



Knowledge matters: using Bourdieu and Bernstein to explore tensions between academic and everyday forms of knowledge in degree apprenticeses' transition to higher education.

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**Uni4U**

Opening New Doors to Learning





## Apprentice

- Healthcare assistant →
- Teaching assistant →
- Pharmacy technician →
- Waiter →
- Builder →
- Machine operator →

## Graduate

- Nurse
- Teacher
- Pharmacist
- Hotel manager
- Construction manager
- Engineer



## Hysteresis





## Context of this study...

260,000 healthcare assistants since P2K in 1986

Main providers of personal and 'routine' care in NHS

Many also perform clinical tasks that were previously the domain of nurses

Various portrayed as both the liberator and the usurper of nursing

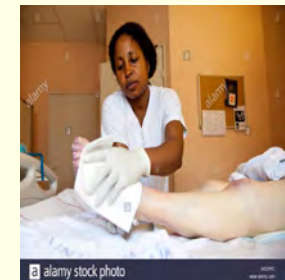
Media discourse around nursing... *'too posh to wash?'*

'Turf wars' within nursing? Nursing Science or Scientific Nursing?

HCA's represent a source of potential future graduate registered nurses

Very limited research on HCA transition through HE to nurse registration

No literature on role or value of HCA knowledge during transition.





## Apprentice

Healthcare assistant



## Graduate

Nurse



## Rationale and research questions...

Nursing is a relatively new **academic discipline**.

Healthcare and higher education are **fields of practice**.

Each have their own conception of **relevant** and **valued** forms of knowledge.

Higher education (HE) may pose a relatively **alien landscape or social field** to HCAs

HCAs may struggle to make the **transition to and through HE** from a vocational preparation.

**What role for knowledge** in the relationship between actors in healthcare and nursing higher education?

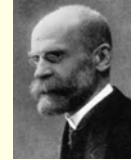
How do former HCAs **talk about learning and knowledge** during their transition between these fields?



## The binary divide in our conception of knowledge: a very short history

Sacred vs profane

Durkheim (1912)



Theoretical vs everyday

Vygotsky (1926)



Mode 1 disciplinary vs mode 2 problem

Gibbons (1960s)



Context independent (curriculum) vs Context dependent (non-curriculum)

Young (1970s)



'Getting On!' Vicki Pepperdine, Dr Jo Brand and Joanna Scanlon (2009)





## Some significant influences on me ...

social class and access to higher education

learning as socially situated activity

social inclusion in higher education

knowledge as a form of social / symbolic capital

tacit vs explicit knowledge

knowledge classification and framing

perception and embodied knowledge

knowledge as power in social networks

powerful knowledge vs knowledge of the powerful

work, social class and gender

Diane Reay



Jean Lave



Gill Crozier



Pierre Bourdieu



Michael Polanyi



Basil Bernstein



Maurice Merleau-Ponty



Michel Foucault

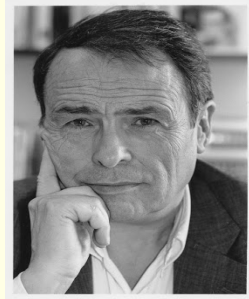


Michael Young

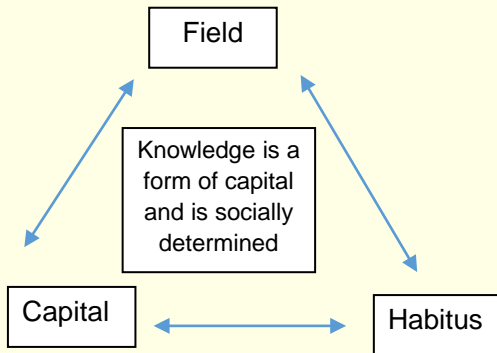


Bev Skeggs





Pierre Bourdieu  
(social theory)

