

# Critical Management Education in Action: Personal Tales of Management Unlearning

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*In this essay I explore personal experiences while a practicing manager. I offer autobiographical stories from this time that emphasize, in particular, management's political and emotional dimensions. These narratives are used to illustrate shortcomings in management education that exclude critical perspectives, and to illustrate the potential value of receiving critical management education (CME), a value I feel to be important, in spite of the practical difficulties, for those with the desire to aim toward becoming critically informed managers.*

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Management studies—as management educators will need little reminder—is an eclectic intellectual terrain. However, this very eclecticism has arguably served to hide an important thread of continuity within its dominant theories and ideas: a support for those occupying managerial positions, as well as for the wider social structures that maintain and enhance managers' interests (Alvesson & Willmott, 1996). While the apparent neutrality of so-called management science has been challenged for many years, notably by neo-Marxists (Anthony, 1977) as well as in critiques within various sociological traditions (see, e.g., Baritz, 2005/1960; Strauss et al., 1973/1963; Bittner, 1973/1965), not until relatively recently have such ideas significantly penetrated thinking in business schools (Willmott, 1997a). Although work critical of managerial interests was being produced in the 1970s (Clegg & Dunkerley, 1977), only in the 1990s were such perspectives institutionalized via a label now widely recognized: critical management studies (CMS; Fournier & Grey, 2000; Grey & Willmott, 2005).

One effect of the gradual institutionalization of CMS is that there is growing debate about critical management education (CME; French & Grey, 1996; Burgoyne & Reynolds, 1997: 105–176; Dehler, Walsh, & Lewis, 2001; Zald, 2002; Currie & Knights, 2003). CME aims to make available to critique the normally unexamined values and orientations of standard management education. Such orientations are criticized for tacitly serving the maintenance of economic systems based upon market competition

and the interests of the people in charge of organizations—while appearing to be neutral and value-free. Tending to have been more prominent in Europe than in North America until recently (Wilkinson & Willmott, 1995), today, CME is worldwide. Indeed, the debate has been furthered in the pages of this journal (Grey, 2004; Reynolds & Vince, 2004).

Support has been articulated mostly in theoretical terms, supplemented through suggestions for delivering CME in classrooms (Rosile & Boje, 1996; Mingers, 2000; Hagen, Miller, & Johnson, 2003). But I approach the issues from a more directly personal angle. My intent is to complement theoretical discussions by framing the attractions of CME in overtly personal and emotional terms (Willmott, 1997b; Vince, 2001), providing accounts of my personal journey, charting some of the events that I think lie behind the gradual change from the ambitious manager I once was, into what I call myself today: a CMS academic.

For 17 years, I worked in a variety of management jobs in the national health care system in the U.K.: the NHS. As we shall see, these jobs provided me with insights into some of the less wholesome things done in the name of management. But in 1998, I left to research for a PhD that used critical perspectives in health care management (Learmonth, 2003). While this helped me to articulate theoretically some of the misgivings I had about management practices, for me, an interest in management critique still has its roots in my experiences as a manager. Academic writing is impor-

tant to me not so much for its satisfaction of intellectual curiosity, but because of the way it helps to make sense of these experiences and to provide ideas about how to avoid the more negative ones. So, the aim is to show by illustration what were, for me, some shortcomings of standard approaches to the management education I received when I was a practitioner, and thereby, to provide insights into the potential attractions of CME for managers and others with an interest in management education.

### CRITICAL MANAGEMENT NARRATIVES

I started working for the NHS as a clerk in 1981, but my first real taste of management education was not until 1986 when I got a place on the General Management Training Scheme (GMTS), a fast-track promotion scheme for young health care managers. At that time, I would have unreservedly echoed a phrase from the recruitment literature for the GMTS: "I am very committed and I want to get to the top," so it is not really surprising that I started to ascend the NHS management career ladder. Indeed, in 1990, I took part in a further 2-year national management development program for individuals deemed suited for imminent appointment to top-level posts. But in the early 1990s, as a middle manager, I became concerned by how a particular version of "management," insidiously but powerfully, had come to dominate many parts of the life of the NHS (see Strong & Robinson, 1990; Learmonth, 2005). What follows are two brief illustrative examples of the kind of things that contributed to the fundamental change in my attitude toward being a manager. In a reorientation which happened gradually over a number of years, I experienced a long-term confusion and discomfort that slowly drained my enthusiasm for management.

