Coventry

1. Announcements.
2. Speaker on FIS.(Family Income Supplement)
3. Workplace educational courses - domestics at Walsgrave.
4. Pay Claim - ancillaries.
5. Appeal on time off.

These branch meetings were mainly educational sessions aimed at members. Shortly after fieldwork was completed these branch meetings ceased to be held on a regular monthly basis due to low attendance.

"Attendance is not great at branch meetings, and shop steward meetings have tended to take over the role of the meetings. Changes? Either fewer branch

meetings and/or a programme of subjects for discussion - all of which have been considered, but time does not always allow for the best of intentions."

(Deputy Branch Secretary NUPE Coventry)

It has been suggested that shop steward meetings are not necessarily indicative of centralisation. This emphasis, however, on shop steward meetings linked to the failure of branch meetings may be an indication of centralisation in this branch. This issues will be developed during this chapter assessing the content of meetings.

COHSE at Central discussed very similar issues at both branch and steward meetings. In this branch there was actually a narrower range of issues dealt with at the shop stewards meeting than at the branch meeting. (See examples 3 and 4)

Example 3 Shop Steward Meeting Agenda COHSE Central

1. Privatisation.
2. Duplicators.
3. UKCC [United Kingdom Central Council - for nurses, midwives and health visitors] Elections.
4. Ballot for Assistant General Secretary COHSE.
5. Feedback from Charge Nurses.
6. Peoples March For Jobs.
7. TUC Shop Steward Courses.
8. Trades Council.
9. Individual Cases.

The main difference between the branch and steward meetings was that individual cases being dealt with by stewards were discussed in detail at the stewards' meeting. In this way the stewards' meeting was used for support and advice.

Example 4 Branch Meeting Agenda COHSE Central

1. Privatisation.
2. Election of new shop stewards.
3. Proposed new DHA personnel policies.
4. YTS.
5. Joint Consultative Committee.
6. Labour Party.
7. Trades Council and LEND (Leamington European Nuclear Disarmament)
8. COHSE National Conference.
9. New rates of union contributions.
10. Bank holidays.
11. School of Nursing dispute.
12. Domestic supervisors' dispute.
13. Unpaid leave dispute.
14. Correspondence.
15. AOB.

This distinction between the meetings made sense in that COHSE had a relatively small number of stewards in a small number of occupations and members from other departments were able to keep up-to-date at branch meetings. The greater involvement by members in discussing branch issues suggests less centralisation in this branch.

"There are points of detail which can be discussed which we wouldn't have time for in a monthly branch meeting which lasts one hour."
(COHSE Central male nursing steward)

Although COHSE's practice of covering similar material at branch and shop steward meetings resulted in some repetition, it enabled members to become involved in general discussions about issues affecting the branch. In contrast, despite well attended shop steward meetings, the NUPE practice of 'educational talks' at branch meetings did not enable

membership participation. The eventual abandonment of these NUPE branch meetings on a regular basis further suggests that members did not support this purpose. Whilst accepting that union branches may have difficulty in attracting members to branch meetings, members need to be able to identify a purpose for them which is relevant to the members. In NUPE, the role of the member in a branch meeting had been removed by the shift of all branch business to the shop steward meetings.

Content of meetings

It is necessary to consider not only the general purpose of the union meetings, but also the actual issues covered during the meetings. Generally COHSE Central meetings included greater discussion of issues outside of the actual union structure, for example, LEND(Leamington for European Nuclear Disarmament), the Labour Party, the Peoples March for Jobs. In NUPE Coventry such issues were dealt with briefly under 'any other business' and the body of the meetings was concerned more with District Health Authority issues. This reflects not only the structural position of each of the union branches within their relative Health Authorities, but also the personal background and commitment of key branch officers in each branch.

Meetings of both branches covered issues relevant to ancillary and nursing members, despite COHSE being dominated by nursing

stewards and NUPE being dominated by ancillary stewards. NUPE generally spent more time in discussion of union organisation and recruitment of members and shop stewards. This reflects the particular concern shown in this branch for the development of branch organisation.

During the fieldwork one branch meeting of NUPE Warwick was attended. Example 5 below shows the agenda for this meeting.

Example 5 Branch Meeting Agenda NUPE Warwick

1. Apologies.
2. Minutes of last meeting.
3. Correspondence
 - a) WEA.
 - b) TUC - 'Working Women'
 - c) NUPE literature.
4. Matters arising.
5. Any other business
 - a) Christmas social.
 - b) Demonstration held today against NHS cuts/privatisation

Of all of the meetings observed during the research, it was in this one that the greatest degree of control over participants was exhibited. In this case control was exerted by the full-time official over both branch officers and members. Coates and Topham found that there was greater contact between branches and full-time officials in the public sector, although they imply that this relationship tends to be supportive.(5)

"It is clear from this and other evidence that stewards in public services are more dependent on full-time officials than they are in manufacturing.Wherever steward organisation is weak, and national wage agreements central, full-time officials find it more difficult to satisfy the demand for servicing from shop stewards."(6)

The example from the NUPE branch at Warwick was not one in which the full-time official serviced the branch officers and stewards, but one in which he directed them. It appeared that the full-time official had drawn up the meeting agenda and he was the main speaker on every item. Other aspects of this meeting will be discussed later in this chapter.

Although, it is obviously difficult to generalise from one meeting, very little union business appeared to be discussed. This is in sharp contrast with the meetings of the NUPE Coventry and COHSE Central branches outlined above. The item on the social event took up the vast majority of the meeting. This was, however, the only meeting attended in all of the fieldwork where an issue specifically relating to women was raised - the then new TUC publication 'Working Women', to which the full-time official briefly drew members' attention. It should be noted that it is possible that this item appeared on the agenda because of the presence of an observer.

The three branches displayed a considerable range in terms of the content of meetings. There was no discussion of issues particularly affecting women ancillary members or of issues affecting black members. One common and important point was that at none of the meetings observed during this research did stewards raise issues not on the agenda, and nor did they raise

anything under AOB. This issue will be developed in a later section on participation.

Value of meetings

It is important to note the distinction between the ostensible purpose of union meetings and the unintended consequences of meeting organisation and operation. The purpose of many of the union meetings appeared to be the dissemination of information, although one of the unforeseen consequences was the prevention of a feeling of isolation. In this context shop stewards were asked how useful they felt the meetings to be. All shop stewards interviewed commented on the value of both branch and shop steward meetings. The two reasons given most frequently for this view was the need for contact and for sharing of information.

"It prevents a feeling of isolation. It helps me to see hospitals as a whole rather than from a sectarian point of view. It helps me to feel glad there are so few problems for nurses as opposed to other groups."
(NUPE Coventry female nursing steward)

"We have three hospitals in this area and it is good to meet the shop stewards from each hospital and compare notes re working conditions."
(COHSE Warneford female nursing steward)

"Its the only way of keeping contact with some of the members working in a big hospital spread over a big geographical area."
(COHSE Central male nursing steward)

These examples indicate that stewards tended not to experience union meetings as a forum in which branch officers exert control. Such meetings enabled stewards to get a wider view of issues affecting the branch generally and steward meetings particularly were seen as a forum for support from other stewards. In COHSE branch meetings were also seen as giving an opportunity for contact with members. This was particularly important in this branch, which did not have an effective steward constituency system.

"With the NHS being hacked to pieces it is necessary to keep up with local and national happenings - what other branches are doing and what headquarters is recommending."
(NUPE Coventry female domestic steward)

"To keep up to date in developments in the NHS. To learn what my rights are."
(COHSE Central female Occupational therapist)

Stewards generally expressed a view that it was important to have as much information as possible about events in the branch and the NHS generally. At union meetings they were able to find out information which they would not have access to elsewhere. Gaining information and knowledge gave stewards greater confidence. This is particularly important in the situation identified in the previous chapter, in which women stewards were found to be less likely to be involved in independent union activity. Also important for women was the access to information because their lack of mobility in the

workplace prevented them from finding out what was going on elsewhere, even in the same hospital.

This section supports the argument that union meetings, and in particular shop steward meetings cannot be seen merely as an indication of bureaucratisation. They provide a forum in which isolated stewards, lacking in confidence can be empowered to carry out their representational role in the workplace. The importance of these meetings was enhanced for part-time workers who found it difficult to attend union educational courses.

Having emphasised the positive aspects of meetings, it should be recognised that the meetings gave little space for stewards or members to express their views. There was an emphasis on the receiving of information and advice from above, as opposed to a notion of decision making in branch and shop stewards meetings. One shop steward from Central did describe shop steward meetings as 'useful for policy making', although most comments indicated a lack of decision making at shop steward level. This feeling of powerlessness within the union structure was expressed by the COHSE Central Branch Secretary who commented with irony,

"Branch meetings are useful for disseminating information to rank-and-file members, informing them of decisions made by the union hierarchy in their absence."
(COHSE Central Branch Secretary male nurse)

This suggests that there is a tendency for union meetings to become forums in which branch officers gain 'the compliance of other stewards', as described by Batstone above.(7) This was particularly the case in the NUPE Warwick branch meeting. Despite this tendency, in the branches covered by this research, both branch and steward meetings retained an important role in enabling participation.

PARTICIPATION IN MEETINGS

This section argues that the form of union meetings, both branch and shop steward meetings, paradoxically may tend to discourage the active participation of members. The degree of participation also does not directly relate to the level of development of an effective shop steward system. Participation in meetings was greatest at the COHSE branch at Central Hospital, although as was discussed in Chapter 10, this branch had a poorly developed steward system. The general lack of participation enhanced the centralising tendency of concentrating power in the hands of branch officers and senior stewards or full-time officials.

At NUPE Coventry steward meetings, stewards spoke only to ask questions or give points of information on particular local issues. The table 33 overleaf indicates the small number of people to have spoken formally during a three hour shop

stewards meeting. It excludes comments by branch officers.

Table 33 Contributions by stewards at a steward meeting NUPE Coventry

	men	women
number of stewards present	9	17
number of comments made by stewards	8	13
number of stewards who spoke	3	5

Based on a series of meetings these figures were typical of stewards' contributions. Neither men nor women were proportionately significantly under-represented in terms of the number of comments in relation to the numbers present. However, these figures indicate a low level of participation of shop stewards in their meetings. The comments or questions were never more than one or two sentences. Most contributors were listened to seriously by the meeting, although in any debate the position adopted at the end of a discussion was always that put forward by the Branch Secretary. This could indicate that the Branch Secretary was either correctly representing the collective view of stewards, or the ability of the Branch Secretary to control branch policy and decisions.

Although women stewards were not significantly under-represented in the number of comments made at shop steward meetings, in interviews it was frequently suggested that they found speaking at meetings difficult.

"I don't feel I know enough. I feel nervy - it is difficult for new stewards."
(Female ancillary steward NUPE Coventry)

To contribute in meetings required a degree of confidence which women stewards often did not have. There was, however, no clear evidence to show whether the nervousness described by this steward was a result of being a new steward, or a result of being a woman steward. It seems possible that this nervousness may be enhanced by the dominance of men in the senior positions in the branch.

Stewards often felt that contributions should be informed. The meetings were not seen as a forum in which views could be expressed and problems raised. This reflects the general pattern of meetings as arenas for the dissemination of information to stewards rather than for receiving views from them.

The majority of stewards did not speak formally at the meetings, although at some points the formal structure of the meeting broke down and stewards freely discussed issues amongst themselves. The implications of meeting structure will be addressed in the next section. The two main speakers at these meetings were always the Branch Secretary and the Deputy Branch Secretary. The Deputy Branch Secretary frequently gave long speeches on politics, and on reasons for supporting the Labour Party linked to issues in the NHS such as privatisation. When asked what he felt the response of the stewards was to his

speaking he said,

"Varies from interest through indifference to bland incomprehension on occasion."
(Deputy Branch Secretary NUPE Coventry)

This man felt that the role of the shop steward meeting was for him to impart his opinions to the shop stewards rather than the reverse. He was even aware that many of the shop stewards were frequently not interested in what he had to say. As with the example described by Cohen and Fosh, this,

".....shows the way in which experienced activists can sometimes become so set in their normal ways of going about things that they fail to see the value of a contribution coming from members or stewards who may be less experienced than themselves but nevertheless in some ways much more representative."(8)

In contrast, although the Branch Secretary spoke at length, it was usually to give information.

Branch meetings in the NUPE Coventry branch were dominated by the Branch Secretary. Because of the organisation of these meetings around outside speakers, with time for questions, there were more contributions by members. The contributions were, however, mainly on the topic of discussion which was not necessarily related to union affairs. One example was in a branch meeting with a speaker on Family Income Supplement, where members asked a number of technical questions about the operation of the scheme. It does suggest that where it was

made clear that participants were invited to ask questions, they did contribute.

The COHSE branch at Central Hospital offers a considerable contrast to the NUPE Coventry branch. In branch and shop steward meetings most people present spoke at some point. There are several possible explanations for this contrast, although in the next section the argument will be developed that it relates primarily to different forms of meeting procedure.

In the COHSE branch at Central Hospital discussion was conducted informally and freely, with the meeting being moved on by the Branch Secretary. Everyone who spoke was treated seriously. Stewards tended not to raise issues not on the agenda, although with a small branch it was relatively easy for stewards to have issues added to the agenda. Stewards were actually invited to notify the Branch Secretary of any issues which they wanted to be put on the agenda.

It has already been noted that this branch was dominated by male nursing stewards and the contributions at steward meetings reflected this dominance. At branch meetings too, women ancillary members were under-represented. There was, however, a greater level of involvement in the meetings by those who were there. Although this branch had not had a great success

in terms of attendance at meetings, it appeared to have had considerable success in enabling the participation of those members who did attend.

The branch meeting of the NUPE branch at Warwick Hospital had the least participation by members found at any of the unions in the research. At the meeting most of the speaking was by the NUPE regional full-time official. This was the only meeting observed where a full-time union official was present, although it was stated that he always attended branch meetings. Discussion centred around the official who 'lectured' those present for their non-attendance at a demonstration the previous day. Contributions were not invited from members, and there were no women members present. There were also very few contributions from branch officers. Participation in this meeting consisted only of formal voting on proposals.

The evidence from this section shows that there was considerable variation in the level of participation at union meetings. Whilst there was some evidence that stewards and members found participation in union meetings difficult, the COHSE branch at Central Hospital offered an example of high levels of participation. It should be noted that although the NUPE Coventry branch had the most extensive steward system and had given most attention to improving workplace organisation, this had not been matched by member and steward contributions

in meetings. This suggests a need for caution in the assumption of a necessary link between the formal appearance of participation in terms of meeting attendance, and the quality of that participation.(9) There was no significant difference between contributions of men and women stewards. However, the dominant speakers, branch officers and the full-time official were all male.

MEETING PROCEDURES

This section argues that the level of participation in meetings is primarily determined by the form of procedure by which the meetings are run. It suggests that more formal procedures serve to limit participation and enhance centralising tendencies. Meeting formality encourages the dominance of branch officers and full-time officials. In the case of the branches covered by this research, the branch officers and the full-time official from NUPE were all white and predominantly male. This created a situation in which women stewards and members and black stewards and members found it difficult to assimilate into union meetings.

NUPE Coventry meetings were formally chaired with a 'top-table' and rows of chairs facing it. At stewards' meetings women made up approximately two-thirds of those present reflecting accurately the proportion of women stewards in the branch. The

Branch Secretary, Deputy and Chair sat at the top-table and were all male. The Deputy and Secretary spoke when they wished, everybody else spoke 'through the chair'. Diagrams 3 and 4 below show typical layouts of a shop stewards meeting and a branch meeting.

Diagram 3 Steward Meeting Layout NUPE Coventry

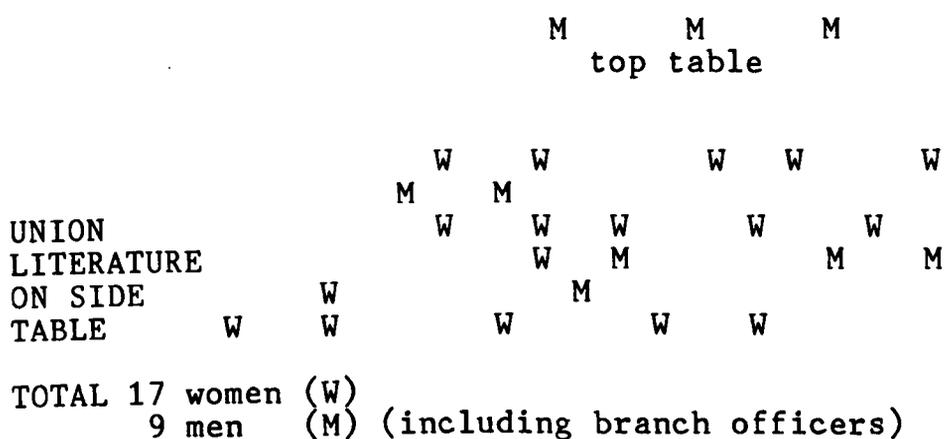
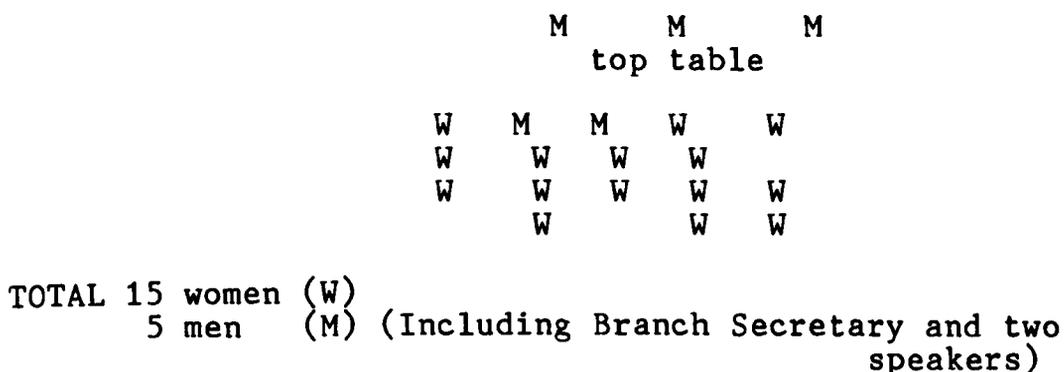


Diagram 4 Branch Meeting Layout NUPE Coventry



Very few men regularly attended NUPE branch meetings. The majority attending were women members. Most time was given to guest speakers. Although formally chaired, the atmosphere was relaxed and members were able to contribute and ask questions.

The meeting layout in the COHSE branch at Central Hospital shown in diagrams 5 and 6, offers a contrast to that of NUPE Coventry.

Diagram 5 Steward Meeting Layout COHSE Central

 M M
 W M
 M M W

TOTAL 2 women (W)
5 men (M) (including two branch officers)

However, more women attended the branch meetings.

Diagram 6 Branch Meeting Layout COHSE Central

 W M
 M W
 M W W
 W W W M

TOTAL 6 women (W)
5 men (M) (including one branch officer)

Men were consistently over-represented at the COHSE Central meetings, all branch officers also being male. Because of the small size of the meetings there was a high degree of informality, with no top table and no formal chair. The branch secretary acted more as a discussion leader. All present joined in discussions.

"They are relaxed and very informal - very little usual meeting formalities followed."
(Male nursing steward COHSE Central)

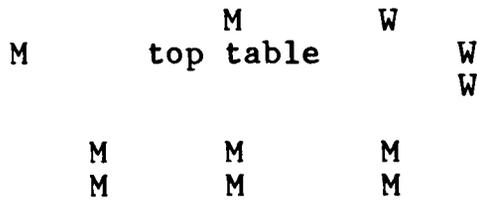
This quote again demonstrates the contrast between the experience of meetings in the COHSE branch at Central Hospital and the NUPE branch at Coventry. This steward directly related the relaxed atmosphere to the lack of formal procedure.

At one of COHSE Central's branch meetings there was a member present who was of Afro-Caribbean origin. This was the only person who was not white observed at any union meeting throughout the research. (The one steward of Asian origin in the COHSE Central branch was not present at any of the meetings observed.) Given the populations in each area and workforces at all of the hospitals, this represents a vast under-representation of black workers.

It should be noted that the lack of formal procedures at COHSE Central cannot be attributed solely to the size of the meetings. The most formal meeting procedure was found at NUPE

Warwick branch meetings.

Diagram 7 Branch Meeting Layout NUPE Warwick



TOTAL 3 women (W) (all branch officers)
8 men (M) (including chair and full-time official)

At the meeting attended all of the ordinary members present were men, although three branch officers were women. Business was conducted formally, with a top table and formal proposals, seconded and voted on. In this example the top table was further removed from membership by being placed on a raised stage. Members had to literally look up to branch officers and the full-time official. Except for the full-time union official everyone spoke through the chair, although the official did most of the speaking. He also directed the chair on how to proceed with the meeting. The three women branch officers were from the Stratford side of the branch, everyone else being from Warwick Hospital. In this case the branch officers played very little part in the meeting.

The question raised in terms of the type of organisation of union meetings is whether formality is an efficient means to ensure the democratic participation of membership, or whether it serves to do the reverse. On the one hand meeting procedure

provides a setting which although experienced as intimidating by members and new stewards, is in fact easy to learn. There is no pressure on the newcomer to contribute, s/he has time to watch what happens and work out who everyone is. This seemed to be happening in NUPE Coventry. On the other hand the informality of COHSE Central could be experienced as more threatening. At one of their meetings it was very difficult to work out who was who and what was 'normal' practice and behaviour. However, what the maintenance of formality did do was maintain a hierarchy, and one which reflected the hierarchy of the workplace. In the case of NUPE Warwick those at the bottom of this hierarchy frequently did not even get to attend whole meetings.