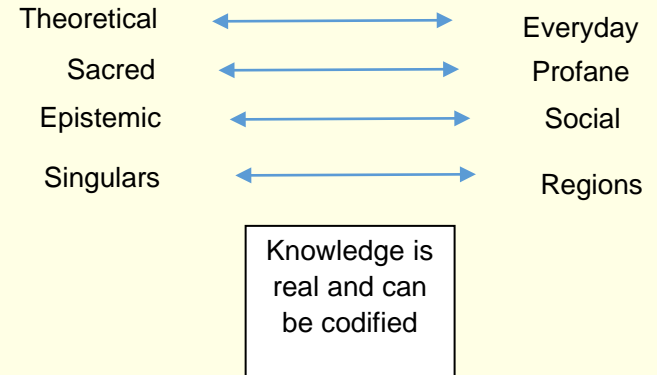


Relevant knowledge is negotiated by interaction between social actors in the field (not the form of the knowledge)

## So...who did I go with? ... and why?



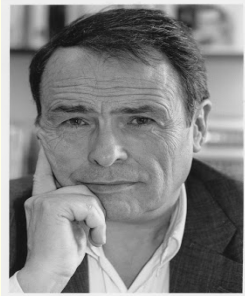
Basil Bernstein  
(realist theory)



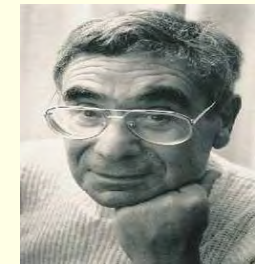
Relevant knowledge is determined by interaction between forms of knowledge (not the social actors).



Knowledge as social capital



Knowledge as codified reality



Social realism  
(Maton, 2014)

Knowledge ...

- is both social (Bourdieu) and real (Bernstein).
- is both a reflection of power relations in fields and claims to truth in fields
- has both sociological and epistemological power
- is used by people as they talk to **justify** (legitimate) their **status in a field** and to **compete for resources**



Karl Maton



Legitimation code theory (LCT) ... a method to analyse how people talk about knowledge.

## Specialisation

**What** can be legitimately described as knowledge?

**Epistemic**

**Who** can claim to be a legitimate knower?

**Social**



Coronary circulation

“Coronary bypass patients talk to me while I’m washing their face”



## Semantics

Degree of **condensation** of meaning (symbolic)

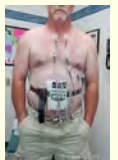
**Density**

Degree of **contextual** meaning

**Gravity**



The ECG



The person



## What did apprentices talk about?

**How I became an  
HCA in the first  
place**

**What I learned and  
how my knowledge  
was valued**

**How and why did  
I decide to  
become a nurse**

**What I thought  
about university  
before I got there**

**The university  
experience**

**Moving from the  
university back  
into healthcare**



## What I learned and how my knowledge was valued

“some [HCAs] just complete the task and don't even begin to look into what that means and analyse what they've just done... and then you get others who have... not necessarily a more educated background... they are more intrigued and they choose to learn more and understand”

**“I learned it all on the job... I would have to realise when somebody was hypertensive, or their blood sugar is 9 mmol/l...”**

“I sort of learned just by seeing...I learned basically what the [ECG] rhythms were, I learned how to recognise an emergency rhythm and I was like first on the scene and that was scary ... trying to jump on someone's chest!”

**“I used to pick up on the science of the nurses when they got blood results back ... they talked about, ‘potassium’... whereas for me it was just looking after the public”**

“I learned more in my first year as a healthcare assistant than I did in my first year of my nursing programme...”

**“they (HCAs) would know that the saturation was wrong... they would know that it's not good if it goes below 90%.... but the difference is that I would be able to understand what is happening inside the body” ”**

“it's the basic nursing care that is often what makes the biggest amount of difference to the patient... I often overhear them saying ‘my HCA gave me the best shower, I feel much better’... they won't say ‘my beta-blocker dose has been raised... which is why they're there’

**“ It's the HCAs they [doctors] come to when they are writing their reports... ‘How has [patient name] been? I know you've got a relationship with him’ ”.**

“Whether it was a staff meeting, handover or ward-round, I would generally say the same things that I used to say [as an HCA]. But instead of being irritating and dismissed, as soon as I qualified it became very valuable”.

