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Resisting hybridisation between modes of clinical risk management: Contradiction, contest, and the production of intractable conflict

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A B S T R A C T

This article explores and explains escalating contradictions between two modes of clinical risk management which resisted hybridisation. Drawing on a Foucauldian perspective, these two modes – ethics-orientated and rules-based – are firstly characterised in an original heuristic we develop to analyse clinical risk management systems. Some recent sociologically orientated accounting literature is introduced, exploring interactions between accountability and risk management regimes in corporate and organisational settings; much of this literature suggests these systems are complementary or may easily form hybrids. This theoretical literature is then moved into the related domain of clinical risk management systems, which has been under-explored from this analytic perspective. We note the rise of rules-based clinical risk management in UK mental health services as a distinct logic from ethics-orientated clinical self-regulation. Longitudinal case study data is presented, showing contradiction and escalating contest between ethics-orientated and rules-based systems in a high-commitment mental health setting, triggering a crisis and organisational closure. We explore theoretically why perverse contradictions emerged, rather than complementarity and hybridisation suggested by existing literature. Interactions between local conditions of strong ideological loading, high emotional and personal involvement, and rising rules-based risk management are seen as producing this contest and its dynamics of escalating and intractable conflict. The article contributes to the general literature on interactions between different risk management regimes, and reveals specific aspects arising in clinically based forms of risk management. It concludes by considering some strengths and weaknesses of this Foucauldian framing.

Introduction: The interrelationship between two modes of clinical risk management – explaining non-hybridisation, escalating contradictions and organisational crisis

Formal risk management systems now provide a dominant and pervasive logic for governing an uncertain social world (Power, 2004). Such systems have expanded and colonised terrains previously occupied by less formalised self-regulation, including self-regulation by professionals. They have proliferated in UK government, regulatory agencies and public services (Power, 1997, 2004), as well as private firms. These systems promise a means of dealing with potential hazards as what begins as a mere possibility of danger is converted into calculable objects of surveillance, regulation and control (Castel, 1991; O'Malley, 2004; Power, 2007).

Yet risk management's claim to calculation and objectivity may overlook local values, emotions and practices concerning social transgressions, rule-breaking and

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deviancy. For instance, by putting individuals' selves and feelings 'at risk', formal risk systems may involve 'cleaning-up' accounts for presentation to external auditors; they may encourage individuals to hide malpractice, 'game' reporting systems and undermine corrective learning (Gabe, Exworthy, Jones, & Smith, 2012; Iedema, Flabouris, Grant, & Jorm, 2006; Waring, 2009; McGivern & Ferlie, 2007; McGivern & Fischer, 2012). Risk may function above all as a *moral* idea in which the selection, handling and elaboration of risk functions to protect authoritative moral orders and risk management regimes meant to uphold them (Douglas, 1992). According to this 'risk as moral government' perspective, risks are not ontological facts, but social constructions where omissions, wrong-doing and blame are attributable to persons held accountable (Douglas, 1992; Luhmann, 1993).

If formal risk management systems operate as a form of moral government, they may also interact with indigenous risk practices and mentalities as individuals orientate themselves towards authoritative, external evaluations of their conduct (Ericson & Doyle, 2003; Ewald, 1991; Power, 2004, 2009a). According to Foucault's (1979) original concept of governmentality, such an orientation towards risk may lead to an internalisation and strengthening of its rationalities, whether through compliance, participation, or even resistance (Gordon, 1991).

But what are the empirical dynamics of interactions between 'indigenous' risk management practices and formal risk management systems? Within the sociologically orientated accounting literature, recent scholarship indicates manageable tensions (Gendron, 2002; Rahaman, Neu, & Everett, 2010), complementarity (Roberts, 1991) and ready hybridisation (Miller, Kurunmäki, & O'Leary, 2008) between different accountability and risk management regimes. By contrast, Armstrong (1994) suggests some potential contradictions arising between different discursive systems. Yet overall, this literature does not suggest conflictual interactions between formal risk management and indigenous risk management systems.

In contrast to this literature, we argue that interactions between alternative risk management systems may exert perverse and intractable effects, not previously adequately considered. Drawing on Foucault's (2010, 2011) recently published final lectures at the College de France, we develop an original heuristic to explore interactions between a rules-based mode of regulation, advanced by formal risk management systems, and a contrasting ethics-orientated mode more embedded in indigenous clinical practices. Whereas Foucault (1992: 25) defined morality as a 'systematic ensemble' of values and rules of conduct prescribed to individuals through authoritative institutions, he contrasted these rules-based 'moral codes' with the different ways in which individuals might interpret and relate to them. Individuals may not merely conform to rules, but seek to constitute themselves as 'ethical subjects' through practices intended to transform their thoughts, emotions, and ways of being.

We apply our heuristic in an empirical case of a high-commitment health care organisation where perverse interactions between contrasting modes of risk regulation are exemplified. Through a longitudinal case study of a mental health care setting – a Democratic Therapeutic Community (DTC) – we explore dynamics between rising formal clinical risk management systems and pre-existing self-regulation, clinically embedded. Whereas interactions between these modes are likely to be important in a number of settings, we propose the DTC may be an 'extreme case' (Eisenhardt, 1989) human service organisation, well-suited for studying these interactions that may be less apparent in other settings. Contrary to much literature, this case reveals strong tension between the two modes of regulation, leading to escalating morally-charged conflict which ultimately, we suggest, triggers a crisis and organisational closure.

Our article contributes to the sociological accounting literature, firstly, by elucidating perverse interactions between formal risk management systems and indigenous risk management practices. Secondly, we develop a sociological perspective on a related field of *clinical* risk management systems. Some sociologically orientated accounting literature examines corporate and financial accountability or risk management systems, including some health care settings (Miller, Kurunmäki, & O'Leary, 2008; Miller & Rose, 2008; Rahaman et al., 2010). We apply these perspectives to the particular domain of clinical risk management. As clinical risk management involves significant first order risks (mainly to service users and clinicians), as well as second order, reputational risks (particularly to managers and organisations, see Power, 2007), we suggest this context reveals some perverse interactions, previously overlooked.

The argument proceeds as follows. Firstly, we introduce our Foucauldian heuristic, situating the discussion theoretically in the sociologically orientated accounting literature on interactions between regulatory regimes. The growth of formal clinical risk management systems in UK mental health services is outlined and we introduce the DTC as a distinctive clinical setting. We then describe our ethnographic research design and empirical case study, revealing escalating tensions between self-regulatory practices and a rising formal risk management system. We find contradictions, contest, and no easy hybridisation. These findings are discussed theoretically in relation to our heuristic. We conclude by considering the strengths and weaknesses of the Foucauldian framing adopted, and suggest ideas for further study of interactions between risk management regimes.

Literature review and theoretical emplacement

A Foucauldian heuristic: Two contrasting modes of clinical risk management

When discussing his core concept of 'governmentality', Foucault explores the developing capacity to govern populations indirectly, through novel knowledge bases (including psychiatry), segregated institutions (including the asylum), and associated micro-practices, such as systems of registration and accounting (Foucault, Burchell, & Gordon, 1991). A governmentality perspective is thus promising in analysing regulatory regimes in mental health care. Yet we are interested in how Foucault's

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