The full-time union official related to me an occasion when at one branch meeting three Asian women ancillary members attended and sat at the back of the room. Before the meeting went ahead, the secretary asked them to come forward and say what they wanted at the meeting, in order that they could leave and "let the men get on with the meeting". The women came forward and stood in a row in front of the top table. Their problem was discussed and dealt with, and they left the meeting. The meeting was then continued. The full-time official, usually so quick to intervene on procedural matters, said that he allowed this to happen at two or three more meetings before pointing out that this was not how meetings should be conducted.
(Fieldwork notes)

In this example it was made clear to the women ancillary members of Asian origin, who were not regular attenders of branch meetings, that they were not welcome to participate in

the meeting as a whole. The humiliation of these members ensured that further participation was limited.

Evidence of this research suggests that meetings procedure of a very formal nature hinders the participation of membership, for both men and women. There was a high level of control over meetings by branch officers, and in the case of NUPE Warwick, the full-time official. This control was maintained through the setting of the agendas, the physical organisation of the meetings and the assumed right not to be bound by the meeting convention of 'speaking through the chair'. These dominant roles in all of the meetings observed were taken by men. Apart from NUPE Warwick, there was no significant difference between the participation of other men and women in the meetings, although the dominance of white men in the control of meetings served to underline the difficulties women and black members and stewards had in feeling accommodated within the meetings. Thus women's union activities in terms of meetings were not specifically restricted, although the nature of the meetings, both branch and shop stewards, was found to be not conducive to their participation.

SUMMARY

There were examples of both branch (COHSE Warneford) and shop steward (COHSE Central and NUPE Coventry) meetings being well

attended, although the majority of meetings were badly attended. Well attended meetings tended to be held in work time. The level of attendance at meetings, however, was not an accurate guide to the quality of participation in them. Key branch officers controlled the role and content of the meetings through control of the agenda, and the methods and process of the meetings through procedure.

In this way women stewards and members experienced union meetings as alienating and the appropriate realm of men. This served to reinforce their lack of confidence. In contrast there was a dramatic absence of black shop stewards and black members at meetings in every branch. In particular no women ancillary staff of Asian origin attended any of the meetings observed during this research. Given their sizable memberships of the unions covered this suggests that black members saw union meetings as inappropriate forums for dealing with their workplace problems, or that they were too intimidated to go to meetings.

More formal meeting procedures discouraged participation. At all of the meetings attended during the research there was a high level of control by key branch officers and a low level of participation by members and stewards. Meetings were constructed in such a way as to facilitate the passing of information from branch officers to members. Although shop

stewards found this access to information very useful, there was no forum for the raising of issues in the other direction, from members to branch officers. COHSE Central had the highest level of participation at meetings, which was achieved through the use of informal procedures. The paradox which emerged in this chapter was that these higher levels of participation occurred in a branch with a poorly developed steward system.

The concentration of power within the union branches was enhanced through union meetings which discouraged active participation by shop stewards and members. This is not to suggest that unions meetings necessarily aid centralisation, but that they may do so where formal procedures fail to accommodate membership issues.

Notes

1. For a discussion of these issues see Hyman 1979 pp57-8 and
Batstone 1988 pp85-96.
2. Batstone ibid p85.
3. Ibid. p85.
4. Neale 1983 p45.
5. Coates and Topham 1980 pp148-50.
6. Ibid. pp149-50.
7. Batstone op.cit. p85.
8. Cohen and Fosh 1988 p18.
9. This suggests a limitation to the research by Hayes et.al.
1986 who use meeting attendance as an indicator of levels of
activity.

Chapter 12

Representation in Local Union Structures

The previous two chapters demonstrated the low level of participation by all shop stewards in the branch structures, and the concentration of power at branch level amongst branch officers. In this chapter this analysis will be extended to consider the relationship between members and shop stewards in terms of representation of interests, and in the next chapter in terms of membership participation in local union structures. This chapter argues that there is a 'trade union agenda' which has developed over time and which is not defined and set in the individual workplace. The argument will be developed that both the sorts of issues seen as appropriate to trade unions and the forms of action seen as appropriate to union involvement, are defined by this 'trade union agenda'. This 'agenda' excludes certain issues, particularly those specifically relevant to women members, although it is accepted and reproduced not only by union officers, but also by women members themselves.

It has already been shown that certain structures are necessary to membership participation and representation. Further it has

been shown that the nature of the organisation of work based on division inhibits the development of an articulation of group interests. However, this chapter suggests that the 'trade union agenda' presents an underlying and fundamental limitation to the full representation and participation of women members. This argument will draw particularly on the work of Steven Lukes in which he argues for a three dimensional concept of power, as was outlined in Chapter 1.(1)

The key features of Lukes' three-dimensional view of power are that he includes not only decision making, but control over the political agenda; not only observable conflict, but also latent conflict; and finally not only subjective interests, but also real interests.(2) When applied to the context of trade unions, this three-dimensional view of power provides major insights into the exclusion of the interests specific to groups of workers, in this case women and black workers.

It will be shown that there is an important link between representation of interests and the form and level of participation in local union activities. Where unions appear inappropriate forums for the issues that actually affect workers, participation will be limited, even where there have been structural changes aimed at facilitating participation.

Shop stewards and branch officers have a key role in the articulation of members' interests, a role which was undertaken with varying degrees of effectiveness in the various branches in the study. In the research it is evident that there was a contradictory tendency amongst shop stewards who were often able to identify ways in which women workers and sometimes Asian women workers had specific interests, yet were resistant to the idea of local union branches taking up these specific interests. It is argued that this was not a feature of discriminatory practices by individual shop stewards, but a result of the 'trade union agenda' which excludes a range of sex specific and race specific interests.

In order to develop these arguments, the detailed focus is on two of the domestic services departments covered in the research, considering how problems were defined, how they were raised and how they were dealt with. It will become evident that the range of issues regarded as appropriate for trade unions was very narrow.

The shop stewards saw their role as representing particular groups in the workforce in particular ways. It is evident that some shop stewards had the ability to stand above immediate workplace divisions, yet were resistant to dealing with issues that specifically affected women workers. It is argued that the contradictory responses from shop stewards result from the

disjunction between the 'reality' of the workplace and the 'trade union agenda'.

REPRESENTATION AND MEMBERS

In this section it will be demonstrated that there is a limited range of issues raised by women members with their trade unions. This is explained by a limited 'trade union agenda', which results in women members taking individual action or no action at all about the problems they face in the workplace.

The data for this section are derived from a questionnaire survey of domestic services staff at Warneford Hospital and Coventry and Warwickshire Hospital. Although the return rate for questionnaires was low (see Appendix II for a more detailed discussion of methodology), a 30 per cent return rate at Coventry and Warwickshire Hospital and a 26 per cent return rate at Warneford Hospital, the material provides useful indications about the sorts of problems women domestic workers faced in the workplace, and about how they dealt with them. At both hospitals there was a higher response rate among evening staff than among the day staff. There are a number of possible explanations for this, although no one factor conclusively explains this imbalance. (For a discussion of this see Appendix II)

These two departments were chosen both for ease of access and because they represent two extremes in terms of effective shop steward organisation as discussed in chapter 10. At Coventry and Warwickshire Hospital there was an effective NUPE shop steward constituency system, whilst at Warneford Hospital there was a poorly organised COHSE branch. What emerges in this chapter, looking at the problems at work from the ordinary member's position, is the similarity of the two situations.

Domestics - Warneford Hospital

The key point to come from this section is that the domestics identified only a limited range of problems at work, and had different means for dealing with the various problems. The material in this section is based on a response of 15 (26 per cent), of which there were 5 responses (15 per cent) from the day shift and 10 (36 per cent) from the evening shift. Over half the women were over 50 years old, all were married and all had children. Most had children between five and eighteen years, and one had a dependent relative - a disabled husband. Of the five women who responded from the day shift, 3 were of Asian origin and one was of Southern European origin. All other respondents were of white British origin. One of the respondents from the evening shift was also a shop steward with COHSE.

Of the total, twelve had held their jobs for over five years. The average length of service on the day shift was 14 years, and for the evening shift 7 years. This does not show the range of length of service from 10 to 16 years on the day shift, and from 3 weeks to 20 years on the evening shift. It is clear from the information on length of service that this is not a transient workforce, but also it is a group who are conscious of the importance of their role within the health service.

Respondents were asked what they liked and disliked about their job. The most frequently mentioned aspects which they liked were the money, meeting people and doing a useful rewarding job. The most frequently mentioned aspects which they disliked about the job were problems with equipment, travelling to work and the unsociable hours of the job.

It is frequently argued that part-time evening work is convenient for women with young children, since their partners can look after the children. However, these responses support the argument that women take this work because it is all that is available, many evening staff disliked working in the evening.(3) It was convenient only in so far as there was no alternative on offer. The hours were repeatedly described as 'suitable' but not liked.

The issues 'lack of equipment' and 'amount of work' recur continually throughout the questionnaires,

"Work is now getting very hectic because of cut backs - cutting down on staff and cleaning materials. More work is being given and still only 3 hours to cover wide areas of work."
(Domestic - Warneford Hospital day shift)

This indicates an intensification of work linked to the proposals for an in-house tender as the work of this department was to be put out to competitive tendering. This process had begun through the non-replacement of staff who had left - through 'natural' wastage.

Problems at work

Respondents were asked to indicate what problems they had found at work. Table 34 overleaf lists the problems that were identified and shows the number of times each problem was mentioned.

The most frequently mentioned problems were to do with the amount of work (6), equipment (5), and wages (4).

Table 34 Problems faced by domestics at Warneford Hospital
(number of times mentioned in brackets)

- a) Wages (4)
- b) Equipment (5)
- c) Amount of work (6)
- d) Taking sick leave (0)
- e) Injury at work (0)
- f) Transport to and from work (1)
- g) Arrangement for looking after children when sick or during school holidays (2)
- h) Relations with managers or supervisors (1)
- i) Changes in hours (0)
- j) Understanding the bonus scheme (0)
- k) Being moved from one department to another (0)
- l) Any other problems (1) - Privatisation

Note: Six of the respondents either did not answer or indicated that they had no problems.

The domestics were then asked who they had approached for help with the problem and whether the problem had been sorted out satisfactorily. (Note: the term 'sorted out' was used to indicate how the problems were resolved. The term was chosen after piloting the questionnaire.) Table 35 overleaf indicates, even from this small sample, that the women had particular ways of tackling different problems, and almost none of these included reference to the trade union.

To illustrate, problems with wages were taken directly to the wages staff and all the problems were sorted out satisfactorily. Similarly, problems with equipment were most frequently taken to the supervisor, but tended not to be sorted out.

Table 35 Ways of dealing with problems - domestics at Warneford Hospital

TYPE OF PROBLEM	DAY OR EVENING	WAS IT SORTED SATISFACTORILY?	WHO DID YOU APPROACH FOR HELP?
<u>Wages</u>	E	Yes	wages staff
	E	Yes	wages staff
	E	Yes	wages staff & domestic services manager
<u>Equipment</u>	E	Yes	domestic manager
	E	No	supervisor
	E	No	staff nurse
	E	No	supervisor
	E	No	supervisor
<u>Amount of work</u>	E	Yes	supervisor
	D	No	no one
	E	No	no one
	E	Yes	domestic manager
	E	No	no one
	E	No	no one
<u>Transport</u>	E	No	supervisor & manager
	E	No	no one
<u>Childcare</u>	E	No	no one
	E	No	supervisor & manager
<u>Supervisor</u>	E	No	no one
<u>Privatisation</u>	E	No	COHSE Branch Secretary

The types of problems which were not sorted out are illustrated by the following comments:

"Received no cleaning fluid for sinks."

"Never enough cleaning materials."

"No hoover, also no cleaning fluids."

(Domestics - Warneford Hospital evening shift)

These quotes indicate the type of problems faced by domestics in doing their jobs, where they were not only expected to do more work in the same time, but also to do it with less materials. The particular pressures in this department were

associated with the development of an in-house tender (discussed in Chapter 8) and many of the problems raised by the domestics related to the attempts to restructure the work. However, they surfaced in terms of what appeared to be small individual petty grievances. The divisions in the workforce described earlier militated against a group response, and each of the individual problems was not seen as appropriate for reference to the union branch.

The most striking feature of the responses shown in table 35, was that in only one case was anyone from the union approached. This was a case where the domestic was a shop steward and raised the issue of privatisation with the branch secretary. There were no cases of a member approaching her shop steward for assistance with a problem despite a large number of problems not being resolved satisfactorily. In this branch the union representational structures appeared not to be working at all. As was pointed out earlier, this branch did not have an effective steward constituency system although there was one shop steward in the department.

For problems with the amount of work, the women tended to see the domestic services manager or to take no action. In only one case was a problem with the amount of work sorted out.

"Amount of work - having to cover for people on holiday or sick - saw no one, just got on with it - still a problem as staff have been cut down."

"Extra work in the same two hours."

(Domestics - Warneford Hospital day and evening shifts)

None of the other problems mentioned were sorted out.

"Had problems in the 60s to early 70s when my children were young."

"Youngest being poorly, had no one to look after her."

(Domestics - Warneford evening shift)

These quotes reinforce the point that part-time evening work is not necessarily convenient for mothers with young children. While problems linked to the intensification of work are not necessarily gender specific, in this department these problems were linked to an attempt to shift from full-time working to part-time working, a form of reorganisation which is gender specific. As was discussed in Chapter 8 such a shift is only feasible in work done by women. The childcare problems they mentioned are also gender specific in as much as women take main responsibility for childcare. There is some indication that the sort of problems which were not sorted out or for which no action was taken are particularly linked to the gender construction of the work.

Domestics - Coventry and Warwickshire Hospital

At Coventry and Warwickshire Hospital there was a distinct pattern with the sorts of problems women domestics faced. The material for this section is based on a response of 30 (30 per cent), of which there were 6 responses (15 per cent) from the day shift and 24 responses (41 per cent) from the evening shift.

All of the women had children and all had been married although one was divorced and one was widowed. All the respondents were of white British origin. The women were generally younger at Coventry and Warwickshire Hospital, the average age on the day shift being 44 and on the evening shift 38 years of age. The age of children was slightly younger than at the Warneford Hospital, five women having children under five years of age.

"I work during the evenings because it suits me whilst I still have a relatively young child at home, but I do not enjoy going out at night."
(Domestic - Coventry evening shift)

Of the total, 17 had done their jobs for over five years. The average length of service on the day shift was $8\frac{1}{2}$ years, and for the evening shift $6\frac{1}{2}$ years. As at the Warneford Hospital, this does not show the range of length of service, from $2\frac{1}{2}$ to 16 years on the day shift, and from 2 months to 25 years on the evening shift. Although evening work was unpopular, women often continued doing it for many years.

When asked what they liked most about the job, the most frequent responses were 'meeting people' and 'the money', this was followed by 'doing a useful job' and 'the hours of work'.

"I like the job because it is essential to public interest."

"I feel I am doing something worthwhile for the community."

(Domestics - Coventry and Warwickshire Hospital evening and day shifts)

The most frequently mentioned dislikes about the job were 'the hours', 'the lack of equipment' and their 'treatment by some other staff'.

"Going out to work on winter nights."

"Going to work on a summer evening."

"The attitude of some of the nursing staff."

"Not having enough equipment."

(Domestics - Coventry and Warwickshire Hospital evening shift)

These comments reinforce the earlier point that women do not like working on an evening shift, but do so because they have no alternative. Compared with Warneford Hospital there was slightly less concern over the pace of work. This may have been because staff at Warneford Hospital were under particular pressure with the in-house tender. At Coventry and Warwickshire Hospital there were also more comments about the condescending way in which cleaners were treated by medical and nursing staff.

Problems at work

Respondents were asked to indicate what problems they had had at work. Replies were predominantly from the evening staff. A total of 6 problems were mentioned by the day staff. Table 36 gives the problems identified by the domestics.

Table 36 Problems faced by domestics at Coventry and Warwickshire Hospital (number of times mentioned in brackets)

- a) Wages (2)
- b) Equipment (12)
- c) Amount of work (5)
- d) Taking sick leave (1)
- e) Injury at work (1)
- f) Transport to and from work (4)
- g) Arrangements for looking after children (0)
- h) Relations with manager or supervisor (3)
- i) Changes in hours (2)
- j) Understanding the bonus scheme (0)
- k) Being moved from one department to another (5)
- l) Any other problems (1) - Attitude of nursing staff

Note: 13 of the 30 respondents did not reply to this question or said that they did not have any problems.

No one reported any problems with arrangements for looking after children when sick which was surprising since informal discussions had indicated that this was a major problem for many of the domestics who had young children. However, the reluctance to mention this problem may relate to the usual solution, which was for the woman herself to report sick. This will be developed in the later section on 'issues not raised'. The most frequent problems were to do with lack of equipment (12), followed by amount of work (5) and being moved from one department to another (5).

"The only problem with cleaning fluids is that you practically have to beg for more when you have used it up."

"It is difficult to get stores all the time."

"The work is not done properly because of the amount we have to do in too little time."

(Domestics - Coventry and Warwickshire Hospital evening shift)

This department was not in the process of being restructured as dramatically as at Warneford Hospital, since work in this department had already been established as completely part-time and there was no imminent requirement to produce an in-house tender. However, there was some pressure to reduce hours and overall staffing levels which were causing domestics similar problems of fitting the work into less time.

The particularly high level of problems with equipment and materials in this department served to highlight divisions between the day and evening shifts which were discussed in Chapter 7. Workers on the opposite shift were often blamed for these problems. That several women mentioned being moved from one department to another as a problem reflects the particular struggle over the maintenance of internal hierarchies which was discussed in Chapter 8.

Respondents were then asked how they dealt with the problems, shown in Table 37.

Table 37 Ways of dealing with problems - domestics at Coventry and Warwickshire Hospital

TYPE OF PROBLEM	DAY OR EVENING	WAS IT SORTED SATISFACTORILY?	WHO DID YOU APPROACH FOR HELP?
<u>Wages</u>	E	Yes	manager & wages office
	E	Yes	manager
<u>Equipment</u>	D	No	deputy manager
	E	No	supervisor
	E	Yes	supervisor
	E	No	supervisor
	E	Yes	supervisor & manager
	E	No	supervisor
	E	No	supervisor
	E	No	supervisor
	E	Yes	supervisor
	E	No	supervisor
	E	Yes	supervisor
	E	No	supervisor
<u>Amount of work</u>	E	Yes	supervisor and manager
	E	No	manager
	E	Yes	supervisor
	E	Yes	supervisor & manager
	E	No	supervisor & manager
<u>Sick leave</u>	D	No	NUPE shop steward
<u>Injury</u>	D	Yes	supervisor
<u>Transport</u>	D	No	no one
	E	Yes	supervisor
	E	No	no one
	E	No	no one
<u>Supervisor</u>	D	No	no one
	D	Yes	NUPE shop steward
<u>Hours</u>	E	Yes	manager
	E	Yes	supervisor & manager & NUPE shop steward
<u>Being moved</u>	E	Yes	manager
	E	No	no one
	E	No	supervisor
	E	No	no one
	E	Yes	supervisor
<u>Attitude</u>	E	No	no one

Table 37 shows that there were three cases where the shop steward was approached for help, and the result was satisfactory in two of these. That some members saw the union as the appropriate route to deal with certain issues may in

part be due to the operation of an effective shop steward system. This would re-emphasise the importance of certain union structures to the representation of members. Nonetheless, despite the effectiveness of the steward system, three cases represents a very small proportion of the reported problems. There is some indication that the sort of problems which were referred to the union were concerned with individual grievances, directly related to workplace issues and not directly of a gender specific nature. This is illustrated by the following example,

"I suffer from bronchitis and catch cold frequently. Subsequently without anti-biotics my cold stays on my chest. I have a slightly damaged lung. I was called in to see the manager in the office. Where I was told about my absenteeism. I am on 3 months trial. But have had 4 days off in the three months. No help available at first, but then I contacted my union officer who said it should never have been brought up in the first place and to await the outcome at the end of January. My shop steward is to go with me as a witness if I do have to be called to her office again."
(Domestic - Coventry and Warwickshire Hospital day shift)

Despite the steward system, this member only became aware that she could call on her shop steward for help after she had been disciplined. Even in the NUPE Coventry branch there were problems about membership awareness of the union.

As at the Warneford Hospital, problems with wages, although not as frequent, tended to get resolved. Problems with equipment were usually taken to the supervisor and most were not sorted

out. Generally the domestics at Coventry and Warwickshire Hospital were more likely to take some sort of action than those at Warneford Hospital, although they too tended not to take any action on the other problems such as transport,

"No transport of any kind, have to rely on other people or get a taxi."
(Domestic - Coventry and Warwickshire Hospital evening shift)

Transport is a particular problem for workers in the NHS, working evenings, weekends and public holidays when public transport is less available. The domestics were especially concerned about the potential for violent attacks at this city centre hospital. Domestics at Coventry and Warwickshire Hospital also tended to live further from the hospital than was the case at Warneford Hospital. As was pointed out earlier, the immediate residential area to the hospital contained a large Asian community. Since no women of Asian origin were employed in this department a greater proportion of staff travelled from more distant residential areas. Problems of transport were regarded as not appropriate to raise at work, and three of the four women who reported having problems took no action.

Like the problems with transport, victimisation by a supervisor was regarded by one domestic as an individual problem which she had to cope with on her own.

"One supervisor in particular jumps on me (harassment)"

the minute I stop working - especially if I have recently had time off for illness. Even when I'm working with some one she looks straight at me -

not at the other domestic - and tells me off not her."
(Domestic - Coventry and Warwickshire Hospital
day shift)

However, another woman with a similar problem did take the issue up with her shop steward and this problem was sorted out satisfactorily.

"On being moved to another department not being shown the method of cleaning that department. Therefore the work is much harder until you sort it out yourself. This problem was too long being sorted out and it really is quite simple."
(Domestic - Coventry and Warwickshire Hospital
evening shift)

The resistance by the domestics to being moved from one working area to another and their attempt to maintain an internal hierarchy of work was a common struggle, yet all of those who reported it as a specific problem dealt with it on an individual basis or did nothing.

The general low status afforded to domestics by other staff was seen as a common problem, but one about which nothing could be done.

"The only problem being that most doctors and nurses treat the domestics quite shabby, and use no manners what-so-ever."
(Domestic - Coventry and Warwickshire Hospital
day shift)

Several important themes have been outlined in this section.