The first example comes from when I was asked to introduce a computer system into clinical areas, which would involve changes to the way that nurses worked. What I had assumed would be minor changes in nurses' work in exchange for substantial gains in terms of the management systems was seen very differently by the nurses themselves. They argued that looking after patients would be seriously compromised, to an extent that far outweighed what they thought were the cosmetic gains in having a slicker administrative system. Whatever the rights and wrongs, it was clear that the political benefits to the top managers in being seen as leaders in MIS meant that there was no question of not implementing the new system.

During the implementation, I happened to over-

hear two nurses expressing to one another their strong personal animosity against me because of my involvement. The realization of their hostility left me quite shocked and hurt. I had not anticipated it, and at the time, could not work out why it should have been so vociferous.

The other example came a few years later when I manipulated statistics to make them politically acceptable. In the U.K., national statistics are published about the performance of publicly funded health care; a key measure (even significant in national elections) is waiting times statistics, which are aggregate data about how long patients have to wait for surgery (Pope, 1991). I had to collect statistical returns from individual hospitals to produce summaries published in national newspapers—summaries in which senior politicians took keen personal interest—especially when they revealed government guarantees had been breached. Of course, the top managers in my organization did not welcome politicians' interest; indeed, they would not sanction summaries being returned unless they appeared to be in line with the guarantees. So I became actively involved with adjusting waiting list data (BBC News, 2002). Not only was I troubled by the obvious ethical problems, I started to feel that my job was less about doing something worthwhile—more about protecting others from embarrassment.

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But my fundamental problem was the lack of a way to make sense of my concerns. By the mid 1990s I had begun to read the official theory (Anthony, 1986) that informs standard management development texts rather less enthusiastically than I had earlier. My reading of the authors' portrayals of management—as essentially a set of technical, quasi-scientific activities done in the service of others or of one's organization—now appeared to be downright disingenuous. But, I wondered, were there no alternatives?

In 1996 while studying for a masters degree, I happened upon CMS. Much of it seemed to me to be articulating what I had been trying to think through about management but with little success. In contrast to standard management theories that ignored (or simply did not recognize) the fundamental difficulties with management, CMS meant

that there were people in universities directly addressing the sources of my own sense of unease.

So, to conclude the story, my enthusiasm for CMS became so great I left my management career and took a part-time university post while studying for a PhD. CMS is now institutionalized enough for me to have obtained a permanent full-time post—but that is not quite the point—it would be impossible for the “end” of my story to be the end of the story told by the majority of managers who discover CMS and are attracted to its insights—if for no other reason than the scarcity of academic posts!

### CRITICAL MANAGEMENT EDUCATION IN ACTION

For those people, then, who stay in management jobs, let's return to my stories to consider the possibilities for my acting differently had I undergone a critical management education earlier in my career. The possibility raises two questions:

1. Can critically educated managers make a difference given the circumstances in which they find themselves?
2. Can such circumstances *themselves* be subject to emancipatory change?

So, to answer the first question, let's start by considering the implementation of computers over the resistance of ward-based nurses. It is important to note here that the story I told was competing with another, “official” story about the same event—a story about how the hospital was set to lead in hospital information systems. In this story, the nurses and their objections would have had to be “managed”—code for marginalizing them if they could not be won round to providing support. Therefore, I do not think it would have been a genuinely “critical” response to this managerialist story to have tried to use theory—say ideas from feminism concerned with privileging marginalized voices (Ozga & Walker, 1999)—if *the aim of so doing* was ultimately to get the nursing staff on board. To employ theory in this way would have been to produce a humanistic mask for conventional management (Sturdy & Grey, 2003): a refinement to control rather than an alternative to it, because the managerialist story about the computer system would have been supported and the nurses' original concerns marginalized. Possibly a more consistently critical position (and there are no doubt others) would have been to have assisted the nurses in voicing their concerns and misgivings about the plans, and if necessary, actively opposing the top managers' proposals. As a middle manager I had more access to the relevant

senior staff than ward-based nurses—realistically I could have done this.

