

## ARTICLES

# The Method of Social Analysis in Social Change and Social Research<sup>1</sup>

---

---

*Elliott Jaques*  
*Brunel University<sup>2</sup>*

There is a widespread tendency to classify clinical, practical, social change studies as applied and therefore atheoretical work, in contrast to "research" which is meant to develop and test concepts, hypotheses, and theories. I believe that this view is incorrect. The significance of the development of a clinical sociology will lie, as does all clinical research, in its conjoined contribution to theory and practice - to theory developed in practice and toughened by use, and to practice informed by theory. In this article I propose to describe one experience in clinical sociology which may demonstrate this interaction.

### SOCIAL-ANALYTIC METHOD

The Brunel Institute of Organisation and Social Studies (BIOSS) is devoted to what is termed consultancy research - what is now called clinical sociology in the USA. One of the methods of consultancy research used in the Institute is that of social-analysis. It is my own experience with this particular method over the past 30 years which I propose to discuss.

I first described the method in 1965 (Jaques, 1965) and it has been elaborated by colleagues and by myself in a series of publications (Rowbottom, 1977; Evans, 1979; and Jaques, 1976 and 1978). It is a particular and specific method of working with members of social institutions to help them to

change social structure or modes of functioning, or both, the procedure constituting at the same time one fundamental method of social research. It is an adaptation of work started at the Tavistock Institute of Human Relations in 1947, but with the emphasis upon group dynamics and group therapy removed.

The main features of the method are as follows:

- (a) the social analyst acts on invitation only, either from the individual members of the institution or from representatives on their behalf;
- (b) the analyst works only with those who ask to see him/her, and on problems which they raise rather than on research problems in which he/she might be interested;
- (c) all the discussions are confidential, the social analyst reporting only material which has been worked through with individuals and then cleared by them for use in a wider context;
- (d) the social analyst does not make recommendations: he/she attempts to help in the resolution of social problems by assisting those with whom he/she works, to analyse the nature of their difficulties and to develop the concepts and formulations necessary for the emergence of new types of institutions and procedures (some examples will follow);
- (e) as the analyses develop, cleared material is consolidated into increasingly general reports for submission to wider groups in the institution, or, where appropriate, to representatives of all those participating, so that they may decide upon courses of action and changes to alleviate the problems experienced;
- (f) when such decisions are implemented, their effects can be followed through in further discussions, and gradually by this process of analysis, decision, implementation, testing, and re-analysis, those concerned can effect changes for themselves.

It will be noted that in this process of social-analysis the analyst remains in an independent role, does not offer recommendations, but rather helps the clients to understand their own situation more clearly by helping them to analyse it, to conceptualise and formulate it, and to formulate their own changes. It is in these respects - independence, analysis, conceptualisation, explanation, and open-endedness - that the method has borrowed from psycho-analysis.

## SOME SOCIAL ANALYTIC PROJECTS

The social-analytic procedure *per se* was fully established by 1952. Since that time a number of colleagues and I have been involved in a small number of intensive and long-term projects. Here are some major examples:

*The Glacier Project:* The initial project, until my retirement this year, ran continuously for 32 years. The Glacier Metal Company employs 5,000 people in medium engineering. My contract was with their Works Council which is representative of all employees at all levels. Invitations included attendance at the Chief Executive Officers' (CEOs) meetings for 30 years (under 5 different CEOs), at Board Meetings for 15 years, and intermittently at Joint Shop Stewards' Committee Meetings and other related meetings. A wide range of projects on specific problems included: methods of payment; managerial organisation; individual performance appraisal, assessment of level of capability, progression, and promotion procedures; employee participation; pricing; staff and specialist organisation; functions of the Board. A company-wide reorganisation was carried through between 1956 and 1960. Numerous smaller-scale reorganisations have occurred. This work was first reported in *The Changing Culture of a Factory*, (Jaques, 1952), and in a series of publications since then.

*The Church of England:* The Church of England introduced a new form of organisation in 1970, in which a new grouping of parishes called a Deanery was introduced, along with Synodical Government involving participation of representatives of the laity in Church policy at all levels - Deanery, Diocese, and National. Difficulties with this development led to the invitation in 1974 to establish a small Unit (myself and one colleague) to work in one Diocese, and in one Deanery with 17 Parishes within that Diocese. Continuing projects have included: organisational relationships between Bishop, Dean and Parish Priests, as well as Bishop's staff, Archdeacons, and Diocesan administration; the nature of episcopacy; the organisation of team ministry and group ministry; the views of parishioners and the role of lay representatives; the structure of various levels of modern urban and suburban community in relation to various levels of Church organisation.

Other projects have been concerned with: the National Health Service; a reorganisation in a national Government Department; long-term work with Local Government social service departments and the organisation of social work; a range of interconnected projects on the nature of level of individual capability and levels of abstraction, and their patterns of development; newly

developing projects in policy-making and implementation in a Local Government Department, industrial relations in a large isolated mining corporation, and a set of pilot studies for the US Army Research Institute.