**She [nurse] was getting me to teach practical skills to post-grad students ... and I thought you're just taking the piss!**



## The university experience

**“I found it all a bit daunting... there were a lot of people younger than me.... am I in the right place? I did find the whole thing a bit overwhelming... I had this academia issue in my head.. can I complete this?”**

“When I started here that was a big, big shock... big shock! I thought I was a confident writer but that proved not to be the case. It’s a huge amount of pressure... knowing that you could be thrown out at any time”

**“It was like self-directed learning and I thought, I'm not sure if I like this... I felt like I wanted to be taught, like... but it was learning yourself sort of thing... after a while, I kept thinking, I could just not bother doing the training, I could just look through the books and carry on doing what I'm doing [as an HCA]... [Laughter]...”**

“You don't need to know some of these things to be a good nurse. I think that if you are in front of a psychotic patient who is effing and blinding and is about to punch you on the nose. Saying... ‘did you know that the amygdala is making you do this?’ That doesn’t help you!”

**“...you tended to form more of an alliance with other HCAs... because there was an understanding of what we were all going through... you tended to get a lot of learning from the healthcare assistants...”**

“I think it made me more academic ... making me think about writing critically and analysing research and being able to use that skill further if I had to write documents or write a report for my manager

**“I think it's given me that evidence base in the sense of... You know, I don't quite trust or agree with things unless I see the evidence for it, and I never used to think like that...”**



## Moving from the university back into healthcare

“[Other students] struggled more with the programme than those who had been an HCA ... for lots of people it was a very steep learning curve whereas for me it was much more gradual because of my previous HCA experience...”

**“my first placement was an acute ward ... I didn’t find it daunting at all... I thoroughly enjoyed it ... I quickly realised that my HCA role had given me a pack of tools... a couple of first year colleagues came onto the same acute ward ... and they were absolutely terrified ... I was thinking.. ‘what is the issue here?’... so I took a lot for granted...”**

“...we had a discussion about this... should we tell them?... some people said it might go against you ... and some people said ‘yeah, tell them and then they know what your baseline is... they won’t start teaching you from scratch’...”

**“ I just act the way that they want me to act... it’s all a performance really isn’t it?... you don’t want to be too cocky... too sure of yourself or the nursing staff don’t like that... so you have to go into performing the role that they want you to be as a first year, second year, third year...”**

“... the academic helped me understand my experiences as an HCA... I thought ‘that’s why this patient behaved this way’.... the experience was there to join the dots... you can go back to what you’ve experienced as a healthcare assistant ...”



## So... the construction and perception of knowledge

- affects the whole social, cognitive and statutory transition process from apprentice to graduate.
- is a core component of the decision-making process from accessing the sector to engaging in the project of becoming a graduate.
- formed the backdrop to various challenges encountered by former apprentices at university
- is central to the expressions and attitudes of recognition or condescension received by apprentices
- is an element of power used by others to maintain occupational separation from apprentices
- apprentice knowledge has low cultural capital value in healthcare and HE.
- apprentice social knowing perspective has high value but '*under the radar*'.
- apprentices may acquire significant epistemic knowledge from routine work.



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## Conclusions

Bourdieu and Bernstein are good to think with.

Legitimation Code Theory is a valuable analytical tool.

Apprentices have a unique perspective on occupational practice and HE.

The higher education field frames apprentice knowledge as the '**wrong kind of knowledge**' and apprentices as the '**wrong kind of knower**'.

This imposes a form of relegation of their embodied knowledge in the process of changing role and status within their occupational sector.