Firstly, in the light of the interests specific to women ancillary workers identified earlier in the thesis, (see Chapters 6 to 9) the range of issues raised by the women domestics was very narrow. Secondly, within this narrow range of issues, only a tiny proportion were referred to the trade unions. What was also significant was that a similar picture emerged from both domestic services departments, despite very different trade union organisations. Even with an extensive shop steward system at Coventry and Warwickshire Hospital, few issues were raised with the stewards. Furthermore, there was some indication that issues specific to women workers were less likely to be referred to the trade unions than issues common to all workers.

DEALING WITH PROBLEMS IN THE WORKPLACE

In the two hospitals, a pattern begins to emerge over how different sorts of problems are dealt with. Some issues were more likely to be referred to the union, while other issues were more likely to be dealt with on an individual basis, and yet others were not dealt with at all.

At both hospitals very few problems were referred to the union. At Coventry and Warwickshire Hospital, the few problems taken to the shop steward tended to be those of immediate individual interest, for example harassment over sick leave and possible

cuts in hours. The recurring problems of amount of work and lack of equipment, of being shifted from one department to another were not being reported to the union. Frequently nothing at all was done about these problems, or about problems related to transport, childcare and the attitude of nursing and medical staff.

Where action was taken to deal with problems it was mostly taken on an individual basis. Problems with wages tend to be dealt with without much difficulty, usually with wages staff and to the satisfaction of the women. At Warneford Hospital, management and supervisors were less successful at dealing with problems than their counterparts at Coventry and Warwickshire Hospital where supervisors were able to sort out half of the problems raised with them and managers three-quarters. At both hospitals, problems related to equipment were amongst the most likely to be raised and the least likely to be resolved.

These findings indicate an extremely important issue, that those problems which particularly affect women workers, childcare and evening transport were regarded as external to the workplace. Although they had a major effect on the women's ability to carry out their jobs, they were dealt with on an individual ad hoc basis and neither management nor the union were expected to assist in these spheres. This suggests that the women themselves were adopting a narrow view of what

counted as a workplace problem. There was considerable similarity between the two groups as to how they dealt with different issues and what they defined as an issue appropriate for a trade union. This suggests that the definition of workplace problems and the appropriate means to deal with such problems belonged to a wider context than the local union branch.

There were structural limitations to the representation of interests, and work was constructed in a way which promoted division amongst workers and hindered the development of a collective identification of problems. Beyond this, the women themselves defined their problems as inappropriate to refer to the union. The central argument of this thesis is that this process is a result of the restricted 'trade union agenda'.

The 'Trade Union Agenda'

Through the detailed study of the organisation of work in Chapters 6 to 9, issues were identified, of specific relevance to women workers, yet were not raised by the women domestics in the survey. For example none of the respondents raised the grading structure as an issue. A sexually divided grading structure based on a hierarchy of skills defined by gender was accepted as 'normal' by these groups of workers. As was discussed in Chapter 8, the gendered construction of cleaning

work is so absolute that while the domestics considered themselves low paid, they did not identify their work as undervalued compared to men's work. Also, no one mentioned any issue related to racial divisions or discrimination. No one raised any issue of a broader nature, for example the lack of any workplace cancer screening, even for workers in the health service.

The range of issues about which any action was taken was relatively narrow, and the range of issues which reached the union structure was even more restricted. Even at Coventry and Warwickshire Hospital where there was a union with an extensive and apparently effective shop steward system, few of the issues affecting women's working lives were raised within the union. Childcare and transport problems were not raised through the union and nor was any issue linked to the intensification of work.

The sorts of problems that members did refer to the shop steward at Coventry and Warwickshire Hospital were of an individual and immediate nature, including a problem with taking sick leave, harassment by a supervisor and a change of hours. These issues were dealt with on an individual basis and the wider implications of problems facing women ancillary workers were not discussed within the branch. At Warneford Hospital no issues were referred to the union by members. The

only issue identified by a respondent which was raised within the union, the problem of privatisation, was raised by a shop steward.

As illustrated in the previous chapter, union meetings in general were concerned with branch officers giving out information to shop stewards. In none of the union branches included in the research was there an arena in which broader issues could be raised and discussed by members. This suggests that there is a structural problem in unions, in that they have not developed adequate routes for members to discuss and articulate problems they face.

The argument of this thesis is that it is not merely a function of the structure of trade unions which prevents the articulation of certain interests. Although representation could have been aided by the development of workplace organisation and the development of forums in which problems could be discussed, the accepted 'trade union agenda' prevents the development of potential issues and interests. A similar argument is developed by Charles,

"Clearly the trade unions, along with the world of work in general, are structured to cater for the interests of men, and women's specific interests fall outside what has until now been defined as the proper concerns of the trade union movement."(4)

Charles, however, fails to explain adequately why women's

interests are excluded from trade unions. She suggests that the key is the dominance of 'familial ideology' within unions, although there is no explanation of what this ideology is and how it is produced and reproduced.(5) By applying Lukes' concept of power which was discussed in Chapter 1, it is possible to build an argument about the development of a 'union agenda' which shapes the identification and articulation of interests within unions.(6)

The implication of this argument is that structural changes alone cannot ensure representation of interests, in a context in which women fail to identify the trade union as a route for certain workplace problems. Women members fail to regard the trade unions as appropriate for dealing with their problems because they too accept the restricted 'agenda'. It is not only that women accept the 'trade union agenda', but that the way in which they identify and define issues or problems at work is actually shaped by that 'agenda'.

REPRESENTATION AND SHOP STEWARDS

Hyman's analysis of the role of shop stewards and his concepts of power over and power for, which was referred to in Chapter 10, is based on what Lukes describes as observable conflict.(7) The result is that the limitation of expectations amongst members is excluded from the debate. Referring to branch and

district level activists Hyman argues that,

"Participating far more regularly and extensively than most members in the unions' representative machinery, such activists organise and articulate the experiences and aspirations of the membership..."
(8)

Hyman identifies contradictions in the senior steward's position, in that greater experience may be used to control membership. However, the arguments of this thesis suggest that even the ability to articulate members' interests may be limited by the restricted 'trade union agenda'.

This section demonstrates that while shop stewards may be in a position to identify group interests, they too work within the context of a restricted 'trade union agenda'. This results in the expression of contradictory views about the specific interests of groups of workers. This section will be divided into two parts, the first picking up on the previous debates on the specific interests of women, and the second developing the argument in terms of the specific interests of black workers. The data used is drawn from interviews with shop stewards from three of the branches in the study.

Women's interests

Over and over again shop stewards stressed that women workers did not face any particular problems in the workplace.

"There are not any differences to what men have to face - depends on attitude. Being part-time doesn't affect what they do in the union. Its a bread and butter job, and we treat it seriously - we all need the money."

(Deputy Branch Secretary NUPE Coventry)

Yet this same steward went on to give an articulate critique of the grading structure which specified the devaluation of women's skills.

"Women are confined to the lower pay groups in the ASC [Ancillary Services Council] grading structure by and large. I generally do not sympathise with the differentials which undervalue the ordinary worker - but even within the exaggerated hierarchy of a hospital, many women's skills are undervalued."

(Deputy Branch Secretary NUPE Coventry)

Similar contradictory views were expressed by other shop stewards in this branch. Two other stewards stressed that men and women faced similar problems in the workplace, and were treated equally in the union, but then made the following comments,

"Senior management etc. still tend to class women as second class citizens and have no real policy on promotion for women within the health service at lower grade level and don't like the involvement of women in the trade union movement."

(Woman catering steward NUPE Coventry)

"All traditional 'women's jobs' are low paid. All hospital workers are expected to get 'job satisfaction' to compensate for low pay."

(Woman nursing steward NUPE Coventry)

At first these two stewards seemed to be reproducing their

union branch position on men and women in the workplace, but as the discussions progressed, they identified a variety of ways in which women faced quite specific problems at work. There was, however, no evidence that any of these issues were being discussed within the union branch or of any action being taken on them.

As well as identifying particular problems that women workers face, some stewards identified women workers as a problem.

"Many are part-time workers, are only interested in the money and can 'put up with' conditions for a few hours a week. There is a fairly high turnover of staff so union continuity is difficult to maintain."
(Male ancillary steward NUPE Coventry)

Neither the assumption that women ancillary staff were only interested in the money, nor the assumption that they did not remain in their jobs for any length of time fitted with any of the evidence gained during this research. This steward was working with a stereotype of women workers which did not fit with the reality of his workplace.

At Warneford Hospital the COHSE shop stewards all said that women did not face any particular problems in the workplace, and could not be persuaded to pursue the issue. This may have been a result of poor communication between stewards and members, resulting in a lack of awareness about members' problems.

Shop stewards in the COHSE branch at Central Hospital showed the greatest range of views and awareness of problems particularly relevant to women. About half of the stewards were not sure or doubted that women were treated any differently within the hospital.

"I do not think, in my experience, that there is any discrimination at my place of work"
(Male nursing steward COHSE Central)

"Training and in-service training are open to both sexes."
(Male nursing steward COHSE Central)

"Not as regards pay - but in other ways one feels it [discrimination] is there. In a very subtle way, hard to put one's finger on!"
(Female nursing steward COHSE Central)

However, some of their colleagues found it easier to identify particular problems.

"We are paid according to our grade and number of years experience. The majority of 'top grade' nurses are male. I recently applied for promotion and in the 'declaration of health' questionnaire I was asked to state if a) I had regular periods, b) I suffered any discomfort, causing days off work due to period pain. (I would love to see the questionnaire that male applicants received.)"
(Female nursing steward COHSE Central)

"Most men are usually graded higher although doing the same work but assuming they're 'in charge'. Domestic staff are almost all women - very few supervisors and certainly no black women supervisors, although staff must be 80% Asian women workers."
(Female occupational therapist steward COHSE Central)

Shop stewards thus were able to identify the gendered nature of

work with the associated undervaluing of women's skills, the hierarchical grading structure with women at the bottom and particularly subject to low pay, as well as the lack of opportunities for promotion and discriminatory management practices. In no case, however, were the stewards expressing these issues within their union branch, or was any branch taking any action on them. There were no attempts to mobilise members around these issues. Since shop stewards and branch officers also work within the context of the restricted 'union agenda', these issues were rendered inappropriate for further action.

Representation and race

This disjunction between the reality of the workplace and what was happening in the union branches became even greater when the issues of race, racism and racial discrimination were discussed. Stewards were generally less able to identify specific interests of black workers and in some cases indicated some antagonism toward them. This was in a situation where divisions were based on race in all of the departments and where black workers had specific interests that were not articulated through the union.

As described earlier Coventry and Warwickshire Hospital is situated in Coventry city centre adjacent to a sizable Asian

community. In this context it was surprising that in the domestic services department at the hospital there were no staff of Asian origin. Moreover, shop stewards were antagonistic even to being asked about issues related to racial discrimination. The following comments were made by NUPE shop stewards at Coventry and Warwickshire Hospital.

"It would almost be easy to say 'yes', [that there was racial discrimination in this hospital] since discrimination like prejudice exist everywhere. But by and large, recruitment and promotion seem reasonably balanced."
(Deputy Secretary NUPE Coventry)

"Racial discrimination has become an outcry amongst blacks and coloureds. Even normal discipline will evoke this cry. Of course some people discriminate. I have found the worst is amongst the African and Asian people themselves. There are black people in all sections of hospital life."
(Male ancillary steward NUPE Coventry)

This was at a hospital where even the domestic services manager accepted that there had been discriminatory recruitment practices 'in the past', as was discussed in Chapters 7 and 9.

At Warneford Hospital none of the stewards believed there was any racial discrimination, and refused to discuss the issue, although the racial divisions in the domestic services department were a key issue. Also, as discussed in earlier chapters, the manager openly discussed Asian staff in a derogatory manner and blamed them for the threat of privatisation.

Once again the stewards from COHSE Central displayed a wide-ranging awareness.

"There are remarks and references about colour, race, religion, physical features, assumptions of intelligence eg Irish are thick."
(Male nurse steward COHSE Central)

"Things like this are not easy to prove."
(Male nurse steward COHSE Central)

"It is difficult to instance it but one knows by people's attitude it is under the surface."
(Female nurse steward COHSE Central)

"No overt discrimination here."
(Male nurse steward COHSE Central)

However, the COHSE Central Branch Secretary was able to describe numerous instances of racism in the hospital.

The branch secretary described the domestic services manager at Central as 'a real racist' and said that they would be pleased when he retired in a couple of years time. He said there were loads of examples of his attitude and practice he allowed to continue in the department.

[See example of Asian woman domestic being beaten by her husband for not working hard enough, discussed in Chapter 9.]

The branch secretary claimed that as soon as the union had heard about this case, they had intervened and stopped the practice [ie. stopped the supervisor contacting the woman's husband about her performance at work].

(Fieldwork notes)

This example was the only one in the research that found a union branch taking any action on issues specifically related to race. The structural problems of the lack of an arena in

which members could raise issues was more acute with issues related to race. Women of Asian origin were considerably under-represented at the level of shop steward, and less likely to attend union meetings. This is not meant in any way to imply less interest in union affairs amongst women of Asian origin. The example discussed in the previous chapter of the NUPE branch meeting at Warwick Hospital, which three Asian women attended, illustrated that women were not expected to take part in union affairs. Many of the shop stewards quoted above had little idea about the problems which affected women of Asian origin in the workplace. With divisions in the workplace based on race, the lack of women shop stewards of Asian origin in ancillary departments meant that the members of Asian origin had no route to raise issues of race within the union.

Furthermore, there is some indication that issues related to race may be even further removed from the 'trade union agenda' than those related to gender. Women ancillary workers of Asian origin in this study had a number of specific interests and problems. However, none of those who responded to the survey mentioned any issue related to race as a problem. This, when linked to the comments and attitude of some of the the shop stewards, indicates that neither stewards or members saw the trade unions as appropriate for dealing with these issues.

AN AGENDA OF ISSUES

It would appear that the issues which particularly affect women in the workplace were defined as 'inappropriate' issues for the union to deal with by the women themselves, by the shop stewards including the women shop stewards and by union officers. In the previous two chapters it was demonstrated that the representation of women requires the existence of certain union structures. In those branches with effective steward systems women seemed more likely to use the representational system to deal with a limited range of individual issues linked to grievance and discipline. However, in this chapter it has been shown that even in those union branches which seem to have an effective representational role, a vast list of issues which particularly affect women never appear on the 'union agenda' and there is no arena in which they could appear. Nonetheless it was more likely that they would be raised in those branches with a representative structure.

Shop stewards, the key people who mediate between the ordinary member and her union, were mostly very antagonistic to any suggestion that any group of workers might have specific interests in the workplace, despite their ability to identify them. Even women stewards who experienced aspects of these specific problems themselves limited their activities to the narrow 'trade union agenda'.

The stated aim of the branch secretary from NUPE Coventry was to 'treat everybody equally', and they were comparatively successful in this aim. However, treating everyone equally resulted in ignoring inequalities related to the grading structure, failing to take up many of the issues that actually affected their women members in the workplace, and failing to consider any broader issue relating specifically to women in employment. Despite this, it should be noted that this branch had made considerable improvements in workplace organisation and had developed the most extensive representational system for women ancillary workers.

The situation on race was even more marked. Despite many observations of racist practice during this research there was very little awareness or concern about these issues. There was even more antagonism by many shop stewards to discussing this issue. In earlier chapters, it has been suggested that black women have specific interests in the workplace, and in particular the issue of using male family members to discipline women workers of Asian origin was one which occurred several times during the research. However, in this research there was no evidence of any union branch taking on any issues related to racism except for the example given earlier of the husband beating the wife. There was not enough evidence to confirm the argument made in Chapter 3, that where unions are dealing with

racism, they were tackling those issues of specific interest to black men.

It is the argument of this thesis that while the 'trade union agenda' limits the definition of what a trade union issue is, the expectations of both members, shop stewards and union officers remain narrowly defined. In this context, the specific interests of women workers and black workers will remain largely unarticulated and unrepresented.

It is not the intention of this thesis to suggest that the 'trade union agenda' is completely static, rather that it is the result of a dynamic process. It has changed over time, reflecting changes in the nature of work and of the makeup of the workforce. It is affected by the actions of individuals and groups within unions as well as external pressures on unions.(9) Despite pressure for change the impetus within unions is to retain the status quo. The 'trade union agenda' serves to reproduce itself through shaping the expectations and demands of members, of shop stewards and of union officers.

Most of the commentators on the position of women in unions, who were discussed in Chapter 2, fail to consider the extent to which women's interests are represent...ed within unions in their debates. In so doing they fail to see representation as of crucial importance to an understanding of the levels of

activity of women within unions. By focussing on participation rather than representation, they are able to conclude optimistically about the potential for change within unions. This discussion of the restricted 'trade union agenda' suggests that change may be much more difficult to achieve than these commentators suggest. A consequence of the 'trade union agenda' is that the increased participation of women in unions does not automatically or quickly result in improved representation of women's interests. Women's expectations are shaped by the restricted 'agenda', and they too serve to reproduce it.

Notes

1. See Lukes 1980 especially Ch.4 for a discussion of the three-dimensional view of power.
2. See Lukes ibid p25 for a summary of the three views.
3. See Beechey and Perkins 1987.
4. Charles 1983 p19.
5. Ibid. p19.
6. Lukes op.cit. p22.
7. Hyman 1979 p60 and Lukes ibid. Chapter 4.
8. Hyman ibid. p61.
9. The case of women full-time officials discussed by Heery and Kelly 1988 is one example of the pressures on unions to change, although the implication of this thesis is that their impact may be limited.

Chapter 13

Participation in Local Union Structures

In Chapter 2 the literature on women in unions was criticised for its failure to distinguish between representation and participation. The previous chapter has demonstrated that not only do they need to be analytically separate, but also that they cannot be equated in practice. It follows from this that increased levels of women's participation in unions does not automatically result in improved levels of the representation of women's interests. Representation and participation are the two sides of involvement, the former focussing primarily on the union and the latter focussing primarily on women members. The focus on women members means that the debates around participation have a tendency to pathologise women and that tendency will be criticised in this chapter.

The key argument of this chapter is that although there are a number of factors which have some effect in increasing participation, there is an underlying limitation based on the restricted 'trade union agenda'. The previous chapter showed that trade unions appeared to be inappropriate organisations

for dealing with the actual problems and issues faced in the workplace. One ramification of this is that there is little reason for women ancillary members and in particular for those of Asian origin to participate in union affairs. Their actual experience of trade unions suggests that unions have little to offer them. This argument could be developed in relation to many groups of workers; however, the argument is that because of the exclusion of issues specifically affecting women and black workers from the 'trade union agenda', unions appear particularly irrelevant to women and black members.

A secondary argument developed in this chapter is that there is a tendency in the literature on women in unions to underestimate the degree to which women have an awareness of their position within waged labour and to act to protect their working conditions. Women do have a work consciousness, but this may not be translated into recognised forms of union participation. In Chapters 8 and 9 it was shown that the women ancillary workers were involved in workplace struggle, although the particular and contradictory form that these struggles took was not developed within trade union structures. This chapter will argue that because of the restricted 'union agenda', women are more likely to engage in forms of activity and resistance outside of unions structures. These forms of struggle tend not to be recognised as such and it is assumed that women are more

prone to apathy. This chapter will argue that this assumption is incorrect.

In order to develop these arguments this chapter will be divided into three main sections. The first two sections will examine women members' participation ^{as found} in this research, and shop stewards' views of women's participation. These two sections will draw on material from membership questionnaires at the two domestic service departments, observational material from a 'Defence of the Health Service Campaign' based in South Warwickshire Health Authority, and from interviews with shop stewards. The third section will review the debates around participation, looking at the main explanations in the literature.

LEVELS OF INVOLVEMENT - MEMBERS

This section examines the way in which the women members in this research were actually involved in a considerable range of union activities, despite the fact, discussed in the previous chapter, that they rarely referred problems to the union. Levels of participation in the unions were similar at Coventry and Warwickshire Hospital and Warneford Hospital, despite the considerable differences in branch organisation in the unions at these hospitals.

An assessment of levels of involvement was initially based on what might be termed a traditional notion of trade union activities. These include membership levels, office holding levels, levels of information or knowledge about the union, and participation in specific union activities. Each of these areas will be discussed in this section. However, during the fieldwork for the research it became evident that many of the women were involved in various activities which did not come under any of these headings, therefore there will be an additional section on other forms of activity.

The Sample

This section briefly outlines the union membership of the women ancillary workers in the survey. Of the 15 respondents to the questionnaire at Warneford Hospital, 13 said that they were union members although only eight could actually name their union as COHSE. Ten (77%) had been union members since starting their jobs.

Of the 30 respondents at Coventry and Warwickshire Hospital, all were union members, 28 members of NUPE and two members of the T&GWU. Of the 28 NUPE members, 19 (64%) had been in NUPE since they started their jobs. Union density was very high for both groups which suggests that part-time working and low skill

levels are not alone adequate explanations for membership levels.(See discussion in Chapter 1.)

Office Holding

As an indication of formal participation in terms of post holding, the women were asked if they would consider becoming a shop steward, and if they would like to be more active in the union. The COHSE Warneford sample included an existing shop steward and an ex-shop steward. All of the other respondents said that they would not consider becoming a steward, although all of them said that they would like to be more active in the union. Of the NUPE Coventry sample, all 28 said that they would not consider becoming a shop steward, and 27 of the 28 said that they did not wish to be more active in the union.

It is important to note the far higher levels of interest in the union at Warneford Hospital, since it was at Coventry in the NUPE branch where there had been greater attempts at structural changes to improve participation. Thus, in terms of expressed interest in unionism, structural changes seemed not to have had an impact.

Knowledge About the Union

On the basis that some degree of knowledge about the union is necessary in order to facilitate participation, the women's knowledge about local union matters was sought. Tables 38 below and 39 overleaf indicate what the domestics said they knew about office holders in their branches.