## **THE NATIONAL HEALTH SERVICE (NHS) PROJECT**

It may be useful to illustrate the process of social-analysis in a slightly more detailed way. The National Health Service (NHS) project may be used for this purpose. The NHS employs 910,000 people, is the largest social institution in Britain, and probably the most complex one. The complexity will be familiar to those who work with health service and hospital organisations; it derives from the interplay between the medical profession, some forty or so other professions and semi-professions including nurses, therapists and technicians, and administration, finance, "hotel" services, and building maintenance.

Further complexity is added by the fact that the NHS is the responsibility of the Secretary of State for Health in the national government, assisted by a large civil service department, the Department of Health (DHSS), concerned with national policies, standards, and financial provision.

The project began in 1966 with an invitation from the DHSS to the author to establish a Unit to be concerned with health service organisation and administration. A small Unit of three full-time members was established for a pilot project of three years, under the social-analytic conditions described above. The Unit's services were to be available on invitation from any members of the NHS. The purpose of the pilot project was to discover what types of invitation might be received to work on what types of problem, and whether any useful work could be done. In particular, would it be possible to generalise the findings from small-scale, local analytical studies to application throughout this very large service?

A Steering Committee (which now comprises five civil servants from the DHSS and five members from the NHS) was established. This Committee was to consider priorities in the Unit's work, to receive the cleared results of local project work, and to work with the Unit in generalising the results of such work and in finding ways of applying those results, as appropriate, in other areas of the NHS.

The Unit was heavily involved from the beginning in requests for collaboration. Its contract has been extended continuously, and it now consists of the equivalent of five full-time members whose contract runs currently to 1983. Invitations have been received to work on such problems as:

- (a) the role of doctors in hospitals and in general practice, the meaning of clinical freedom, and the organisation of their participation in District health service policies;
- (b) the nature of the authority relationships between doctors, on the one hand, and nurses, therapists, and laboratory and other technical services, on the other;
- (c) the organisation of nursing services, including the problems of assessing capability of individuals, performance appraisal, recruitment, education, and career progression;
- (d) the organisation of therapy services such as physiotherapy, occupational therapy, clinical psychology and psychotherapy;
- (e) the organisation of laboratory services such as pathology laboratories;
- (f) the role and relationships of administrators with all other services;
- (g) budgeting and financial control for doctors;
- (h) the nature of professions and of professional independence;
- (i) the role, authority, and mode of operation of various Boards and Committees, such as Regional and District Health Authorities, and of Regional and District teams of officers and doctors acting on behalf of those authorities.

Work on these and other problems proceeds by invitation in the first place from small groups of NHS members; for example, an invitation from a few doctors and the nurses with whom they work; the members of a physiotherapy department, or a pathology department, in a hospital; the members of a District Co-ordinative Team (comprising a consultant representative, a general practitioner representative, an administrator, a finance officer and a medical administrative officer); or from the members of a small child guidance clinic.

Take, for example, a request to analyse the organisation of physiotherapy services in a hospital, involving a consultant cardiologist, two orthopedic surgeons, a consultant in rehabilitation, a superintendent physiotherapist and five physiotherapist staff. First a general discussion is held with the whole group on the nature of the problem: such issues being raised as who determines the service priorities of the therapists? What is the authority relationship between the consultant in rehabilitation (the nominal 'head' of the therapy

department) and the superintendent physiotherapist? Since all the therapists are professionals, can the relationship between the superintendent therapist and the other therapists be a managerial one?

Following the general discussion, individual interviews are held with each member. Because these interviews are confidential, the individuals have the opportunity to consider their own private views on the issues raised or on any other issues, without committing themselves to the others. As they think through the problems, the social analyst seeks to help to formulate these views in conceptual form, to elaborate new concepts where existing ones do not fit, to expose inconsistencies or contradictions in thought. From this process of discussion, the necessary concepts are put together to help tease out systematically the nature of the problems raised, and to formulate alternative possible models of organisation and working relationships to deal with the problem.

Cleared material from these interviews is then assembled in a report back to the total group, which contains an analysis of the problem as seen from the various points of view, and a pulling together of the alternative possible solutions which have emerged with an analysis of the possible consequences of each solution.

This process may be repeated, until, if successful, the group is able to decide upon and agree to a particular course of action. They may themselves be able to agree about certain changes; or if there are larger professional or organisational issues at stake, they may have to make recommendations to higher authorities - in which case the discussions may continue at a higher level.

Eventually, the cleared results will be reported to the Steering Committee, who will decide whether the project work has wider implications and whether there ought to be wider implementation. This process of communication and generalisation is supported by the presentation of results to small national conferences organised by the Unit for members of the particular professions, at which the formulations can be subjected to wider critical scrutiny, testing, and modification.

Through this process of extension of work from local projects involving wider circles of people, the Unit has found itself working with representative members of whole hospitals, of large nursing departments, and of extensive networks of technical and other departments.

A significant opportunity for the application of results of the Unit's work

occurred between 1971 and 1974, when a total reorganisation of the NHS was undertaken by the Government. The Unit staff was invited to collaborate with the national groups established to plan and to formulate the reorganisation, the Unit's role being to contribute analyses, concepts and conceptual models appropriate to the various areas of the NHS under consideration. The reorganisation was implemented in 1974, and the Unit has had the opportunity to follow through the consequences of this massive change, in its continuing field work.