But in these circumstances would I *actually* have done this? The honest answer is “perhaps.” Such activities seem to me to be very high risk—likely at the least to get you tagged as a troublemaker, particularly if similar activism becomes regularly associated with your work. Surviving in a position of influence would have meant, I think, reserving this sort of activism for major issues of crucial import. The problem then becomes knowing what is sufficiently crucial; the danger, given the stakes involved, is that each issue of concern is never quite crucial enough to warrant the risk of losing influence—possibly one's job.

As to the falsification of waiting times statistics, this scenario might more easily be portrayed as an example of straightforward corruption. Surely the moral imperative here would be to refuse to get involved and, if necessary, to resort to external forces: to blow the whistle on it (Near & Miceli, 1996). So again, had I been versed in critical theories at the time all this happened to me, would I have acted differently? Exposure to critical perspectives has encouraged me to think through my personal values much more explicitly than ever before. I would have preferred to refuse then, but did not possess the language of contestation to put a refusal in terms that others would have understood—so I believe I would have a better chance of refusing in the same circumstances today. As to blowing the whistle, I cannot imagine myself doing this with an issue that could have made me central in a major political controversy. Why not? I don't believe it's anything to do with critical theory—I just don't think I've got the guts!

But, for all its value, if CME is, in the end, concerned simply with helping people make sense of their uncomfortable situations as managers, then perhaps it is inherently limited—both in its scope and in its political influence. So I turn to my second question: the scope CME offers for transforming the circumstances in which managers find themselves. One possibility, with particular relevance for my own experiences because it directly and explicitly calls on us to live and act in the world differently, is an emerging literature on alternative ways of organizing and nonmanaged organizational forms (Brown, 1992; Parker, 2002: 200–213). These ideas call on managers to work to transform the circumstances in which they find themselves, rather than merely coping with their existing situations. After all, the obligation to falsify figures that I experienced is arguably symptomatic not so much of unethical individuals acting outside codes of conduct, as of a market-orientated system that

rewards people at the top of performance league tables (BBC News, 2002). Similarly, my ability to force through change on nursing staff was predicated on a debatable proposition being widely taken for granted by all concerned: that some people have more power than others, and that this state of affairs is legitimate and necessary for getting things done.

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Thus Fournier, a former business school academic, has used her more recent experiences of working for extended periods of time in European farming communes to reflect on ways that, among other things, could provide an agenda for CME based upon alternative organizational forms. She commented:

[T]here are many ways in which the Business Schools of tomorrow could meaningfully engage with alternative organisations and contribute to debates about the development of more socially and environmentally sustainable economic relations . . . not only to question the holy grail of growth, efficiency, competition and consumption, but also to actively explore alternatives: how can we organize economic activities so as to privilege dignity, justice, well being, the environment? How can we consume less, produce less, work less? How can we respect each other and our environment more? (2005: 205).

Starting to answer these sorts of questions seems to me to demand a change in the material ways in which we act in our jobs and in our wider lives. Of course, the debate about alternative organizational forms has yet to become an established theme even within CME, so there are no neat answers—each individual will have to find their own responses tailored to their personal circumstances and beliefs. Furthermore, these responses will, for most, necessarily have to be looking toward longer term emancipatory change—it will not be possible for people working in large organizations (such as the one that used to employ me) to change them radically overnight. Yet, in

spite of these problems, finding ways to make alternative organizational forms a more common feature of society offers an agenda for CME that, it seems to me, has the potential to start to make a real difference for organizational life and practice. And as Grey and Willmott have reflected: “[T]he ultimate assessment of CMS will be the extent to which it succeeds in making a critical—reflective and emancipatory—difference to understanding, studying, teaching and practicing management” (2005: 351).

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