Table 38 Members' knowledge about the branch - COHSE Warneford

- 7 (54%) knew who her shop steward was
- 5 (38%) thought the steward understood the problems
facing domestics
- 4 (30%) knew who the branch officers were
- 3 (23%) thought the branch officers understood the
problems facing domestics

In this branch, despite a claimed eagerness to be more involved, there was a great lack of knowledge about basic facts of the union branch. Since the shop steward is elected by members, the number of people who did not know who their shop steward was, was very high. One respondent particularly criticised communications within the union.

"Information of union meetings is only passed on by seeing our night supervisor, who passes the message on. She either forgets to tell us or only a few of us get to hear about it. Usually hardly any of us know or the time is very inconvenient when these meetings take place."
(Domestic evening shift Warneford Hospital)

At Warneford, branch meetings were held in work time during the day. However, the evening shift staff found it difficult to attend, which highlights problems discussed in Chapter 10. The

lack of a shop steward on the evening shift also meant that there were problems about giving and receiving information.

At the Coventry and Warwickshire Hospital a different picture emerged.

Table 39 Members' knowledge about the branch - NUPE Coventry

27	(96%)	knew who her shop steward was
26	(93%)	thought the steward understood the problems facing domestics
21	(75%)	knew who the branch officers were
14	(50%)	thought the branch officers understood the problems facing domestics

Despite a stated unwillingness to be more involved in the union, these women actually had considerably more knowledge about their union branch. The attempts in the Coventry NUPE branch to improve the structural organisation may have been responsible for greater knowledge amongst this group, although as the previous section showed, this knowledge did not lead to a desire for involvement, although it is an important prerequisite for involvement. The highly developed steward constituency system at Coventry meant that almost all members knew who their shop steward was, and felt that the shop stewards understood their problems. As with the COHSE branch, this group were less confident that branch officers understood the problems facing them.

Union Activities

When asked if they had taken part in a number of specified union activities, ^here was a surprising similarity in terms of activities that each group had taken part in.(1) The only major difference was over strike action. Coventry had been particularly active in the 1982 strike, which reflects the more effective steward structure in NUPE at Coventry. This would indicate that an effective stewards system may be necessary to mobilise members in the situation of a strike, although it appears ineffective in terms of maintaining on-going interest. This appears to support an argument that an on-going interest can only result from a trade unionism that appears relevant to the experiences of the workplace.

Table 40 Members' union activities - COHSE Warneford

11	(85%)	had attended union meetings
8	(61%)	had taken part in strike action
4	(30%)	had voted in union elections
3	(23%)	had picketed during a dispute
6	(46%)	had read the union newspaper

Table 41 Members' union activities - NUPE Coventry

25	(89%)	had attended union meetings
23	(82%)	had taken part in strike action
11	(39%)	had voted in union elections
11	(39%)	had picketed during a dispute
13	(46%)	had read a union newspaper

These results appear slightly different from other studies, for example, the MORI poll (1979) for all women unionists quoted by Kellner, and Stageman's study of a NUPE Health Services Branch

(1980).(2) Both of these studies found meeting attendance rates of about 60 per cent, considerably lower than in this research. MORI found strike rates of 24 per cent and picketing rates of 5 per cent. This is dramatically lower than in this research, and may be explained in part by this research taking place after the 1982 dispute, but also suggests that the women in this research were more active in industrial disputes. The level of voting in union elections was similar in all of the studies at between 35 and 40 per cent. Stageman found a much higher percentage reading the union newspaper, 68 per cent, than found in this research.

Based on these figures the women domestics covered in this study appear to be comparatively active trade unionists. The figures found in this research may be high because of the 1982 industrial action and because of the introduction of bonus schemes and competitive tendering.(3) More research which also considers the regularity of taking part in such activities would be useful. Nonetheless, in terms of formal branch activities these women members had a high level of participation. This indicates that research which is based on post holding at higher levels within unions may considerably under-estimate women's activities in the workplace, and serve to reproduce stereotypes of women members as inactive. This level of participation was achieved despite the majority of

respondents working part-time, many on shifts, and all having considerable domestic responsibilities.

Other Forms of Activity

Two particular workplace struggles have been described in this research which lie outside of formal trade union activities. Chapter 8 described the attempt to maintain internal hierarchies at Coventry and Warwickshire Hospital. Chapter 9 described attempts to resist the shift to part-time working, and the resistance, particularly by women of Asian origin, to speed up. Although these examples could be regarded as good union practice to prevent worsening conditions, none of the union branches in the research recognised or supported such attempts.

These examples demonstrate that regardless of participation in formal union activities, women ancillary workers are actively engaged in struggle in the workplace. This indicates that it may be inappropriate to apply the term apathy to workers' lack of involvement in formal structures.

After the completion of the members' survey observation was carried out at meetings and demonstrations of the 'Defence of the Health Service Campaign', which was a joint union campaign covering all three union branches in the South Warwickshire

Health District. Although the organisers of this campaign were all branch officers, there was a particularly high attendance on demonstrations and rallies of domestics from Warneford Hospital, especially of women of Asian origin. Since plans for privatisation were further advanced at Warneford Hospital, this is not surprising. However, it is important to note that these members were not inactive and apathetic. There was insufficient evidence from the members' questionnaires to show any clear differences between members of different racial origin.

Improving Participation

Both groups of domestics were asked in the questionnaire to identify which factors would make it easier for them to be more involved in the union. Tables 42 and 43 summarise the responses.

Table 42 Ways to improve participation - domestics NUPE Coventry

10	(36%)	having more confidence in ourselves
8	(29%)	having fewer home responsibilities
7	(25%)	changing the times of meetings
7	(25%)	changing the place of meetings
5	(18%)	knowing more about how the union works
2	(7%)	the attitude of managers/supervisors

**Table 43 Ways to improve participation - domestics COHSE
Warneford**

3	(23%)	knowing more about how the union works
2	(15%)	having more confidence in ourselves
2	(15%)	having fewer home responsibilities
2	(15%)	changing the times of meetings
1	(8%)	getting more information about when the meetings take place
1	(8%)	the attitude of managers/supervisors

Although having fewer domestic responsibilities was given a high placing by both groups, it is interesting that they gave a higher priority to having more confidence and knowing more about how the union works. This suggests that domestic responsibilities are given too high a priority as a explanation for low levels of participation in the literature.

These findings also suggest that times and places of meetings are given too high a priority in the literature. Although this was a small sample it produced broadly similar results to those found by Stageman in her much larger survey of women union members.(4) She also found the main factors mentioned were understanding union business and how unions work, and having more confidence. However, she found having fewer domestic responsibilities was higher in the list of factors.

The importance of knowing more about how the union works indicates a structural problem of the flow of information to and from members. Although this evidence does not provide conclusive proof, it can be argued that it indicates that the

unions were not dealing with the immediate concerns and experience of their members. They were not there because the restricted 'agenda' excludes those concerns and experiences, and unions appear distant and their processes mystified.

This section indicates the need to be cautious about underestimating women's participation in union activities and workplace struggles. It has shown that assumptions should not be made that there is no activity within the workplace or no interest in trade unions, even if formal participation is low.

SHOP STEWARD VIEWS ON PARTICIPATION

This section focuses on shop stewards explanations for the levels of participation by the women ancillary members. It shows firstly that stewards from the various branches held surprisingly similar views about membership participation, regarding members as inactive and apathetic. It also demonstrates that the main explanation given by shop stewards for this perceived inactivity was women's domestic responsibilities. Shop stewards identified particular barriers to participation amongst women of Asian origin in terms of language and cultural background.

The main arguments of this section are that shop stewards tend to undervalue the activities that the women are involved in,

and that their explanations are based on stereotypical images of women rather than the 'reality' of the workplace.

NUPE - Coventry

The shop stewards from Coventry and Warwickshire Hospital put much emphasis on domestic and family responsibilities as preventing women from having a greater involvement in NUPE. Although this factor was deemed very important in limiting their participation by members in Coventry, it was ranked as less important than having more self-confidence.

"We have a lot of problems with getting women to attend evening meetings, weekend or residential schools and National Conference. Restrictions on women with domestic responsibilities often mean it is difficult to participate within the union."
(Male Deputy branch secretary NUPE Coventry)

"Most women have family commitments which tie up a lot of their time."
(Male ancillary steward NUPE Coventry)

Despite these comments, the stewards when pressed did not think that the union branch should make any particular arrangements or re-organisation to involve more women or try to fit union meetings with domestic arrangements.

One of the active women shop stewards in the domestic services department at Coventry and Warwickshire Hospital described how problems with domestic responsibilities continue when becoming

a shop steward, explaining that she would feel guilty if her housework was not finished before she started her union work, despite having what she described as a supportive husband.

"I'm not very active I'm afraid. But if I feel I'm right, I'll stick to it. My husband doesn't mind my union work, although sometimes he asks if I've taken on too much. I always do the housework before starting paperwork."
(Female domestic steward NUPE Coventry)

There is no intention to deny the problems women face in terms of combining participation in union activities with their domestic responsibilities. However, this research shows that considerable participation is possible despite them, and therefore domestic responsibilities are inadequate as an explanation. This quote also suggests that where priority is given to domestic responsibilities by women, it may result from pressure from partners or family members rather from their own estimation.

Alongside this, one steward did identify how the nature of work makes workplace organisation difficult. She pointed to the particular difficulties of communicating with women domestics, but did not feel this was a major factor in explaining the level of women's involvement.

"They are divided in areas - we're not supposed to go from place to place, but we still do. A meeting place is washing mops."
(Female domestic steward NUPE Coventry)

One of the stewards from NUPE made an interesting point around the issue of women's confidence. She suggested that involvement in the union could actually serve to boost women's confidence in other spheres of life.

"The trade union involvement can give women more confidence in their own ability in making decisions - not only within the union but at home as well."
(Female catering steward NUPE Coventry)

This woman explained that the knowledge and experience she had gained through her activities as a shop steward had made her feel more able to deal with other aspects of her life. This positive aspect of trade union involvement could have been used to encourage membership participation. This, however, was the only example in the steward interviews of a positive aspect of women's involvement being identified.

COHSE - Warneford

Shop stewards in COHSE at Warneford Hospital dismissed their women ancillary staff for their 'lack of interest'. This contradicts the evidence from the domestics questionnaire where domestics said that the factor which would most help them be more involved in their union was 'knowing more about how the union works', and the majority did want to be more active in the union.

This reflects a structural problem in that there was a weak steward system and little communication between stewards and members. The stewards were working with a stereotype of the members as apathetic and disinterested, while the members wanted to be more involved but did not know how to go about it. In this way the branch was actually preventing greater participation by not offering support and encouragement. This shows how membership interest can be under-estimated, and that stewards' accounts of membership attitudes are not necessarily reliable. Some of the members did find it difficult to attend meetings, which suggests that meeting attendance is not a good indicator of interest or awareness.

Only half of the domestics knew who their shop steward was, yet when asked about opportunities for talking to their members, the shop steward from that department said,

"If members need me, they know where to find me."
(Female domestic steward COHSE Warneford)

The shop steward thus left the initiative for contact and communication in the hands of the members. This served to reinforce the notion of the union as the appropriate route for issues only in extreme circumstances. There was no conception of the union as involved in day-to-day issues and experiences of the workplace. This in part reflects a structural problem in that there was no forum for issues and expectations to be articulated and developed for the domestics. It could also be

argued that the shop stewards saw this as inappropriate and unnecessary because of the restricted 'union agenda'.

The shop stewards' explanations for a relatively low level of involvement by women members were in terms of features of the women themselves and their lives, in particular in terms of their domestic responsibilities. The shop stewards were reflecting a common view, found in much of the literature discussed in Chapter 1, that because of women's activities in the domestic sphere, they give a secondary role to paid employment and therefore to trade union activity. Throughout the thesis it has been argued that there is inadequate evidence to suggest that women do give a secondary role to paid employment, and the evidence from this branch suggests that this group of domestics were actually being held back from greater involvement because shop stewards assumed they were not interested.

COHSE - Central

Shop stewards from COHSE Central were prepared to consider issues beyond the home and family, but they too concentrated on aspects of the women themselves.

"Although the majority of COHSE members are women, at union meetings the percentage of men attending is much higher - maybe because many are part-timers and night workers with family commitments."
(Male nursing steward COHSE Central)

This steward indicated that women may find meeting attendance difficult because of their role in the family. The steward quoted below goes further than this and links low meeting attendance and low levels of post holding to a lack of interest in unions. This assumption is challenged by the evidence from the membership questionnaires.

"Women occupy very few posts in the hierarchy of the trade union - there are few women officials, this is reflected at branch levels. There is a lack of motivation and awareness among the majority of rank and file members and even more so with the female members. Commitment to nuclear family responsibilities, of parents towards children is uneven and biased - can't attend meetings, got to look after children. Husbands won't let them come to meetings - see them as full of lefties."
(Male branch secretary nurse COHSE Central)

"Pressures of family and domestic responsibilities mean most women have far less time or opportunity to be involved. Also some women are shy and perhaps not assertive enough, therefore think of it as a man's territory."
(Female nursing steward COHSE Central)

This steward picks up on the issue of confidence and links it to women's socialisation as subordinate and passive. This however, conflicts with the evidence of workplace resistance discussed in Chapters 8 and 9. This indicates a need to consider why women members may perceive unions as 'a man's territory'. One explanation is that the women were shy in dealings with the union because it appeared remote from the workplace and dominated by men and issues primarily or

exclusively relevant to men. This suggests that the shyness is a function of both structural aspects of unions and the restricted 'union agenda'.

The list of features which might limit women's activities are expanded by this group of stewards to a list similar to the points raised by the domestics themselves, lack of confidence, meeting times and places, part-time and night working as well as domestic responsibilities. There was, however, no apparent attempt to overcome any of these problems. Even where stewards felt they could identify reasons for women's lower participation in union activities, there was little commitment to overcoming any obstacles. The great emphasis on domestic responsibilities led stewards to feel that the main limitations were beyond their control, and women's apathy towards unions was assumed to be inevitable.

Members of Asian Origin

The shop stewards from COHSE Central were the only ones to mention specific reasons why Asian women in particular were not active within the union.

"The majority are Asian - there are language and cultural barriers. General reluctance of female trade unionists to be involved in day to day running and business of a union organisation. Seem to think that its not their job."
(Male nursing steward COHSE Central)

"The language and cultural barriers make it almost impossible for most Asian women, some are too shy even to come to a meeting unless they have a friend with them."

(Female nursing steward COHSE Central)

"Most Asian domestics do not speak much English, the younger workers who are able to translate for them are reluctant to become representatives."

(Female occupational therapist steward COHSE Central)

The main explanations in relation to women members of Asian origin were seen to be difficulties with language, and a cultural background which did not encourage the development of active trade unionism. The particular attention to Asian culture as one which discourages unionism has been challenged by Parmar.(5) Observations at union meetings confirm that very few women of Asian origin did attend. However there was a high level of attendance by women of Asian origin at various demonstrations and marches organised as part of the 'Defence of the Health Service Campaign'. They were also particularly involved in workplace struggles. This suggests again that there was a tendency to under-estimate the activities of these women by the shop stewards, accepting a stereotype rather than the evidence of the workplace.

It was only in relation to Asian members that any of the stewards from any of the branches felt that the union needed to take any specific action, and this was linked to language problems.

"Language is a problem with domestics - they don't always understand leaflets. We have an Asian shop steward - we're going to print leaflets in Urdu and Punjabi, and he will interpret at meetings. They feel oppressed and discriminated against in the hospital, it discourages them to voice opinions in a branch meeting. They don't want to be seen as obvious or obtrusive."

(Male branch secretary nurse COHSE Central)

Language was always seen by the shop stewards as a problem, and as suggested in previous chapters, language was also used as a means of resistance. Although the potential of such a form of resistance should not be overstated, the shop stewards were completely unable to perceive the positive aspects of any of the actions by the Asian women. Forms of resistance such as this do not fit with the shop stewards' notions of what trade union activity is. As there is a 'trade union agenda' which defines what issues are appropriate for trade unions, so it also defines what activities count as 'appropriate trade union activities'.

DEBATES ON PARTICIPATION

It is important to place these findings in the context of a discussion of the debates which focus specifically on women's participation, and general debates in the context of trade union democracy. The first sub-section highlights some of the problems around the concept of work consciousness, the second assesses the importance of union structure to participation,

the third considers other explanations applied particularly to women, and the final part develops the argument about the role of the 'trade union agenda' in limiting participation.

Work Consciousness

The concept of work consciousness was discussed in Chapter 2. The literature which refers to it was criticised for conflating concepts of work consciousness with those of union consciousness, and for ignoring the limitations on the development of a union consciousness. This conflation of two issues assumes that involvement in trade unions is the only rational response to an awareness of exploitation in wage labour. The level of work consciousness has tended to be assessed by the levels of participation in trade unions.

There are two problems with this form of reasoning. Firstly, levels of participation are usually judged on the basis of formal activity such as post holding.(6) This ignores other forms of struggle which may be taking place in the workplace outside of the formal structures of unions.(7) Secondly, it ignores the limitations to participation. It assumes that trade union machinery is equally open and equally relevant to all workers engaged in struggle. This chapter suggests that the 'trade union agenda' results in unions appearing inappropriate to certain groups of workers, and therefore

serves to limit participation. The previous chapter showed that unions were not always seen as the appropriate means for dealing with women ancillary workers' issues. It will be argued that this lack of relevance of unions to the experiences of the workplace removes pressure for participation. This then challenges the idea that lack of union participation is an indicator of membership apathy. It cannot be assumed that lack of participation is a result of apathy, rather a reaction to women's experience of unions.

Cunnison, in her study of school dinner staff, argues that the women accepted with fatalism their position in waged labour despite an understanding of social relations.

"Yet practically all the women had a very sharp awareness of the structure of society. The dinner ladies knew very well that they were exploited, that as members of the working class they and their husbands were more likely than the middle and upper classes to suffer redundancy and unemployment."(8)

She argues that this fatalism is a result of the recognition of their position, and does not always imply a complete lack of resistance.(9) This thesis aims to take this one step further and argue that this fatalism is in fact shaped by the restricted 'trade union agenda'.

Union Structures and Participation

The previous chapter argued that certain union structures are necessary for representation, but do not guarantee it. Similarly this chapter argues that certain structures are necessary for participation, but do not guarantee it.

In a discussion of research on the structure of NUPE, Coates and Topham suggest that apathy is primarily a result of structural problems.(10)

"We suggest that the apparent apathy and lack of interest experienced in some of the ways we have described is also engendered by the difficult environment in which the Union operates rather than being the result of individual members or whole sections simply 'not caring' about the Union. In other words, apathy can be understood as a symptom of isolation or remoteness that is caused chiefly by NUPE's environment and partly by NUPE's own structure. But it follows that if this is the case, 'apathy' is amenable to structural modification and may be reduced by changes in structure."(11)

There are problems, however, about the concept of apathy. If this is taken to mean lack of participation, the argument in this chapter is that it cannot be explained by reference to structural aspects of trade unions alone and hence cannot be prevented by structural modification, although such modification may be a crucial first step. The evidence from Chapters 10, 11 and 12 broadly supports the argument that certain union structures are a prerequisite of participation.

Indeed the general thesis argues for the importance of workplace based trade unionism with open and democratic structures. Fairbrother has outlined the structural requirements for union democracy in relation to the development of a workplace based trade unionism.(12) Furthermore, he points to the need for this trade unionism to be directly related to the experiences of members.

"At the most general level, for a union to be democratic it should be based on the immediate and direct concerns and experiences of members as workers enmeshed in complex and particular employment relations. This requires that the primary unit of union organization is rooted in the workplace, that is, the workplace-based branch."(13)

While this thesis shares Fairbrother's concerns, it also argues that the 'trade union agenda' limits the degree to which even workplace based trade unionism can reflect the direct concerns and experiences of women members.

The writers who have specifically addressed the issues of women's participation have tended to do so outside of the general debates around trade union democracy. The next subsection will therefore summarise the main arguments from these debates.

Women's Participation

The literature on women's participation was discussed in Chapter 2, and described as the 'practical literature'. This literature lists various factors which may hinder participation. The literature was criticised for lacking a theoretical basis and failing to indicate the relative importance of the factors. Five main reasons for non-participation can be identified: domestic responsibilities, time and place of meetings, organisation of work, sexist attitudes, and lack of confidence. Each of these will be briefly reviewed here. It will be argued that the writers have not produced sufficient evidence to show that these factors adequately explain the level of women's participation in unions.

a) Domestic responsibilities.

A major theme in much of the literature was that women do not participate in trade unions because they give time and emotional priority to the domestic sphere.(14) Whilst recognising the additional burdens on women of domestic responsibilities, these arguments were criticised for giving too much emphasis to this explanation. The material from this thesis suggests that union involvement is possible for women despite such responsibilities, and that women's concern for the

domestic sphere does not necessarily exclude an interest in issues related to paid employment.

b) Times and places of meetings.

Many of the writers criticise the times and places of meetings which made it difficult for women to participate.(15) The material in Chapter 11 showed that meetings in work time were much more frequently attended. However, it also showed that meetings varied in the degree to which they enabled participation. This suggests that there is a need to distinguish between meeting attendance and the nature of participation within meetings. The way in which meetings are organised may be as, or more important than the time and place of the meeting.

c) Organisation of work.

Coote and Campbell argue that the organisation of women's work makes involvement in union activities more difficult.(16) This is supported by the material in Chapters 8 and 9 which indicated ways in which the construction of women's ancillary work militated against the development of collective organisation. Furthermore, the material in Chapter 10 indicated that the nature women's jobs made the carrying out of duties attached to union posts, more difficult.

d) Sexist attitudes.

Arguments have been made that individual men act in such a way as to discourage women's involvement.(17) Individual examples of such action was found in this research: see for example the branch meeting of NUPE Warwick described in Chapter 10. However, the majority of male unionists interviewed in the research expressed some concern over the lack of participation by women members. This indicates that an explanation requires a more complex analysis. Without being grounded in a particular theoretical approach this argument has little explanatory value. It is the contention of this thesis that the application of Lukes' three-dimensional view of power provides a framework in which the systematic exclusion of women's interests from the 'union agenda' can be explained.

e) Lack of confidence.