## TYPES OF FINDINGS

Apart from the deep access to field situations and the practical implications of organisational change, what are the more general theoretical consequences and contributions of this kind of work? A wide variety of new findings and new concepts has emerged from the field work and analyses. The following list is meant to be illustrative and not comprehensive:

- (a) voluntary and non-voluntary associations have been defined and distinguished from the bureaucratic hierarchies which they employ to get work done;
- (b) the properties of manager-subordinate relationships and of a wide range of laterally-organised support roles have been worked out and defined;
- (c) level of work (or responsibility) in employment roles at all levels from shop floor to corporate CEO, can be objectively measured directly in terms of the longest tasks or projects which the role occupant is expected to carry out (I have called this measure the time-span of discretion.);
- (d) maximum time-span of discretion in any employment role correlates around 0.90 with the occupant's judgment as to what would constitute fair pay for the work, regardless of type or level of work, or of actual pay, or of any other factors;
- (e) there is an underlying structure of work levels in bureaucratic hierarchies, with boundaries at 3 months, 1 year, 2 years, 5 years, 10 years, and 20 years, which has been found to apply in all types of enterprise - industrial, governmental, and public and social service - in over 20 different countries;
- (f) levels of capability in individuals would appear to be measurable in terms of the longest time-spans with which they can cope (I have called this the time-frame of the individual.);
- (g) the regular discontinuities in bureaucratic levels would appear to

- correspond to discontinuities in populations in level of capability as measured in time-frame;
- (h) a number of characteristics of professional roles and of the organisation of professional groups have been defined;
  - (i) a systematic hierarchy of levels of community has been discovered, with specifiable maximum population boundaries, with common characteristics at each level with respect to such factors as health and social service provision, type of school, level of church institution, political institutions.

## THEORETICAL DEVELOPMENTS

Out of these findings a number of theoretical developments have been achieved or are currently in train; for example:

- (a) a switch from the uni-modal normal distribution to multi-modality and multi-attribute theory as the foundation of psychological and social theory, and an accompanying theory of levels of abstraction in logic, in mental capability, and in social systems (Jaques et al., 1978);
- (b) a new theory of income distribution and labour economics based on equity rather than upon supply and demand (Jaques, 1976, and Krimpas, 1975);
- (c) a general theory of the structure and functioning of bureaucratic institutions (Jaques, 1976);
- (d) a contribution to the development of objective equal-ratio-scale measurement in the social sciences, and to measurement theory itself in the demonstration that such scaling is possible with respect to social phenomena;
- (e) developments in the formulation of the structure and functioning in non-bureaucratic organisations such as doctors in health services, clergy (ecclesia), University academic staff (collegia), and other types of voluntary and professional organisations;
- (f) a general theory of the nature of time and of its fundamental significance for social theory and constructs (in the same sense that spatial ideas are fundamental in the natural sciences).

I can, of course, only touch upon these theoretical points. But they may at least give some indication of the interplay between theory and practice in social-analysis. Every single theoretical development has been associated with problems encountered in the field. In turn, the use of existing social theory,

and the development of new concepts and theory, have been absolutely essential for soundly-based and effective analytical work.

## NOTES

1. Elliott Jaques is Professor of Sociology and Director, Institute of Organisation and Social Studies, Brunel University, England.
2. This paper was presented at the 1980 annual meeting of the Clinical Sociology Association.

## REFERENCES

Brown, Wilfred

1971 *Organization*. London: Heinemann Books.

Evans, John

1979 *The Management of Human Capacity*. Bradford: MCB Publications.

Jaques, Elliot

1951 *The Changing Culture of a Factory*. London: Routledge and Kegan Paul.

1961 *Equitable Payment*. Exeter, NH: Heinemann Books.

1965 *Social analysis of the Glacier Project*. In W. Brown and E. Jaques. *Glacier Project Papers*. Exeter, NH: Heinemann Books.

1976 *A General Theory of Bureaucracy*. New York: Halstead Books.

1981 *The Form of Time*. Exeter, NH: Heinemann Books.

Jacques, E., R.O. Gibson, and D.J. Issac

1978 *Levels of Abstraction in Logic and Human Action*. Exeter, NH: Heinemann Books.

Krimpas, G.E.

1975 *Labour Input and the Theory of the Labour Market*. London: Duckworth.

Richardson, Roy

1971 *Fair Pay and Work*. Exeter, NH: Heinemann Books.

Rowbottom, Ralph

1977 *Social Analysis*. Exeter, NH: Heinemann Books.

Rowbottom, R., J. Balle, S. Cang, M. Dixon, E. Jaques, T. Packwood & H. Tolliday

1973 *Hospital Organization*. Exeter, NH: Heinemann Books.

Social Services Organisation Research Unit, Brunel University

1974 *Social Services Departments: Developing Patterns of Work Organisation*. Exeter, NH: Heinemann Books.