Many of the writers suggested that women lack the confidence to enable them to participate.(18) As an explanation, this runs the risk of pathologising women as particularly weak and passive. However, there are further problems about the concept of confidence, around how it is measured and how it is developed. It is difficult to establish whether women's lack of confidence in relation to trade unions is a cause of non-participation, or a result of non-participation. On the one hand, confidence may result from experience within unions, and therefore cannot be used to explain participation. On the

other hand, it may reflect levels of information and knowledge about unions, and therefore indicate a barrier to participation. Since the argument of the previous chapter was that women's expectations and demands are shaped by the 'trade union agenda', a lack of confidence may in part be a result of the limiting of those expectations. The literature has not yet provided a clear case to show that women's lack of confidence can explain their levels of participation in unions.

Although these factors (a. to e. above) do have some value in explaining the level of women's participation in unions, they all offer only partial accounts. They indicate some of the structural developments that are necessary in order to enable women to participate. In the next sub-section it is argued, however, that the discussion of the 'trade union agenda' offers an analysis of underlying limitations to women's participation.

The 'trade union agenda' and participation

The central argument of this chapter is that while women see trade unions as largely irrelevant to their workplace concerns, there is no impetus to becoming more involved in union activities. This argument appears to be supported by Cunnison's research.

"The women deemed the union irrelevant to the day-to-day problems in the kitchen. Everyday problems were thought of as the concern of each worker, to be solved by herself or in conjunction with the supervisor. While

I was at the kitchen only one woman, the one who later became the shop steward, ever suggested going to the union over a problem. We all took her remarks as a joke. The main function of the union was seen as representing the women in pay negotiations. The fact that wages were negotiated centrally meant that there was no occasion for the women to become directly involved over this issue themselves, as often happens in manufacturing. The other function of the union, in the women's eyes, was to solve exceptional problems when they themselves, or their supervisor, had failed, or to tackle any problems that arose about the behaviour of the supervisor herself."(19)

However, Cunnison's analysis appears to identify this lack of involvement as some form of limited consciousness which was challenged by involvement in industrial action. She describes the school dinner staff as developing an 'increasing awareness' about the relevance of trade unions:

"The evidence of this research shows an increasing awareness on the part of individual women of the relevance of their union to their position as wage earners and of the need for direct representation of themselves as women workers at their union."(20)

It is the argument of this thesis that the sort of 'increasing awareness' which Cunnison refers to is directly related to women's experience of trade unions. In the context of industrial action, the trade union became more relevant to the women as workers. This is to focus attention on the union role rather than on the consciousness of the women workers. Women's expectations are grounded in their experience, and in this case the experience during industrial action led the women to identify a relevance of trade unions.(21) Once expectations of trade unions had been raised, the women were able to

identify the need for structural changes to facilitate involvement.

In this thesis the argument is that there are limits to the degree to which participation can be improved while the 'trade union agenda' excludes issues specifically relevant to women, and that changes to the 'union agenda' cannot be easily brought about by individual women or groups of women. The claim is that participation and representation inter-connect in a complex way, and low levels of participation cannot be understood by reference to false consciousness or lack of union awareness. Levels of participation can only be understood in the context of a form of trade unionism which excludes issues specific to women workers, and which women perceive as irrelevant to their issues and concerns in the workplace.

SUMMARY

This chapter has demonstrated that the issue of participation is more complex than indicated in much of the literature. There is some indication that because of the restricted 'trade union agenda', women ancillary workers are more likely to be involved in workplace struggles which are defined as outside of union activities. The previous chapter showed that as trade unions appear largely irrelevant and distant, women workers deal with problems on an individual basis. This chapter

suggests that the forms of workplace struggle women engage in tend not to be recognised or supported by local union officers.

The degree to which women workers have a work consciousness tends to be under-estimated. The women in this study were found to be more active in union activities than could have been anticipated from the literature discussed in Chapter 2. Women appeared to find it difficult to attend meetings and hold union posts, although they had high levels of participation in strike action, picketing and attending demonstrations. This suggests that an assessment of the level of participation which relies on meeting attendance and post holding will further under-estimate the actual activities of women members.

Women's extra responsibilities in the family, their lack of confidence in relation to trade unions and the nature of work organisation all have an impact on women's ability to attend meetings and hold union posts. These explanations are relevant, but they cannot explain the overall form of women's participation.

Shop stewards were found to work on the assumption that women were apathetic, and that it was women's own fault for not being more active in their union branches, because they were more concerned with their families, because they were not

interested, and because they did not speak English. The picture depicted by the shop stewards was based on meeting attendance and willingness to become a shop steward, and was one which undervalued the actual activities of the women members.

The structure and organisation of the unions themselves was regarded uncritically by the shop stewards, although this chapter demonstrates that there were considerable structural problems related to participation. There were problems of communication between stewards and members and there was a problem of the lack of a route by which members could become more active.

There were similar problems with participation even in branches which had ^{made} very different structural developments. This suggests that structural manipulation cannot guarantee increased participation, although it is a prerequisite for it. Underlying these structural problems is a problem about the relevance of trade unions to the experiences of the workplace. The steward who made the following comment did not feel that his comment raised any questions about trade unions.

"The real problem is trying to persuade them that the union is useful."
(Male nursing steward COHSE Central)

The argument of this thesis is that the real problem is how to

make trade unions useful to the experiences and concerns of women workers.

Notes

1. The list of activities was drawn up after reference to other research, see Stageman 1980 1. pp77-82 on a NUPE Health Services branch.
2. See Stageman *ibid.* and Mori poll figures on union activity in Coote and Kellner 1980 p33.
3. This is interesting in light of the example cited by Heritage 1983, where strike action in the banking sector resulted in women joining the union in greater numbers than men - see pp142-6.
4. Stageman 1980 1. in Coote and Kellner *op.cit.*
5. See Parmar 1982 pp249-68.
6. See for example Beale 1982, Aldred 1981, and Ellis 1981.
7. See Cohen 1987 Chapter 6 on resistance amongst migrant workers, see also Moore 1975 Chapter 5.
8. Cunnison 1983 p92.
9. *Ibid.* p93.
10. See Coates and Topham 1980 especially Chapter 3.
11. *Ibid.* p67.
12. Fairbrother 1986.
13. *Ibid.* p177.
14. For example see Beale *op.cit.*, Coote and Campbell 1982 and Aldred *op.cit.*
15. Stageman 1980 1., Beale *ibid.*, Ellis *op.cit.*, and Coote and Campbell *ibid.*
16. Coote and Campbell *ibid.* Chapter 5.

-
17. Aldred op.cit., Beale op.cit., and Stageman 1. op.cit.
 18. Beale ibid., and Coote and Campbell op.cit.
 19. Cunnison op.cit. p84.
 20. Ibid. p93.
 21. Lane and Roberts 1971 discuss the process by which involvement in industrial action can lead to increased union involvement and demands. Se also Heritage op.cit.

Chapter 14

Conclusions

This thesis is primarily about working class women and the effectiveness of trade unions in representing their interests. It has drawn on, and attempted to link two bodies of literature which have developed relatively independently. These are the sociological literature on work and unionism, which tends to ignore the specific implications of divisions of gender and race, and the literature on women and trade unions which lacks a general theoretical underpinning. The thesis aims to contribute towards the development of academic debates in this area, and to highlight some of the practical implications for trade unionism.

This final chapter is divided into four main sections. The first part briefly reviews the main arguments which have been made during the thesis. The second draws out some of the implications of this study for the union branches in the research. The third points to those areas which require further research, and the final part assesses the potential for

change within British unionism and makes a number of proposals in terms of the directions for action.

THE MAIN ARGUMENTS

Three main arguments have been advanced in this thesis. These are firstly that there exists a limited 'trade union agenda', secondly that work is constructed by reference to gender which results in specific interests, and finally that trade union involvement can only be understood in the context of both structural organisation and the ability of unions to reflect the experiences of workers. Each of these will be examined in turn.

The 'Trade Union Agenda'

Drawing on Lukes' work on power, the central argument of the thesis has been that there exists a 'trade union agenda' which limits the sort of issues which trade unions deal with. In particular, it excludes a number of interests specific to women workers, and interests specific to black women workers.

This restricted 'agenda' serves to promote lack of interest in unions, since they appear irrelevant to the experiences of workers and of the workplace. In this way a lack of interest in unions does not reflect false consciousness, but a reaction

to the realities of experience. To assume that this lack of interest reflects an apathy towards the process by which workers are exploited within waged labour, fails to appreciate the way in which workers' expectations are limited. This argument was illustrated in Chapter 12 where it was shown that women ancillary workers rarely identified the trade union as the appropriate arena in which to raise their interests and concerns. The material from this chapter also suggested that issues particularly relevant to black women workers may be even further removed from the 'union agenda'.

Furthermore, as a result of the limited representation of women's interests, the 'union agenda' serves to discourage the participation in unions by women workers. Chapter 13 showed that where trade unions appeared irrelevant, women ancillary workers either made individual and ad hoc responses to their problems or 'put up' with the problems in a fatalistic fashion. In this way participation is linked in a complex way to the process of representation of interests. The evidence of the failure of union officers to acknowledge workplace struggle in hospital ancillary work suggests that such struggles may be channelled away from union organisation. In this way the restricted 'agenda' may serve to limit the sort of workplace activities which are regarded as part of union involvement.

It has been argued that the 'union agenda' results from an institutional mobilisation of bias, in the context of an historical development of trade unionism based on the maintenance of division and hierarchy. The 'union agenda' develops in a dynamic process in which it is shaped by, but also shapes, the expectations and demands of members. The 'agenda' tends to be reflected and reproduced by all actors within the union movement, including those members whose interests are excluded.

Since the 'agenda' is not static, however, it does retain the potential for change. This may come about through changes in the make-up of the labour market which results in changes in union membership. As unions become more reliant on women for membership, arguments for developing the scope of union activities carry greater weight. It may also be challenged by the activities of groups or individual members, as women and black workers organise to assert their specific interests. Despite these pressures the union movement retains an immense ability to absorb a changing membership without fundamentally altering the 'union agenda'. This was illustrated by the example given in Chapter 8 of the way in which apparent challenges to grading structures actually conceal the consolidation of the hierarchy of labour based on sex. This indicates a need for caution in the assessment of changes to the 'union agenda'.

The Organisation of Work

A study which aimed to identify those interests of women workers which do not appear in union activities, necessitated a detailed study of work itself. Through the analysis of women's ancillary work in the NHS, a number of arguments were made about the nature of women's work.

The central argument in this section of the thesis was that the crucial division of interest between men and women in the labour market stems from the hierarchical division of the labour market by sex, and mediated by race. Central to this theme was the argument, made in Chapters 8 and 9, that work is constructed in relation to gender and race. It was argued that the gendering of work draws on stereotypical notions of masculinity and femininity, and is so adaptable that it causes certain tasks to be regarded as 'naturally' women's work in one place, and 'naturally' men's work in another. These arguments were developed in relation to the differentiation of men and women cleaners and of catering assistants and kitchen porters. Furthermore, depending on the available supply of labour, different tasks were defined as more or less appropriate for women of Asian origin. With an increasing supply of white women workers, ancillary work appeared to be in the process of being redefined as inappropriate work for women of Asian origin.

The gendering of work was formalised in grading structures which maintained women at the bottom of the hierarchy of labour. It was demonstrated that apparent attempts to challenge that hierarchy of labour have in fact served to make divisions within grading structures less overt, while maintaining them. It was argued that these grading structures are maintained and legitimated by skill definitions which under-value the tasks involved in women's work.

There were indications that the restructuring of work also is linked to its gender construction. There was a trend towards the substitution of part-time jobs for full-time jobs. There was also some evidence that this included the substitution of white workers for black workers.

This suggests that women have a number of specific interests related to this hierarchy of labour. In developing this proposition it was demonstrated that women have a number of other specific interests related both to the immediate workplace and to wider issues. This construction of women's work militates against the development of a collective identification in a variety of ways. Furthermore, the specific organisation of women's work hinders active participation in union activities. Nonetheless, despite these restrictions, women workers cannot be assumed to have no work consciousness,

and are frequently involved in workplace struggles over the control of work.

Trade Union Organisation

It is evident from this research that the women ancillary workers rarely refer issues or problems at work to the unions, making individual responses, or just making the best of the situation and doing nothing. Even where shop stewards and branch officers were aware of issues affecting women members, they rarely took any action. This situation is the result of the restricted 'union agenda'.

The evidence suggests that the concentration of research and of union officers on formal types of participation, underestimates the degree to which women ancillary workers are involved in workplace and union activities. There is, however, an indication that structural changes in unions, in terms of improved workplace organisation could improve both the representation and participation of women members. There is a problem around the lack of communication with members, and there is a lack of a forum in which members could begin to articulate issues. The material from Chapters 10 and 11 pointed to the need for certain structural developments as a prerequisite for the representation and participation of women members.

Shop stewards and branch officers were found to have a stereotypical view of women members as apathetic, and this also tends to be assumed in much of the literature on women and unions. This stereotype has been challenged in the research since it does not reflect the experience of the workplace. Stereotypical views of Asian women as particularly passive have also been criticised and alternative forms of activity which are defined as outside of trade union organisation were identified.

Explanations for the level of women's involvement in trade unions, by union activists and in the literature concentrate on women's domestic role as preventing participation. Whilst recognising that there are additional burdens on women, it is the case that too much emphasis is put on this factor. In particular it is used by union activists to justify their own inactivity towards women members.

Generally there is a tendency in the literature and amongst activists to pathologise women members, to blame them for low levels of union involvement. This research aims to re-direct debates to consider the role of trade unions themselves, and the way in which the interests of certain groups of workers are excluded from the 'trade union agenda'. It also points to the need for the development of workplace union organisation and structures to enable union involvement. Such developments

could serve to improve the involvement of all union members. In the light of the discussions of the 'trade union agenda', however, it becomes apparent that there is a particular need to improve communication and facilitate the articulation of interests amongst women and black members.

UNION BRANCHES IN THE STUDY

While the union branches covered in this research varied considerably in the extent to which they had developed workplace organisation, there was similarity in terms of the sorts of issues they were dealing with. In all of the branches shop stewards and branch officers were resistant to the idea of particular groups of workers having specific interests. This was despite their own ability to identify some of the particular problems facing women ancillary workers, and in some cases women of Asian origin. It was argued that the contradictory views expressed by stewards resulted from the disjunction between the 'trade union agenda' and their experience of hospital ancillary work. This suggests the need for an emphasis on the role of the shop steward of relaying members' interests and concerns 'upwards' within union hierarchies, rather than passing 'down' information.

These discussions highlight the need for structural changes within unions to enable the development of expectations and

articulation of interests amongst members. Of the unions in the research, the NUPE branch in Coventry had by far the most extensive shop steward system. The branch had recruited a large number of women ancillary workers as shop stewards, yet still many of their interests were not articulated within the branch. This was also linked to the dominance of branch officers in union meetings and the lack of a forum for discussion. One possible development in this branch would be the setting up of regular workplace meetings in which members could discuss the issues and concerns they have. Another development would be the setting up of sectional steward meetings which might serve to counter centralising tendencies in the branch.

In comparison, the main concern of the COHSE Branch from Central Hospital was the extension of the shop steward system. While the branch had no ancillary stewards there were no routes of communication between the ancillary staff and the wider union structures. This situation was exacerbated by the lack of women stewards and particularly the lack of women stewards of Asian origin. This branch had, however, been the most successful in enabling membership participation in union meetings.

In all of the branches centralisation of power within branches was identified as a problem. In the NUPE Branch at Warwick

Hospital this was particularly linked to the dominance of the full-time official, who did little to assist in the development of a participative trade unionism. The branch also had a poorly developed shop steward system and openly discouraged participation in union meetings. Membership involvement would require considerable change in all of these areas.

The COHSE Branch at Warneford Hospital similarly had a weak shop steward system, in which many staff did not know who their shop steward was. The impetus for communication was left with members. The membership survey indicated considerable interest in the union, yet members did not know where to take that interest. Again the situation was worsened by the absence of shop stewards of Asian origin.

The key points to emerge from the research were the needs for a line of communication between the branch and all groups of workers, and for arenas in which members' interests could be articulated. These are particularly important in the context of work structured around race and gender, resulting in interests specific to women and black workers.

AREAS FOR FURTHER RESEARCH

Since the whole area covered by this thesis tends to be under-researched, any further research is to be welcomed and

encouraged. In particular there is relatively little research on women's work in the service sector, and relatively little research which attempts to integrate an understanding of the issues affecting black women. However, a number of specific areas require particular attention.

In terms of the organisation of work, the indications that there may be a process taking place of the substitution of part-time white women workers for full-time black women workers, urgently requires attention. This process could be facilitated by the use of private contractors, who would bring in a new workforce. Therefore, the employment practices of private contracting firms needs to be investigated, in the light of the possibility of a relatively hidden route for black workers to take the brunt of the recession.

In relation to trade union organisation, two main areas were identified as requiring further research. Since this research has suggested that the extent of women's actual involvement in workplace union activities is under-estimated, more research is needed which examines the frequency of such involvement over time. Research is also necessary which considers whether there is any racial variation in frequency of membership involvement in unions.

It was beyond the scope of this research to develop the argument that where unions are tackling issues relevant to black workers, they are the issues relevant to black male workers. Research is needed to assess the degree to which this is the case.

THE POTENTIAL FOR CHANGE IN BRITISH UNIONISM

The main implication of this thesis is that the key to improving women's participation and representation within trade unions, is a challenge to the restricted 'union agenda'. All of the literature discussed in Chapter 2, identifies positive action as the route to change. (See Appendix I for a discussion of positive action.) Although positive action does serve to keep issues affecting women in the arena of debate, the implications of the arguments made here, are that positive action is inevitably limited. Positive action has focussed on the senior positions within unions, and the arguments here suggest that change must come from the workplace. Although attempts to get women into senior posts in unions do not in themselves challenge the 'trade union agenda', they may help to create a climate in which such a challenge is more likely.

In relation to union structure at the level of the branch, a number of developments would assist a challenge to the 'union agenda'. Firstly, a prerequisite of involvement is a workplace

based shop steward system. Without this there is no link between members and the wider union. Secondly, there need to be improved routes for the flow of information, particularly upwards, from members to shop stewards and branch officers. Finally, linked to this, there is the need for the development of workplace based meetings or discussions for members and stewards. These would provide a forum in which women members and stewards would feel more confident, and could begin to articulate the problems which they actually face.

In general terms, there is a need for greater debate about the actual nature and role of trade unionism, at all levels of the union movement. In the late 1980s, British unions are relying more than ever on women workers, on part-time women workers and on black women workers for union membership. The 1989 TUC Conference opened with a debate about the representation of women on the National Executive Committee. Most of the larger trade unions are running membership campaigns aimed specifically at women workers. However, this thesis suggest that the present challenge facing trade unions is one of transforming the fundamental nature of their role in their representation of members. Some of the changes occurring at present may indicate that the union agenda is entering the process of change. Only a long term study of the sorts of issues union are taking up will show whether this is the case.

Appendix I - Positive Action.....	476
What is Positive Action?.....	476
What are the problems with Positive Action?.....	481
Appendix II- Methodology.....	487
Background to Methods.....	489
Research Techniques.....	497
Summary.....	505
A. Interview Schedule - Ancillary Shop Stewards.....	508
B. Interview Schedule - Non-Ancillary Shop Stewards.....	517
C. Questionnaire - Women Ancillary Workers.....	524
Bibliography.....	532

APPENDIX I

Positive Action

The literature which was discussed in Chapter 2, which was described as the 'practical' literature on participation, has been the most influential in terms of actual policy and action. Unfortunately the piecemeal nature and lack of direction or theoretical underpinning in the literature is reflected in the debates around positive action. Without dismissing the concept of positive action in trade unions, it will be argued that there has, as yet, been no coherent policy and that positive action as described in the literature has underlying limitations.

WHAT IS POSITIVE ACTION?

Positive action is the name given to initiatives aimed at increasing women's involvement, in this case, in trade unions.(1) Under Section 48 and 49 of the 1975 Sex Discrimination Act, trade unions may encourage women to join or encourage women to apply for posts within the union, if, over the previous twelve months no women or relatively few women

have been members or post holders. If women are under-represented on elected bodies of trade unions, a number of seats for women may be reserved or created. However, voting cannot be restricted to women, nor can there be any other discrimination in election procedures. This means that virtually all unions can lawfully make specific attempts to recruit women for posts and provide any training that they may need.

In 1979 the TUC adopted the following Charter for equality for women in trade unions which supports certain forms of positive action:-

1. The National Executive Committee of the union should publicly declare to all its members the commitment of the union to involving women members in the activities of the union at all levels.
2. The structure of the union should be examined to see whether it prevents women from reaching the decision-making bodies.
3. Where there are large women's memberships but no women on the decision-making bodies special provision should be made to ensure that women's views are represented, either through the creation of additional seats or by co-option.
4. The National Executive Committee of each union should consider the desirability of setting up advisory committees within its constitutional machinery to ensure that the special interests of its women members are protected.
5. Similar committees at regional, divisional, and district level could also assist by encouraging the active involvement of women in the general activities of the union.
6. Efforts should be made to include in collective agreements provision for time off without loss of pay to attend branch meetings during working hours where that is practicable.
7. Where it is not practicable to hold meetings during working hours every effort should be made to provide child-care facilities for use by either parent.

-
8. Child-care facilities, for use by either parent, should be provided at all district, divisional and regional meetings and particularly at the union's annual conference, and for training courses organised by the union.
 9. Although it may be open to members of either sex to go on union training courses, special encouragement should be given to women to attend.
 10. The content of journals and other union publications should be presented in non-sexist terms.(2)

This Charter has formed the backdrop to arguments for positive action programmes. In the literature, there are five main strategies for introducing some form of positive action for women in unions. These are: holding women's conferences, reserving seats for women on elected bodies, setting up women's committees, providing women only union education courses, and appointing special full-time officials with responsibility for women members.(3) Each of these will be briefly discussed in turn.

Women's conferences

The first TUC Conference for Unions Catering for Women Members was held in 1925, after criticisms from women members after the merging of the Women's Trade Union League with the TUC in 1920.(4) The Women's TUC stopped in 1928, but was revived in 1931, and has continued ever since. Motions to the Women's TUC 'must deal only with subjects specifically relating to the organisation of women and young persons', although the definition of what this means has caused controversy at

Conference.(5) The Conference can only act in an advisory way to the TUC, none of its recommendations are binding. All unions with women members may send delegates to the Women's TUC, and delegates may be women or men.(6)

Arguments for the Women's Conference are that it ensures that issues affecting women are kept on the agenda of the union movement, and that it provides a stepping stone for women to further activity.(7)

Reserved seats

This too is not a new idea. When the Women's Trade Union League joined the TUC, a separate trade group was established for women workers.(8) This trade group was allocated two seats on the TUC General Council - in effect two reserved seats for women. This continued until 1981, when the number of reserved seats was increased to five. Any union with women members may nominate for the seats, and if there is a contest, all congress votes.

In 1975, NUPE established five women's seats on its executive council, and since then, more women have been elected onto the council. This experience has supported arguments that reserved seats may encourage more women to become involved, and as with

the Conference, ensure that issues affecting women are kept on the agenda.(9)

Women's committees

The TUC has had a Women's Advisory Committee since 1931, with an aim of promoting the interests of women.(10) This committee consists of eighteen members, ten appointed by the TUC General Council, and eight elected at the TUC Women's Conference. Up to 1978, men were in a majority on this committee.

During the last ten years many unions have established procedures for setting up women's committees at various levels.(11) The aim of the committees is to provide a focus for an alternative network for women in the union. The work carried out by women's committees varies, but may include doing surveys on the position of women in the union, organising training courses for women, writing pamphlets, or organising campaigns or lobbies. Depending on the union, some committees include male members.

Women only training courses

There has been a considerable development during the late 1970s and early 1980s of women only courses, especially encouraged by particular unions such as NUPE.(12) The aim of such courses is

to give women a chance to increase their knowledge and skills, to work out their own approach as women trade unionists, and to give them the confidence to become more involved in work and other educational courses.

Reports from women who have been on such courses are usually very positive, although there is no available research which actually links women's training to women's post holding.(13) However, those unions such as NUPE which have encourage women only courses have considerably improved the proportion of women members holding posts.

Special full-time officers

Most of the larger unions with significant numbers of women members now have a full-time official with specific responsibility for women.(14) There is no research on the effectiveness of such officials, although they may be able to develop union research, union literature, support committees, and encourage women's training within the union.

WHAT ARE THE PROBLEMS WITH POSITIVE ACTION?

Two fundamental objections are made about positive action. Firstly, Ellis argues that such measures are divisive.(15) She argues that strategies are needed that integrate men and women,

rather than separate them. This criticism has been made of all aspects of positive action, although over the years the Women's TUC has received particular criticism. As a result, it is argued many unions do not send delegates, some unions do not send their full quota of delegates, and some only send delegates in order to propose the abolition of the conference. Rather than accept this argument, it can be claimed that unions at present are divided, women members have been marginalised and their interests neglected to such an extent that existing structures are incapable of meeting their needs.

Secondly, Aldred argues that women's unequal position within trade unions is just one aspect of women's exploitation, and that it is only when the general problems are dealt with, that women will be able to play a full role in trade unions.(16) Whilst this research broadly supports this argument, its fatalism is not very helpful. This argument implies that trade unions themselves simply reflect inequalities and are not a site for the reproduction of inequality, an assumption which has been challenged in this thesis.

There are several more specific criticisms of particular aspects of positive action. Beale argues that reserved seats may be tokenistic.(17) She suggests that where the number of seats is too small, women's voices may be lost, although she does not say what number or proportion of seats are required to

be effective. Beale also argues that because many of the women's committees include men, they lose some of the specific advantages of women only groups.(18)

Coote and Campbell describe four potential problems with positive action.(19) They suggest that because of poor communication within unions, many members do not know about these facilities. They also argue that women's committees or women on reserved seats may seem remote from members. One way to attempt to prevent this would be the development of women's committees at all levels of union structures. However, this leads to the third problem, that of resistance by male officials at all levels of the union. Most unions do not have the right to instruct regions to set up women's committees and so their development has been patchy. While arguments go on at higher levels in the union, most women members are completely unaware of the situation. The final problem raised by Coote and Campbell is that because of the structures that isolate them, some women who have reached high positions within their unions have not always been the best supporters of new measures to encourage women's activism. This may be because they become comfortable as token women and lose sight of the problems, or because they become over-cautious.

Despite identifying these problems with various aspects of positive action Beale, and Coote and Campbell all support

positive action.(20) They conclude that no one measure alone will be effective, rather that we need a broad programme of positive action. Nowhere in the literature is there any indication of how to assess the scope and limitations of positive action. This thesis has suggested that changes to workplace organisation are more important to the development of a participative trade unionism than national changes. The strategies of positive action do provide, however, the possibility and forum for some challenges to the restricted 'trade union agenda'. For such challenges to be effective changes at national levels in unions must be matched by changes at local levels.

Notes

1. For discussions of positive action see Socialist Challenge 1980, Robarts et.al. 1981, Equal Opportunities Commission (EOC) 1982, TUC 1984, NALGO undated, and Stamp and Robarts 1986.
2. TUC 1982 p17.
3. For discussion of these issues see Beale 1982 Chapter 7, Coote and Campbell 1982 Chapter 5, Ellis 1981 Chapter 5 and 1988 pp136-43, and Aldred 1981 Chapter 6.
4. For detailed historical information see Drake 1984 (first published 1920).
5. Coote and Campbell op.cit. pp160-1.
6. See TUC August 1987 for a discussion of the role of the TUC.
7. Beale op.cit. Chapter 7, Coote and Campbell op.cit. pp160-7, and Stamp and Robarts 1986 Chapter 5.
8. See Drake op.cit.
9. Stamp and Robarts op.cit. pp87-91.
10. See Drake op.cit.
11. Beale op.cit. Chapter 7, Coote and Campbell op.cit. pp160-7, and Stamp and Robarts op.cit. Chapter 5.
12. Stamp and Robarts ibid. pp87-91.
13. See Stamp and Robarts ibid. Chapter 5, Beale op.cit. Chapter 7, and Coote and Campbell op.cit. pp160-7.
14. Ibid., see also Heery and Kelly 1988.
15. Ellis op.cit. pp56-7.

-
16. Aldred op.cit. Chapter 6.
 17. Beale op.cit. pp99-101.
 18. Ibid. pp101-3.
 19. Coote and Campbell op.cit. pp163-5
 20. Coote and Campbell op.cit. pp163-7 and Beale op.cit.
Chapter 7.

APPENDIX II

Methodology

The fieldwork for this thesis was carried out between 1982 and 1984, when the research was supported by an Economic and Social Research Council(ESRC) grant. This appendix outlines the research methodology used in the collection of data for the thesis. The ideas have, however been developed since that time in two major areas of work. These include work on an ESRC funded project on professionalism and unionism amongst nurses and social workers between 1984 and 1986 in the Department of Applied Social Studies at the University of Warwick, and work as a trade union tutor and researcher with the West Mercia District of the Workers' Educational Association(WEA) since 1986.(1)

The project on professionalism and unionism was focussed particularly on nurses and social workers, although since the research took place in Coventry it involved continued contact with the NUPE Branch covering Coventry Hospitals included in this research. This thesis does not draw directly on

interviews with branch officers and shop stewards carried out during this project, although it provided an important arena in which to develop the ideas outlined here. Work on this project also provided a longer term context in which to understand changing roles and strategies by both management and unions. In particular it enabled a greater understanding of the trends in the NHS during the 1980s, including the extension of managerial control and the continued push towards competitive tendering. Through a focus on the changing roles of trade unions and professional associations the project also enabled a more complete picture of worker organisation in the NHS to be developed.

Work with the WEA trade union studies section, based in Coventry, has further continued direct contact with shop stewards from the NUPE Coventry Hospitals branch. Furthermore, it has provided a more general and on-going contact with trade union activists. This contact has been crucial in developing the central arguments in this thesis. This work has provided a forum in which to develop a greater sensitisation to the issues and concerns of workers in the NHS, as well as an appreciation of the particular problems facing unions within the NHS. The experience of working within trade union education has also given an opportunity to consider the processes by which change can be achieved within trade unions.

In this outline of the research methodology, the discussion is divided into four main sections. Firstly the background for the research is described - how the questions for research were initially defined and why hospital ancillary work was chosen as a research field. In the second section the choice of the particular hospitals covered in the research is explained and access with both management and with trade unions is discussed. In the third section the actual research techniques are outlined and the advantages and problems found with the methods are considered. Finally, the section is concluded with a summary of the successes and limitations of the methodology. Interview schedules and questionnaire layout are included at the end of the Appendix.

BACKGROUND TO METHODS

The research was approached with a supportive attitude towards trade unions, although with a concern about the adequacy with which women's interests were represented in them. This concern had developed during the completion of an MA dissertation on the position of women within the National Union of Hosiery and Knitwear Workers.(2) The literature on the role of women in unions seemed problematic in that it tended to treat women as a homogeneous group. There had been little research which focussed particularly on working class women who were doing manual work in jobs which could be identified as 'typically

female', particularly in the service sector. This was linked to a belief that an understanding of women's role within trade unions required a detailed understanding of women's position within employment. This suggested that more research was needed that actually looked at individual workplaces and the processes by which interests were articulated and represented. From these general interests and concerns grew the research for this thesis.

Defining the questions

The research was not approached with a specific hypothesis to test, rather with a set of questions about how the level of women's involvement in unions could be explained. The arguments set out in the thesis were developed from the empirical research, although approached from the basis of a feminist Marxist perspective.(3)

The initial questions were divided into three sections:-

1. What is the structure and organisation of women's work?
How is it changing?
What are the issues affecting women in work?
2. What is the structure and decision making process of trade unions?
What role do women take within their unions?
What is women's experience of trade unions?

3. How does the organisation of work affect trade union involvement?

How do unions link into workplace issues?

How are women's interests represented in trade unions?

During the fieldwork this set of questions was extended and developed, although the basic framework was retained.

Within feminist research there is a problem with looking at 'women in..' or 'women and..', in that it tends to 'de-normalise' women, making men the 'normal' and women the 'abnormal'.(4)

"What such a question does is to separate women from the generally human and posit them as an 'other' which in some way needs to be explained, justified, and/or defended."(5)

As Patai indicates this then runs the risk of pathologising women. From the outset, this research has aimed not to fall into this trap. Throughout the research the aim has been not to pose the centrality of the male. Despite these observations, the title of the thesis 'Women in Trade Unions' was retained as best describing the research. It is the contention of the thesis that it is not the research methodology that problematises women, rather that through the 'trade union agenda' women have already been constructed as 'abnormal' in trade union terms, and that this process must be revealed.

Initially the issue of race had not been identified as central to the research. Once fieldwork had begun, however, it quickly became apparent that it was crucial to the area of work chosen. The thesis therefore attempts to make an analysis which integrates issues of race rather than merely adding them on at the end. Nonetheless, the thesis is primarily about women, although it does not assume women to make up a homogeneous group.

The Research Field

From the very early stages, catering and cleaning workers were identified as the groups who most clearly fitted the initial criteria of working class women doing 'typically female' jobs. A comparative approach was chosen, rather than an individual case study approach, as being more likely to provide data from which generalised conclusions about trade unions might be drawn. It was decided that the comparison was to be between trade union branches recruiting women members from broadly similar work. In this way it was hoped that differences between union branch organisations would be highlighted. The possibility of carrying out a comparison between the public and private sectors was considered. The research, however, being focussed on representation and participation, required groups of workers with high levels of union membership. Since catering and cleaning workers are less likely to be union members in the

private sector, it was decided to restrict the research to the public sector. A comparison between union branches recruiting groups of women workers in the public sector was chosen. This provided the possibility of comparing union involvement in similar work, but in different settings.

The NHS is the largest single employer of women in catering and cleaning in the public sector. Hospital ancillary workers were therefore identified as the most appropriate group for the purposes of the research. A comparison between unions recruiting women in different areas of the public sector was considered. It was decided, however, that the choice of a single employer, the NHS, provided both variety in relation to different management strategies at different hospitals, but also opportunity to consider in greater depth the nature and organisation of cleaning and catering work in the Health Service. Because the research was founded on the assumption that an understanding of trade unionism requires an understanding of the organisation of work, it was felt that the choice of a single employer would better facilitate that understanding of work.

The two trade unions chosen for the research, NUPE and COHSE, were identified as the major recruiters of women ancillary workers. NUPE was selected as the union with greater links with manual work, and as a union which had given considerable

attention to developing its organisation in order to facilitate membership participation.(6) In particular, it had given attention to the position and role of women members and shop stewards.(7) Since COHSE had given less attention to organisational change and was historically more closely linked with nursing, it was decided that it might offer a distinctive comparison in local branch organisation. It was decided to include more than one local branch from each union, to enable a comparison both between unions and between branches within each union.

The choice of the hospitals was both pragmatic, in terms of distance from the University of Warwick, and a choice which provided a range of types of hospital. The four hospitals varied from small to large, from general acute services to psychiatric, and from city centre to rural settings. They also came from two Health Authorities which offered the possibility of a comparison of employment policies. The choice of hospitals also enabled the research to cover local organisation at two branches of each of the unions, NUPE and COHSE.

Wherever possible comparable data was collected from each of these settings, although different degrees of access with both management and unions did not always make this possible. The extensive nature of the research field also resulted in limited time in each workplace. The benefits of the comparative

approach, however, were felt to outweigh the problems of limited depth. Where more detailed data was required, for example in the membership survey discussed in Chapters 12 and 13, two domestic services departments were chosen. In this way case studies were used within the general comparative framework.

Access

Since information on the organisation of work and union structures was required, it was necessary to negotiate access with both management and union officers.(8) Access took longer than anticipated, and turned out not to be a finite exercise, especially with the unions, where access had to be continually re-negotiated. The research was approved by senior management in both Health Authorities, and access gained to all catering and domestic services departments with the exception of the catering department at Coventry and Warwickshire Hospital. Access to this department was refused because it was in the process of being reorganised. The process of access was that management were approached formally by letter, and then through an interview. Once senior management had agreed, departmental managers all co-operated with the research.

Where possible initial contact with union officers was made through personal contacts in the union movement, followed up by

letters and interviews. It had been planned to include a NUPE Branch at Central Hospital, although access failed as branch officers failed to respond to telephone calls or letters. In two of the branches, NUPE at Warwick Hospital and COHSE at Warneford Hospital only partial access was achieved. Access had been agreed with the COHSE Branch at Warneford Hospital, but the election of a new Branch Secretary resulted in that access being limited. It seems likely that this was exacerbated by bad relations between old and new Branch Secretaries.

Access to shop stewards was gained through branch officers and senior stewards. In some cases key stewards hindered access to other shop stewards. In the NUPE Branch at Warwick the senior steward, who became Branch Secretary gave wrong information about times and places of meetings and failed to pass on questionnaires.

With different degrees of shop steward organisation, access to members had to be achieved through departmental managers. This posed the possible risk of members perceiving the research as linked to management. It was therefore made clear on the survey questionnaires that the unions were co-operating with the research, and stamped envelopes included to enable direct return to Warwick University. Despite the various access problems, a wide range of valuable data was collected.

RESEARCH TECHNIQUES

Given the extensive nature of the research, a selection of research techniques were used in order to maximise and confirm data.(9) These techniques included: unstructured interviews with managers and union activists; the collection of documentary evidence from managers and from union branches where possible; structured interviews with, and where not possible, questionnaires to shop stewards; observation in hospital departments and at union meetings, including the Leamington and Warwick Defence of the Health Service Campaign; and a questionnaire survey to members in the domestic services departments at the Warneford and Coventry and Warwickshire Hospitals. Each of these techniques will be briefly reviewed.

Unstructured interviews

Interviews with senior management, departmental managers and union activists served both as a means to gain access and as initial information gathering exercises. For this reason the interviews were carried out in an unstructured manner, although check-lists were used to obtain comparable data.(10)

All interviews with managers were carried out at the Hospitals. The information gathering aspect of the interviews with senior management was limited by the amount of time managers had

allocated for the interview and by the amount of information they had to hand. Interviews with departmental managers lasted an average of one and a half hours. In every case where access was achieved departmental records were made available, although the sort of data did vary slightly from one department to another.

Where possible interviews with union activists were carried out at the Hospitals, although in the case of the COHSE Branch at Central Hospital, at a public house. Branch officers varied a great deal in the amount of information they had about their own branches, which is reflected in the thesis. Particular problems arose in the COHSE Branch at Warneford Hospital, where a new Branch Secretary was elected during the initial stages of the research, the initial interview having been with the outgoing Branch Secretary. Brief notes were made during these interviews, and longer notes and impressions recorded in the fieldwork diary immediately after the interviews.

Documentary evidence

Both management and trade union activists were asked for documentary evidence. Hospital managers were asked for information on overall staffing levels and number of patients, which was provided in a varying degree of detail. (See Chapter 4). Departmental managers were asked for information on

staffing numbers, grades, hours, shifts, and job descriptions. In all of the departments where access was gained, these records were made available.

NUPE and COHSE were approached in 1983 at a national level for overall membership figures and union material and research particularly relevant to women members and ancillary staff. Both unions provided all available information. In 1989, they were again approached for recent figures and only COHSE responded.

Each union branch in the research was asked for a breakdown of their membership figures, to show the number of ancillary and women members and shop stewards. Only the NUPE Branch in Coventry was able to provide detailed information on this. Other branches gave estimates. Branches were also requested to provide a list of shop stewards; only the NUPE Branch at Coventry and the COHSE Branch at Central Hospital were able and willing to provide such a list.

Shop Steward interviews/questionnaires

The original plan for the research was to carry out in-depth interviews with all ancillary stewards at each of the hospitals in the study.(11) For this purpose a detailed interview schedule was designed. Two particular problems, however, soon

became apparent. Firstly, at two of the branches direct access was not gained to shop stewards. (NUPE at Warwick Hospital and COHSE at Warneford Hospital) Secondly, the COHSE Branch at Central Hospital had no ancillary shop stewards and the COHSE Branch at Warneford Hospital very few. Therefore, the interview schedule was designed in such a way that it could be used as a postal questionnaire. (See Interview Schedule A at the end of this Appendix.) Furthermore, a second interview schedule/questionnaire was designed which could be used with non-ancillary shop stewards. (See Interview Schedule B at the end of this Appendix.) Schedule B included less questions about the nature and problems of work which were designed for ancillary stewards.

The interview schedule A was piloted with shop stewards in the TGWU Branch recruiting ancillary staff at the University of Warwick.(12) Some minor changes were made to questions and the interview time was found to average one hour.

Where access was possible, the schedule was used to interview shop stewards. The COHSE Branch Secretary at Warneford Hospital refused to provide a list of shop stewards, but did agree to distribute the schedule as a questionnaire. This resulted in a low return rate. The NUPE Branch Secretary at Warwick Hospital refused to provide a list of shop stewards, and although he agreed to distribute the schedules he failed to

do so. There were therefore no responses from this branch. The NUPE Branch at Coventry and Warwickshire Hospital agreed to the interviews, although the Deputy Branch Secretary encouraged stewards not to agree to be interviewed. There were as a result a small number of interviews and a number of schedules completed as a questionnaire. The COHSE Branch at Central Hospital gave full co-operation and the majority of stewards were interviewed. Difficulties of availability resulted in the remainder of the stewards completing the schedule as a questionnaire.

Despite these difficulties a large amount of data was collected. The use of questionnaires meant that it was not always possible to develop and probe responses and the schedules were very long as questionnaires. A total of twenty schedules were completed, twelve by interview and eight as questionnaires.

Observation

Each ancillary department was briefly observed during visits to departmental managers. The main role of observation, however, was in union meetings.(13) Over a period of six months almost all union meetings were attended in the NUPE Branch in Coventry and the COHSE Branch at Central Hospital. Because of problems of access, only one branch meeting was attended in the NUPE

Branch at Warwick Hospital. Access was not achieved to the meetings in the COHSE Branch at Warneford Hospital. Meetings, rallies and demonstrations of a campaign group were also attended, the 'Leamington and Warwick Defence of the Health Service Campaign'. Members and activists from the unions at Central, Warwick and Warneford Hospitals were involved in this campaign. At all meetings attended, agendas and minutes were collected, meeting layouts were noted, and frequency and nature of contributions recorded. (See Chapter 11)

Membership questionnaire

It was decided that more detailed information on women members could be gained through case studies of two ancillary departments. The domestic services departments at Coventry and Warwickshire and Warneford Hospitals were chosen. These two departments were similar in terms of the type of work, but very different in terms of union organisation and in terms of patterns of shifts and hours.

A questionnaire was designed and piloted with cleaners from the TGWU Branch at the University of Warwick. (See Questionnaire C at the end of this Appendix.)(14) Minor changes were made to the questionnaire and the average time for completion estimated at twenty minutes. It was recognised from the outset that one drawback to this method was its reliance on the literacy skills

of the respondents. Given that the abilities in English reading and writing of women of Asian origin had been raised as a problem by shop stewards, this was a particular limitation of the method. It was decided, however, to pursue the method bearing this in mind. The response rate was lower amongst women of Asian origin.

Given the limited access with the union branches, and the limited knowledge by the unions of their ancillary membership, it was decided to distribute the questionnaire through departmental management. This ensured that all members of the two departments received a questionnaire. On the front of the questionnaire, the respondents were assured of confidentiality and provided with stamped addressed envelopes for the return direct to the University of Warwick. A total of 45 questionnaires were completed.

Initially it was planned to supplement this data with group interviews with women domestic staff from these two departments. Time and access problems, however, made it impossible to complete this task.

Analysis

The initial interviews with managers and branch officers were used to draw up the interview schedules for shop stewards.

Notes made from these interviews were recorded in the fieldwork diary, which has where appropriate been quoted in the text. At the same time the information from catering and cleaning departments was used to put together as detailed a picture as possible of employment within each of the departments.

The shop steward interviews and questionnaires were used to produce a profile on each steward group in the branches which took part. Each profile recorded quantifiable data, along with responses to open-ended questions and comments. All the material reproduced in the text has been drawn from these profiles. Wherever possible quotes from shop stewards have been given to illustrate points in the text. Every attempt has been made to ensure that the quotes have been used in context and offer an accurate representation of the sentiment behind them.

The shop steward profiles were compiled as soon as the interviews and questionnaires had been completed, and were used in the design of the members' questionnaire. A similar process was used to produce profiles of the two domestic service departments included in the members' questionnaire survey. These too included quantifiable data and comments by the respondents. All the material in the text has been drawn from these profiles.

SUMMARY

The comparative method focussing on different unions enabled observations and conclusions which would not have been evident from a single case study. This was found to be particularly important in the analysis of the relationship between union structures and representation of interests. This method was very useful therefore in relation to the initial questions posed. It should be noted, however, that a single case study approach could enable a greater depth of information. The particular comparison chosen in this research between NUPE and COHSE was found useful, although comparisons between unions in different areas of the public sector or between the public and private sectors could be used to consider similar issues.

The main problems in carrying out the research were those of access, although the nature of the problems were themselves informative of the nature of union organisations and where appropriate have been referred to in the text. The most serious implication of the access problems was the reliance on questionnaire material, since personal interviews might have enabled deeper probing into issues. The thesis should be read with this limitation of the material in mind.

It was felt in some cases that respondents in interviews gave the answers 'expected' rather than what they felt. A possible example of this was the Domestic Services Manager from Coventry

and Warwickshire Hospital, who claimed to want to employ men cleaners. Allowance has been made in analysis for the way in which a respondent's perception of the interviewer may have affected answers. Where possible information was cross-checked to ensure its reliability. Overall it was felt that the rich and wide ranging data did enable significant conclusions to be drawn.

The main omission in terms of the methods used, was the failure to complete in-depth interviews with women ancillary workers themselves. This resulted in the reliance on questionnaires, which was particularly problematic given the large number of women of Asian origin employed in hospital ancillary work. As a consequence the thesis does not develop the analysis in relation to issues of race and trade unions as far as planned. However, had this aspect been pursued, the research would have become too extensive for the purposes of a thesis. Such a piece of work would provide a useful means to develop the arguments set out in this thesis. For the particular questions posed at the beginning, the methods used did provide a valuable means to assess the involvement of women in trade unions.

Notes

1. See Carpenter et.al. 1987, and Munro 1989.
2. Munro 1982.
3. For a discussion of a feminist approach to research, see Roberts 1981, and Stanley and Wise 1983.
4. See Patai 1983.
5. Ibid. p181.
6. See Fryer et.al. 1974.
7. Ibid. and Fryer et.al. 1978.
8. For a discussion of access, see Schatzman and Strauss 1973 Chapter 2.
9. See Burgess 1980, Section Six on 'Combining Strategies in Field Research'.
10. Ibid. Section Four 'Conversations in Field Research' and Section Seven 'Recording Field Data'.
11. See Kornhauser and Sheatsley for a discussion of interviews and questionnaires.
12. See Moser and Kalton 1972, Chapter 2 on piloting surveys.
13. See Schatzman and Strauss op.cit. Chapter 4.
14. See Moser and Kalton op.cit. and Kornhauser and Sheatsley on questionnaires.

-
16. Would you ideally like to work,
 longer hours than you do now.....1
 shorter hours than you do now.....2
 the same hours as you do now.....3
17. Are you on a bonus scheme? Yes.....1
 No.....2
 If yes, how long has it been in operation?
 less than a year.....1
 1-5 years.....2
 over 5 years.....3
 How has the bonus scheme affected the work you have to do?
18. Who is your supervisor?
19. What contact do you have with your supervisor?
20. What do you think are the worst aspects of your job?
 pay.....1
 working conditions.....2
 health risks.....3
 other (please state).....4
21. In the course of a days work is your contact with other
 workers with:
 only women.....1
 only men.....2
 men and women.....3
22. Do you think that there is any discrimination against
 women in the hospital?
 Over pay.....Yes.....1
 No.....2
 In training, promotion etc....Yes.....1
 No.....2
 In other ways.....Yes.....1
 No.....2
 Could you please explain your answers:
23. Do you think that there is any discrimination against
 black or minority group workers at the hospital?
 Yes.....1
 No.....2
 Could you please explain your answer:
-

-
34. When did you last attend a shop steward meeting?
date:
35. Is there anything that would make it easier for you to attend shop steward meeting?
36. Do you think shop steward meetings are useful?
Yes.....1
No.....2
Please explain your answer:
37. Are there any changes in shop steward meetings that you would like to see?
Yes.....1
No.....2
Please explain your answer:
38. Does your branch have an agreement for time off for union meetings?
Yes.....1
No.....2
If yes, please give details of which meetings, and describe if you ever have problems taking time off:
39. Does your branch have an agreement for time off for union work?
Yes.....1
No.....2
If yes, please describe if you ever have problems taking time off:
40. Approximately how much time off for union work would you take in an average week?
Not applicable.....1
None.....2
Less than 5 hours.....3
5-10 hours.....4
More than 10 hours.....5
41. Approximately how much of your own time would you spend on union work in an average week?
None.....1
Less than 5 hours.....2
5-10 hours.....3
More than 10 hours.....4
-

-
42. How many members do you represent as shop steward?
Total:
Number of women:
Number of men:
Number of part-time workers:
43. What jobs do the members in your shop do?
44. Where are your members based eg. which building, floor, or section?
45. What opportunity do you have to discuss union affairs with your members?
None at all.....1
Opportunity to talk to some.....2
Opportunity to talk to most.....3
Opportunity to talk to all members.4
Please give details:
46. What are the main obstacles you face in trying to discuss union affairs with your members?
47. Do members come to you with their problems?
Yes.....1
No.....2
If yes, what are the most frequent problems that members come to you with?
48. If you have had a bonus scheme introduced recently, has this affected the sort of problems that members come to you with?
Yes.....1
No.....2
Not applicable.....3
If yes, please give details:
49. If you need help with a case, who do you approach?

50. Of your last 3 cases, how many did you handle by yourself?
All 3.....1
Two.....2
One.....3
None.....4

51. What was the most recent case that you handled?
Please give details of the problem, the action you took,
and the result:

52. Please fill in any educational courses you have been on
organised by the following groups:-

<u>Organisation</u>	<u>Title of course</u>	<u>Length</u>
your union		
Health Service		
WEA : TUC		
TUC : College		
Other		

53. Did you have any problems attending it/them?
Yes.....1
No.....2
If yes, please give details:

54. Did you find it/them useful?
Yes.....1
No.....2
Please explain you answer:

55. Do you think that there are any particular problems that
face women within the union?
Yes.....1
No.....2
If yes, please give details:

56. Do you think that the interests of the following groups of workers are adequately represented within the branch?
Would you also give reasons for your answers.

i) Ancillary workers generally.....Yes.....1
No.....2

ii) Women ancillary workers.....Yes.....1
No.....2

iii) Part-time workers.....Yes.....1
No.....2

iv) Black and minority group workers...Yes.....1
No.....2

57. Would it be useful for women ancillary stewards to meet separately as well as the usual shop steward meeting?

Yes.....1

No.....2

Please give reasons:

58. Do you feel confident about speaking at union meetings?

Yes.....1

No.....2

59. What reaction do you usually get when you speak at union meetings?

60. Do you think any group of workers are,
over-represented in the branch.....Yes.....1

No.....2

under-represented in the branch.....Yes.....1

No.....2

Please give details:

61. What do you think are the most important issues facing the branch at the moment?

62. How well do you think they are being handled?

63. Are there any things that you think the branch should be doing, but isn't?

Yes.....1

No.....2

If yes, please give details:

64. Do you think that the interests of the following groups of workers are adequately represented at national level in the union?

Would you please give reasons for your answers.

i) Ancillary workers generally.....Yes.....1
No.....2

ii) Women ancillary workers.....Yes.....1
No.....2

iii) Part-time workers.....Yes.....1
No.....2

iv) Black and minority group workers.....Yes.....1
No.....2

Thank you very much for answering these questions. If you have any additional comments you would like to make, please use the following space. If necessary, would you be prepared to discuss at greater length some of the issues raised here?

Yes / No

Anne Munro 27.7.83

-
5. Do you have any other dependent relative?
 Yes.....1
 No.....2
 If yes, please give details:

Section B. About your job.

6. What is your job?
7. What grade are you?
8. How long have you done this job?
 Under 2 years.....1
 2-5 years.....2
 5-10 years.....3
 Over 10 years.....4
9. How many hours do you usually work?
 Under 16.....1
 16-29.....2
 30-39.....3
 40 or over.....4
10. What shift are you on?
11. In the course of a days work do you have contact with,
 mainly women.....1
 mainly men.....2
 men and women.....3
12. In the course of a days work do you have contact with
 ancillary workers?
 Yes.....1
 No.....2
 If yes, please state which ancillary workers:
13. Do you think that there is any discrimination against
 women at the hospital?
 Over pay.....Yes.....1
 No.....2
 In promotion, training etc....Yes.....1
 No.....2
 In other ways.....Yes.....1
 No.....2
 Could you explain your answers:
-

-
14. Do you think that there is any discrimination against black or minority group workers at the hospital?
Yes.....1
No.....2
Could you explain your answer:

Section C. About the union.

15. Which union are you in? NUPE.....1
COHSE.....2
16. How long have you been a union member?
Less than a year.....1
1-5 years.....2
Over 5 years.....3
17. How long have you been a shop steward?
Less than a year.....1
1-5 years.....2
Over 5 years.....3
18. Why did you become a shop steward?
19. Do you hold any other union posts?
Yes.....1
No.....2
If yes, please give details:
20. Have you held any other union posts in the past?
Yes.....1
No.....2
If yes, please give details:
21. When did you last attend a branch meeting?
Date:
22. Do you think branch meetings are useful?
Yes.....1
No.....2
Please explain your answer:

-
31. Approximately how much of your own time would you spend on union work in an average week?
None.....1
Less than 5 hours.....2
5-10 hours.....3
More than 10 hours....4
32. How many members do you represent as shop steward?
Total:
Number of women:
Number of men:
Number of part-time workers:
33. What jobs do the members in your shop do?
34. Where are your members based eg. which building, floor or section?
35. What educational courses have you been on through the union?
36. Did you have any problems attending it/them?
Yes.....1
No.....2
If yes, please give details:
37. Did you find it/them useful?
Yes.....1
No.....2
Please explain your answer:
38. Do you think that there are any particular problems that face women within the union?
Yes.....1
No.....2
If yes, please give details:
-

-
39. Do you think that the interests of the following groups of workers are adequately represented within the branch?
Could you also give reasons for your answers.
- i) Ancillary workers generally.....Yes.....1
No.....2

 - ii) Women ancillary workers.....Yes.....1
No.....2

 - iii) Part-time workers.....Yes.....1
No.....2

 - iv) Black and minority group workers..Yes.....1
No.....2
40. Do you know of any areas in which ancillary workers have no shop steward?
Yes.....1
No.....2
Please give details:
41. Have you ever represented an ancillary worker in a particular case?
Yes.....1
No.....2
If yes, please give details of the most recent case:
42. Do you think that it is part of your job as a shop steward to try to organise ancillary members to stand as shop stewards?
Yes.....1
No.....2
Please give reasons:
43. What do you think are the main difficulties of organising women ancillary workers?

-
44. Do you think any groups of workers are,
over-represented in the branch.....Yes.....1
No.....2
under-represented in the branch....Yes.....1
No.....2

Please give details:

45. What do you think are the most important issues facing the branch at the moment?

46. Are there any things that you think the branch should be doing, but isn't?

Yes.....1
No.....2

If yes, please give details:

47. Do you think the interests of the following groups of workers are adequately represented at national level in the union?

Could you give reasons for your answers.

- i) Ancillary workers generally.....Yes.....1
No.....2

- ii) Women ancillary workers.....Yes.....1
No.....2

- iii) Part-time workers.....Yes.....1
No.....2

- iv) Black and minority workers.....Yes.....1
No.....2

Thank you very much for answering these questions. If you have any additional comments you would like to make, please use the following space.

Anne Munro 27.7.83

C. QUESTIONNAIRE - WOMEN ANCILLARY WORKERS

I am working on a study of the problems faced by women ancillary workers at work and in their trade unions. I am doing part of the study at your hospital, and I would be very grateful if you would fill in this questionnaire for me.

ALTHOUGH IT IS SEVERAL PAGES LONG, IT SHOULD ONLY TAKE 20 MINUTES TO FILL IN.

Both management and local unions have agreed to co-operate with this study, but I would like to stress that all replies will be treated with absolute confidentiality - no names will be revealed or linked with individual answers.

I am based at Warwick University Sociology Department and have enclosed a stamped addressed envelope for the return of the questionnaire to me there.

The questions are divided into three sections:

- Part I - About yourself.
- Part II - About your job.
- Part III - About your union.

Thank you very much for helping me.
Anne Munro.

Name.....

Date.....

Workplace.....

Home address.....

.....

-
30. Please tick any of the following things that would make it easier for you to be more active within your union:
- a) Changing the times of union meetings.....
 - b) Changing the place of union meetings.....
 - c) Knowing more about how the union works.....
 - d) Having more confidence in yourself.....
 - e) The attitude of supervisors/managers.....
 - f) Having fewer home responsibilities.....

Thank you very much for taking the time to fill in the questionnaire. If you would like to make any other comments about work or your union, please use the following space:

Bibliography

ALDRED, Chris. Women at Work, Pan, 1981.

ALEXANDER, Morag. "Sit down and be counted." The Guardian, September 2nd 1985.

ALLEN, Mike. "Less Equal than Others? - Black workers and trade unions." International Labour Reports, Issue 20, March-April 1987.

ANDERSON, Fiona. "No place for the cockroach here." Health Service Journal, September 11th 1986.

ARMSTRONG, Peter. "Workers Divided: The Case of Six Women" in ed. Theo Nichols and Peter Armstrong Workers Divided, Fontana, 1976.

ASSOCIATION OF PROFESSIONAL, EXECUTIVE, CLERICAL AND COMPUTER STAFF. Equal Rights - Information Pack, APEX, undated.

ASSOCIATION OF SCIENTIFIC, TECHNICAL AND MANAGERIAL STAFFS. Women in Insurance - A Study of Female Representation in ASTMS, ASTMS, September 1981.

ATKINSON, J and GREGORY, A. "A Flexible Future: Britain's Dual Labour Force." Marxism Today, April 1986.

BACHRACH, Peter and BARATZ, Morton. Power and Poverty - Theory and Practice, Oxford University Press, 1970.

BALFOUR, Campbell. Incomes Policy and the Public Sector, Routledge and Kegan Paul, 1972.

BATSTONE, Eric, BORASTON, Ian and FRENKEL, Stephen. Shop Stewards in Action, Blackwell, 1977.

BATSTONE, Eric. The Reform of Workplace Industrial Relations, Clarendon Press, 1988.

BEALE, Jenny. Getting it Together - Women as Trade Unionists, Pluto Press, 1982.

BEAVIS, Simon. "'Isolated' unions urged to shake off decline", The Guardian, 7.6.89.

-
- BEECHEY, Veronica. "On Patriarchy" Feminist Review, Vol.3, 1979.
- BEECHEY, Veronica. "What's so special about women's employment? A review of some recent studies of women's paid work." Feminist Review, Vol.15, 1983.
- BEECHEY, Veronica. Unequal Work, Verso, 1987.
- BEECHEY, Veronica and PERKINS, Tessa. A Matter of Hours - Women, Part-time Work and the Labour Market, Polity, 1987.
- BENLOW, David and SCOTT, Ian. Fighting Privatisation: The Struggle for Wandsworth, NUPE/Institute for Workers' Control, undated.
- BEYNON, Huw. Working for Ford, EP Publishing, 1977.
- BHAT, Ashok, CARR-HILL, Roy and OHRI, Sushel. Britain's Black Population (Second Edition), Gower, 1988.
- BOSTON, Sarah. Women Workers and the Trade Unions, Davis-Poynter, 1980.
- BRAVERMAN, Harry. Labour and Monopoly Capital, Monthly Review Press, 1974.
- BRIGHTON LABOUR PROCESS GROUP. "The Capitalist Labour Process", Capital and Class 1, 1977.
- BROWN, Col_in. Black and White Britain - The Third PSI Survey, Policy Studies Institute, Heinemann, 1984.
- BRUE_GEL, Irene. "Sex and Race in the Labour Market." Feminist Review 32, 1989.
- BRYAN, Beverley, DADZIE, Stella, and SCAFE, Suzanne. The Heart of the Race - Black Women's Lives in Britain, Virago, 1985.
- BURGESS, Robert. Field Research: A Sourcebook and Field Manual, George Allen and Unwin, 1982.
- CARPENTER, Mick. All for one - Campaigns and Pioneers in the making of COHSE, COHSE, 1980.
- CARPENTER, Mick, ELKAN, Ruth, LEONARD, Peter and MUNRO, Anne. Professionalism and Unionism in Nursing and Social Work, University of Warwick, March 1987.
- CARPENTER, Mick. Working for Health -The History of COHSE, Lawrence and Wishart, 1988.
-

CAVENDISH, Ruth. Women on the Line, Routledge and Kegan Paul, 1982.

CHARLES, Nicola. "Women and trade unions in the workplace." Feminist Review, Vol 15, Winter 1983.

CIVIL AND PUBLIC SERVICES ASSOCIATION. CPSA Women's Rights Committee - How We Can Help You, CPSA, September 1984.

CIVIL AND PUBLIC SERVICES ASSOCIATION. Women Need CPSA, CPSA, 1985.

CLARK, Alice. Working Life of Women in the Seventeenth Century, Routledge and Kegan Paul, 1982.

COATES, Ken and TOPHAM, Tony. Trade Unions in Britain, Spokesman, 1980.

COCKBURN, Cynthia. Brothers - Male Dominance and Technological Change, Pluto Press, 1983.

COCKBURN, Cynthia. Machinery of Dominance - Women, Men and Technical Know-How, Pluto Press, 1985.

COCKBURN, Cynthia. "Women, trade unions and political parties", Fabian Research Series, No 349, 1987.

COCKBURN, Cynthia. "The gendering of jobs : workplace relations and the reproduction of sex segregation." in ed. Sylvia Walby, Gender Segregation at Work, Open University Press, 1988.

COHEN, Robin. The New Helots - Migrants in the International Division of Labour, Avebury, 1987.

COHEN, Sheila and FOSH, Patricia. "You are the Union : Trade Union Workplace Democracy" Studies for Trade Unionists Vol 14 No. 53, WEA, April 1988.

COMMUNITY ACTION. Community Action - Special Issue on Cleaners, Community Action No 67, November 1984.

CONFEDERATION OF HEALTH SERVICE EMPLOYEES. Information Paper - Introducing COHSE, COHSE, undated (1).

CONFEDERATION OF HEALTH SERVICE EMPLOYEES. The Position of Women within the Confederation of Health Service Employees, COHSE, undated (2).

CONFEDERATION OF HEALTH SERVICE EMPLOYEES. Part-timers In The NHS, COHSE, undated (3).

CONFEDERATION OF HEALTH SERVICE EMPLOYEES. The Facts on Low Pay..., COHSE, 1982.

COOTE, Anna and CAMPBELL, Beatrix. Sweet Freedom - The struggle for women's Liberation, Picador, 1982.

COOTE, Anna and KELLNER, Peter. Hear this, brother. Women workers and union power. New Statesman, 1980.

COUNTER INFORMATION SERVICE. Hardship Hotel, CIS, undated.

COUSINS, Christine. "The Restructuring of Welfare Work: The introduction of general management and the contracting out of ancillary services in the NHS." Work, Employment and Society, Vol 2 no 2, June 1988.

COYLE, Angela. "Sex and Skill in the Organisation of the Clothing Industry." in ed. Jackie West, Women, Work and the Labour Market, Routledge and Kegan Paul, 1982,

COYLE, Angela. Redundant Women, The Women's Press, 1984.

COYLE, Angela. Dirty Business - Women's Work and Trade Union Organisation in Contract Cleaning, Low Pay Unit, 1986.

COYLE, Angela and SKINNER, Jane ed. Women and Work - Positive Action for Change, Macmillan, 1988.

CUNNISON, Sheila. "Participation in Local Union Organisation. School Meals Staff: A Case Study." in ed. Eva Gamarnikow, David Morgan, June Purvis and Daphne Taylorson. Gender, Class and Work, Heinemann, 1983.

DEPARTMENT OF EMPLOYMENT. Employment Gazette, Various years.

DEPARTMENT OF HEALTH AND SOCIAL SECURITY. Health and Personal Social Services Statistics, Various years.

DIMMOCK, Stuart. "Participation or Control? The Workers Involvement in Management." in ed. Keith Barnard and Kenneth Lee Conflicts in the NHS, Croom Helm, 1977.

DIX, Bernard and WILLIAMS, Stephen. Serving the Public - Building the Union - The History of NUPE, Lawrence and Wishart, 1987.

DOYAL, Lesley with PINNELL, Imogen. The Political Economy of Health, Pluto Press, 1979.

DOYAL, Lesley, GEE, Frances, HUNT, Geoff, MELLOR, Jenny, PINNELL, Imogen, and PARRY, Noel. Migrant Workers in the National Health Service - Report of Preliminary Survey, Polytechnic of North London, 1980.

DOYAL, Lesley, ELKAN, Ruth, GEE, Frances, HUNT, Geoff, MELLOR, Jenny, PINNEL, Imogen, and PARRY, Noel. Migrant Workers in the National Health Service - Part 2., Polytechnic of North London, 1983.

DOYAL, Lesley, HUNT, Geoff, and MELLOR, Jenny. "Your Life in their Hands: Migrant Workers in the National Health Service", Critical Social Policy, Vol 1 No 2, 1981.

DRAKE, Barbara. Women in Trade Unions, Virago, 1984. (First published 1920)

DREW, John N. The Book of Royal Leamington Spa, Barracuda Books, 1978.

DROMEY, Jack and TAYLOR, Graham. Grunwick: the workers story, Lawrence and Wishart, 1978.

EATON, Jack and GILL, Colin. The Trade Union Directory - A guide to all TUC unions, Pluto, 1981.

ELGER, Tony. "Valorisation and 'Deskilling': A Critique of Braverman." Capital and Class 7, 1979.

ELLIOT, Ruth. "Women in Unions: The Contribution of Trade Union Education." Trade Union Studies Journal, No.2 Autumn 1980.

ELLIS, Valerie. The role of trade unions in the promotion of equal opportunities, EOC/SSRC, 1981.

ELLIS, Valerie. "Current trade union attempts to remove occupational segregation in the employment of women." in ed. Sylvia Walby Gender Segregation at Work, Open University Press, 1988.

ELSON, Diane and PEARSON, Ruth. "'Nimble Fingers Make Cheap Workers': An Analysis of Women's Employment in Third World Export Manufacturing." Feminist Review 7, Spring 1981.

ELSTON, Mary Ann. Women, Equal Opportunity and the National Health Service, 1977.

FAIRBROTHER, Peter. "Union Democracy in Australia: Accommodation and Resistance." The Journal of Industrial Relations (Australia), June 1986.

FAIRBROTHER, Peter. "Flexibility at Work - The Challenge for Unions", Studies for Trade Unionists Vol 14 No 55/56, WEA, 1988.

FAIRBROTHER, Peter. "Workplace Unionism in the 1980's - A Process of Renewal?", Studies for Trade Unionists Vol 15 No 57, WEA, 1989.

FOSH, Patricia. The Active Trade Unionist, Cambridge University Press, 1981.

FRASER, Derek. The Evolution of the British Welfare State, Macmillan, 1976.

FRYER, Bob, FAIRCLOUGH, Andy and MANSON, Tom. Organisation and Change in the National Union of Public Employees - A Report Prepared for the Special National Conference on Reorganisation, University of Warwick, 1974.

FRYER, Bob, FAIRCLOUGH, Andy and MASON, Tom. "Facilities for Female Shop Stewards: The Employment Protection Act and Collective Agreements" British Journal of Industrial Relations, July 1978.

GAMARNIKOW, Eva, MORGAN, David, PURVIS, June, and TAYLORSON, Daphne. Gender, Class and Work, Heinemann, 1983.

GAME, Ann and PRINGLE, Rosemary. Gender at Work, Pluto Press, 1984.

GENERAL AND MUNICIPAL WORKERS' UNION. Equality At Work - The Way Forward, GMWU, 1981.

GILROY, Paul. There Ain't No Black in the Union Jack, Hutchinson, 1987.

GOW, David. "Restoring black faith in unions." The Guardian, September 7th 1987.

GURNHAM, Richard. 200 Years : The Hosiery Unions 1776-1976, National Union of Hosiery and Knitwear Workers, 1976.

HAKIM, Catherine. Occupational Segregation - A comparative study of the differentiation between men and women's work in Britain, the United States, and other countries, Department of Employment Research Paper No 9, November 1979.

HAKIM, Catherine. "Job Segregation: trends in the 1970's", Department of Employment Gazette, December 1981.

HARRISON, Marjorie. "Participation of women in trade union activities: some research findings and comments." Industrial Relations Journal Vol 10, 1979.

HARTMANN, Heidi. "Capitalism, Patriarchy, and Job Segregation by Sex." in ed. Zillah R. Eisensten, Capitalist Patriarchy and the Case for Socialist Feminism, Monthly Review Press, 1979 (1).

HARTMANN, Heidi. "The Unhappy Marriage of Marxism and Feminism: Towards a more progressive union." Capital and Class 8, 1979 (2)

HAYES, Michael, JOYCE, Paul, and WILLIAMS, John. Local Union Organisation: A Survey of NUPE Branches in Local Government in 1982, Department of Sociology, Polytechnic of North London, 1986.

HEERY, Edmund, and KELLY, John. "Do Female Representatives Make a Difference? Women Full-time Officials and Trade Union Work." Work, Employment and Society, BSA, Vol.2 No.4, 1988.

HERTZOG, Marianne. From Hand to Mouth - Women and Piecework, Pelican, 1980.

HERITAGE, John. "Feminisation and Unionisation: A Case Study from Banking." in ed. Eva Gamarnikow, David Morgan, June Purvis, and Daphne Taylorson, Gender, Class and Work, Heinemann, 1983.

HOEL, Barbro. "Contemporary Clothing 'Sweatshops', Asian Female Labour and Collective Organisation." in ed. Jackie West Work, Women and the Labour Market, Routledge and Kegan Paul, 1982.

HUNT, Judith. Organising Women Workers, WEA, 1975.

HUNT, Judith. "A Woman's Place is in Her Union." in ed. Jackie West Work, Women and the Labour Market, Routledge and Kegan Paul, 1982.

HUNT, Judith and ADAMS, Sheila. Women, Work and Trade Union Organisation, WEA, 1980.

HUTCHINS, B.L. Women in Modern Industry (1915), EP Publishing, 1978 (first published 1915).

HUWS, Ursula. Your Job in the Eighties - A Woman's Guide to New Technology, Pluto Press, 1982.

HYMAN, Richard. Marxism and the Sociology of Trade Unionism, Pluto, 1971.

HYMAN, Richard. Industrial Relations: A Marxist Introduction, Macmillan, 1975.

HYMAN, Richard. "The Politics of Workplace Trade Unionism: Recent tendencies and some problems for theory." Capital and Class Vol. 8, Summer 1979.

JOHN, Angela V. By The Sweat of Their Brow - Women Workers at Victorian Coal Mines, Routledge and Kegan Paul, 1984.

KELLY, John. Labour and the Unions, Verso, 1987.

KESSLER, Ian. "Shop Stewards in Local Government." British Journal of Industrial Relations, Vol.24, 1986.

KORNHAUSER, Arthur, and SHEATSLEY, Paul. "Questionnaire Construction and Interview Procedure" in ed. Claire Selltiz, Lawrence Wrightsman, and Stuart Cook, Research Methods in Social Relations, Holt Reinhart and Winston, 1976.

LABOUR RESEARCH. "Women in Trade Unions", Labour Research, March 1979.

LABOUR RESEARCH. "Women in the Unions", Labour Research, March 1982.

LABOUR RESEARCH. "Women in unions - a long way to go." Labour Research, April 1986.

LABOUR RESEARCH. "Working for Equality in the Unions." Labour Research, March 1988.

LABOUR RESEARCH. "Are Unions Working for Black Members?" Labour Research, July 1988.

LABOUR RESEARCH. "Educating Rita to Sort Out the Boss." Labour Research, September 1988.

LABOUR RESEARCH. "Unions and part-timers - do they mix?" Labour Research, March 1989.

LABOUR RESEARCH. "TUC Reports", Labour Research, October 1989.

LABOUR RESEARCH DEPARTMENT. Public or Private - The Case Against Privatisation, LRD, August 1982.

LABOUR RESEARCH DEPARTMENT. Defending the NHS, LRD, June 1984.

LABOUR RESEARCH DEPARTMENT. Privatisation - The Great Sellout, LRD, February 1985.

LABOUR RESEARCH DEPARTMENT. Black Workers, Trade Unions and The Law - A Negotiator's Guide, LRD, October 1985.

LABOUR RESEARCH DEPARTMENT. Shift Work and Unsocial Hours - A Negotiator's Guide, LRD, June 1987.

LABOUR RESEARCH DEPARTMENT. Bonus Schemes - A Negotiator's Guide, LRD, August 1988.

LANCASTER, Bill and MASON, Tony. Life and Labour in a 20th Century City - The Experience of Coventry, Cryfield Press, undated.

LANE, Tony and ROBERTS, Kenneth. Strike at Pilkingtons, Collins/Fontana, 1971.

LEAMINGTON Morning news. "And Life Goes on as Usual" Leamington Morning News, 4th November, 1983.

LEAMINGTON MORNING NEWS. "Hospital cleaners face privatisation." Leamington Morning News, April 1985.

LEAMINGTON MORNING NEWS. "Hospital cleaners bid farewell." Leamington Morning News, June 1985.

LEEDHAM, Wendy. "The Privatisation of NHS Ancillary Services", Studies for Trade Unionists, Vol 12 No 45, WEA, March 1986.

LE GRAND, Julian and ROBINSON, Ray. Privatisation and the Welfare State, George Allen and Unwin, 1984.

LEITH, Prue. "What it costs to have breakfast (and lunch and supper) in bed." The Guardian, December 7th 1984.

LEVER, Alison. "Capital, Gender and Skill : Women Homeworkers in Rural Spain." Feminist Review 30, 1988.

LEWENHAK, Sheila. Women and Trade Unions, Ernest Benn, 1977.

LIDDINGTON, Jill and NORRIS, Jill. One Hand Tied Behind Us - The Rise of the Women's Suffrage Movement, Virago, 1978.

LOW PAY UNIT. "Cheap Labour: The Current Crisis", Low Pay Review No 2, LPU, Winter 1984.

LOW PAY UNIT. The Poor Decade - Wage Inequalities in the 1980's, LPU, 1988.

LUKES, Stephen. Power - A Radical View, Macmillan, 1974.

MACKIE, Lindsay and PATTULLO, Polly. Women at Work, Tavistock, 1977.

MANSON, Tom. "Management, The Professions and the Unions : A Social Analysis of Change in the NHS" in ed. Margaret Stacey, Margaret Reid, Christian Heath and Robert Dingwell, Health and the Division of Labour, Croom Helm, 1977.

MARTIN, Jean and ROBERTS, Ceridwen. Women and Employment - A Lifetime Perspective, HMSO Department of Employment Office of Population Censuses and Surveys, 1984.

-
- MARX, Karl. Capital Volume One, Lawrence and Wishart, 1977.
- McLOUGHLIN, Jane. "A Woman's Place is in the power house." The Guardian, September 2nd 1985.
- MILES, R. Racism and Migrant Labour, Routledge and Kegan Paul, 1982.
- MOORE, Robert. Racism and Black Resistance, Pluto Press, 1975.
- MOSER, C.A. and KALTON G., Survey Methods in Social Investigation, Heinemann, 1972.
- MUNRO, Anne. The Organisation of Women Workers in the Hosiery and Knitwear Union, Unpublished M.A. Dissertation in Industrial Relations, University of Warwick, October 1982.
- MUNRO, Anne. Developing Women's Trade Union Education, WEA, 1989.
- NATIONAL and LOCAL GOVERNMENT OFFICERS' ASSOCIATION. NALGO Equal Rights Survey, NALGO, 1980.
- NATIONAL and LOCAL GOVERNMENT OFFICERS' ASSOCIATION. Organising for Equal Opportunity - A Brief Guide to Equal Opportunities Organisation and Structure in NALGO, NALGO, undated.
- NATIONAL and LOCAL GOVERNMENT OFFICERS' ASSOCIATION. Positive Action for Women Workers, undated.
- NATIONAL ASSOCIATION OF TEACHERS IN FURTHER AND HIGHER EDUCATION. Breaking Down the Barriers - How to increase women's participation in NATFHE, NATFHE, 1981.
- NATIONAL ASSOCIATION OF TEACHERS IN FURTHER AND HIGHER EDUCATION. "Women in NATFHE", Sister No. 1, NATFHE, April 1983.
- NATIONAL ASSOCIATION OF TEACHERS IN FURTHER AND HIGHER EDUCATION. Time for a New Initiative - Women's Participation in NATFHE, NATFHE, February 1984.
- NATIONAL BOARD FOR PRICES AND INCOMES. The Pay and Conditions of Manual Workers in Local Authorities, the National Health Service, Gas and Water Supplies, Report 29, Cmnd 3230, 1967.
- NATIONAL BOARD FOR PRICES AND INCOMES. Pay and Conditions of Service of Ancillary Workers in the National Health Service Report 166, Cmnd 4644, 1971.
- NATIONAL UNION OF PUBLIC EMPLOYEES. NUPE Reorganisation - An Executive Council Discussion Document on Union Structure, NUPE, 1982.
-

-
- NATIONAL UNION OF PUBLIC EMPLOYEES. Pay and Grades ASC Staff, NUPE, 1983.
- NATIONAL UNION OF PUBLIC EMPLOYEES. The Report of the Women's Working Party, NUPE, 1984.
- NATIONAL UNION OF PUBLIC EMPLOYEES. Revised Pay and Grades ASC Staff, NUPE, 1986.
- NATIONAL UNION OF PUBLIC EMPLOYEES. Women in NUPE, NUPE, undated (1).
- NATIONAL UNION OF PUBLIC EMPLOYEES. Policy File on Women, NUPE Education, undated (2).
- NATIONAL UNION OF PUBLIC EMPLOYEES. NUPE Women on the Move, NUPE, undated (3).
- NATIONAL UNION OF PUBLIC EMPLOYEES. End Poverty Pay - A Strategy for the 1980's, NUPE, undated (4).
- NEALE, Jonathan. Memoirs of a Callous Picket - Working the NHS, Pluto Press, 1983.
- NICHOLSON, N. "The Role of the Shop Steward: an Empirical Case Study." Industrial Relations Journal Vol.7 No.1, 1976.
- OHRI, Sushel and FARUQI, Shaista. "Racism, Employment and Unemployment" in ed. Ashok Bhat et.al. Britain's Black Population (Second Edition), Gower, 1988.
- OPEN UNIVERSITY. The Changing Experience of Women - Women and Employment, Units 10 and 11, Open University, 1983.
- PARMAR, Pratibha. "Gender, race and class: Asian women in resistance." in Centre for Contemporary Cultural Studies, The Empire Strikes Back - Race and racism in 70's Britain, Hutchinson, 1982.
- PATAI, Daphne. "Beyond Defensiveness: Feminist Research Strategies", Women's Studies International Forum, Vol.6 No.2, pp177-189, 1983.
- PARTRIDGE, B. "The Activities of Shop Stewards." Industrial Relations Journal Vol.8 No.4, 1977-8.
- PERKINS, Teresa. "A new form of employment: A case study of women's part-time work in Coventry." in ed. Mary Evans and Clare Ungerson, Sexual Divisions - Patterns and Processes, Tavistock, 1983.
- PHILLIPS, Anne and TAYLOR, Barbara. "Sex and Skill: Notes Towards a Feminist Economics." Feminist Review 6, 1980.
-

-
- PHIZACKLEA, Annie.(ed.) One Way Ticket - Migration and Female Labour, Routledge and Kegan Paul, 1983.
- PHIZACKLEA, Annie and MILES, R. Labour and Racism, Routledge and Kegan Paul, 1980.
- PINCHBECK, Ivy. Women Workers and the Industrial Revolution 1750-1850, Virago 1981 (first published 1930).
- POLITICS OF HEALTH GROUP. Cuts and the NHS, The Politics of Health Group, Pamphlet No.2 undated.
- POLLERT, Anna. Girls, Wives, Factory Lives, Macmillan, 1981.
- POLLERT, Anna. "The 'Flexible Firm': A Model in Search of Reality (Or a Policy in Search of Practice)", Warwick Papers in Industrial Relation No 19, Industrial Relations Research Unit University of Warwick, March 1988.
- POLUNIN, Miriam. "Catering for our colons." Health and Social Services Journal, November 3rd. 1983.
- PUGH, R.B. ed. The Victorian History of the Counties of England - A History of the County of Warwick Vol 8, The University of London Institute of Historical Research, 1969.
- PURCELL, Kate. "Militancy and Acquiescence among Women Workers" in ed. Janet Siltanen and Michelle Stanworth Women and the Public Sphere, a critique of Sociology and Politics, Hutchinson, 1984.
- RAHMAN, Nasreen. Pricing into Poverty - Council Manual Workers' Pay, Low Pay Unit, 1985.
- ROBARTS, Sadie, COOTE, Anna and BALL, Elizabeth. Positive Action for Women - The Next Step, NCCL, 1981.
- ROBERTS, Helen ed. Doing Feminist Research, Routledge and Kegan Paul, 1981.
- ROBINSON, Olive. "The changing labour market: growth of part-time employment and labour market segregation in Britain." in ed. Sylvia Walby, Gender Segregation at Work, Open University Press, 1988.
- SCHATTSCHEIDER, E.E. The Semi-Sovereign People: A Realist's View of Democracy in America, Holt, Rinehart and Winston, 1960.
- SCHATZMAN, Leonard, and STRAUSS, Anselm L., Field Research, Prentice-Hall, 1973.
-

SELLTIZ, Claire, WRIGHTSMAN, Lawrence, and COOK, Stuart. ed. Research Methods in Social Relations, Holt Reinhart and Winston, 1976.

SHERMAN, Jill. "Can in-house caterers cope?" Health and Social Services Journal, October 6th 1983.

SHERMAN, Jill. "Waiting for the big bite." Health and Social Services Journal, June 27th 1985.

SIVANANDAN, A. A Different Hunger, Pluto, 1982.

SMITH, David. Racial Disadvantage in Employment, PEP Vol XL Broadsheet 544, June 1974.

SMITH, David. The Facts of Racial Disadvantage, PEP Vol XLII Broadsheet 560, 1977.

SNOW, Tom. "How Fowler was taken to the cleaners." The Guardian, 1987.

SNYDER, Paula. "A Long March Through the Trade Unions." Everywoman, March 1989.

SOCIALIST CHALLENGE. A Woman's Right to Work: The Case for Positive Action, Socialist Challenge, undated.

SOCIETY OF CIVIL AND PUBLIC SERVANTS. Equality The Next Step - The Changing Role of Women in the Civil Service, CPSA, February 1982.

STAGEMAN, Jane. "A study of trade union branches in the Hull area." in ed. Anna Coote and Peter Kellner Hear this, brother. Women workers and union power, New Statesman, 1980 (1).

STAGEMAN, Jane. Women in Trade Unions, Paper No. 6 Industrial Studies Unit Adult Education Department, University of Hull, May 1980 (2).

STAMP, Paddy and ROBARTS, Sadie. Positive Action - Changing the Workplace, National Council for Civil Liberties, 1986.

Standing Commission on Pay Comparability. Report 1 HMSO, 1979. (The Clegg Report)

STANLEY, Liz, and WISE, Sue. Breaking out : Feminist consciousness and feminist research, Routledge and Kegan Paul, 1983.

SUMMERFIELD, Penny. "Women Workers in the Second World War", Capital and Class, Vol 1, 1977.

TERRY, Michael. The Emergence of a Lay Elite? Some recent changes in shop steward organisation. Industrial Relations Research Unit Discussion Paper 14, University of Warwick, November 1978.

TERRY, Michael. "Organising a Fragmented Workforce : Shop Stewards in Local Government." British Journal of Industrial Relations, Vol.20, 1982.

TOWNSEND, Peter, CORRIGAN, Paul, and KOWARZIK, Ute. Poverty and Labour in London, Low Pay Unit, 1987.

TRADE UNION CONGRESS. Equal Opportunities : Positive Action Programmes, TUC, 1982.

TRADE UNION CONGRESS. Equality for Women within Trade Unions, TUC, 1984 (1).

TRADE UNION CONGRESS. Low Pay 1984-85 Pay Round, TUC, 1984 (2).

TRADE UNION CONGRESS. Trade Unions and Black Workers, TUC, 1986 (1).

TRADE UNION CONGRESS. Bargaining in Privatised Companies, TUC, 1986 (2).

TRADE UNION CONGRESS. More Contractors' Failures, TUC, 1986 (3).

TRADE UNION CONGRESS. Black and Ethnic Minority Women in Employment and Trade Unions, TUC, February 1987.

TRADE UNION CONGRESS. Understanding the TUC, TUC Education Department, August 1987.

TRADE UNION CONGRESS. Homeworking, TUC, undated (1).

TRADE UNION CONGRESS. Privatisation Files, TUC, undated (2).

TRANSPORT AND GENERAL WORKERS' UNION. Women's Handbook - Policies and Action for the Transport and General Workers' Union, TGWU, July 1980.

TRANSPORT AND GENERAL WORKERS' UNION. T & G Link-Up, TGWU, undated.

TRANSPORT AND GENERAL WORKERS' UNION. Region 5 Link-Up Campaign Issue No 1, TGWU, 1987.

TUGWOOD, Desmond Thomas. The Coventry and Warwickshire Hospital 1838-1948, The Book Guild Ltd, 1987.

TURABIAN, Kate L. A Manual for Writers of Research Papers, Theses and Dissertations, Heineman, 1982.

UNION OF SHOP, DISTRIBUTIVE AND ALLIED WORKERS. Women in USDAW, USDAW, 1982.

VULLIAMY, Daniel and MOORE, Roger. "Whitleyism and Health - The NHS and its Industrial Relations", Studies for Trade Unionists Vol 5 No 19, WEA, 1979.

WAJCMAN, Judy. Women in Control, Open University Press, 1983.

WALBY, Sylvia. Patriarchy at Work, Polity, 1986.

WALBY, Sylvia. ed. Gender Segregation at Work, Open University Press, 1988.

WALKER, Alan, and WALKER, Carol. The Growing Divide - A Social Audit 1979-1987, Child Poverty Action Group, 1987.

WEST, Jackie. ed. Work, Women and the Labour Market, Routledge and Kegan Paul, 1982.

WESTWOOD, Sallie. All Day Every Day - Factory and Family in the Making of Women's Lives, Pluto, 1984.

WILLIAMS, Allan, LIVY, Bryan, SILVERSTONE, Rosalie and ADAMS, Paul. The Recruitment and Retention of Ancillary Staff in Hospitals: A Review of the Literature and Bibliography. Working Paper Number 2, The City University Business School, 1977.

WILSON, Amrit. Finding a Voice - Asian Women in Britain, Virago, 1985.