

'Tensile Nationality': National Identity as an Everyday Way of Being in a Scottish Hospital

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ABSTRACT: This article reports on research undertaken in a Scottish hospital on the theme of national identity, specifically Scottishness. It examines the ways and extents to which Scottishness was expressed in the workplace: as a quotidian aspect of individual and institutional identity, in a situation of high-profile political change. The research was to situate nationality as a naturally occurring 'language-game': to explore everyday speech-acts which deployed reference to nationality/Scottishness and compare these to other kinds of overt affirmation of identity and other speech-acts when no such identity-affirmations were ostensibly made. In a contemporary Scottish setting where the inauguration of a new Parliament has made national identity a prominent aspect of public debate, the research illuminates the place of nationality amid a complex of workaday language-games and examines the status of national identity as a 'public event'.

KEYWORDS: complexity, contrariety, discourse, identity, hospital, nationality, Scotland, workplace

Introduction

What role do discourses of nationality play in the workplace, if any? This article explores this and related questions through an ethnographic study of a large, public-funded hospital in Scotland. The organization and delivery of modern medical care represents a global context of operation, expertise, technology, of dimensions of sickness and health, teaching and learning. Is the hospital recognisable as a Scottish one? What kind of discourse is nationality-at-work?

The article approaches nationality as a particular discursive affirmation of identity: a set of words and behaviours which people routinely deploy – by which they express themselves, in which they publicly live. Wittgenstein (1978) used the phrases 'language-game' and 'form

of life' to conjure up this sense of routinized components of social life and exchange, with their own habitual norms of expression, verbal and other, which also compass their own more or less complex worlds of ontological, epistemological and moral assumption: kinds of microsocial lifeworlds.

After briefly introducing the research project, its plan and logistics, the article turns to a number of findings concerning nationality as a component of everyday identity and exchange in a work setting mediated by global practices.

The Research Project: Context and Methodology

Constance Hospital is the major medical facility within 'Easterneuk University Hospitals Na-

tional Health Service Trust': the state-sponsored body responsible for providing acute medical services for a population of approximately 470,000 in east-central Scotland, a geographical area of some 3,175 square miles.¹ During 2000–2001, the Hospitals Trust employed around 7,600 staff, and annually received some £190 million in public funds. It represented the major health-service provider in this part of the United Kingdom and, through its connection with Easterneuk University, a significant centre for medical, nursing and midwifery education and research. The Hospitals Trust also represented one of the largest employers in Easterneuk, an area of high unemployment and post-industrial decline, providing almost 10 per cent of all local jobs. (Across Scotland as a whole, The National Health Service represents the largest employer, with a workforce of 136,000 people.) In a public statement defining its mission, the Hospitals Trust claimed to fulfil four major and interacting roles: to be a regional centre for acute and high technology-based hospital services for the east of Scotland and a Scottish National Service for some services; to be a general hospital provider for the people of east-central Scotland; to be a source of highly skilled medical staff, nurses and other professionals for the whole east-central region and beyond; and to be a resource for high quality research and development.

The wider political and social context during 2000 and 2001 was the instituting by British government statute (in London) of new, devolved legislative assemblies in Scotland (Edinburgh) and in Wales (Cardiff). 'The Scottish Parliament' and 'The Welsh Assembly' – the different titles reflecting what was felt to be the differential in public support for localizing governmental processes – would assume a number of the legislative responsibilities previously lodged in Whitehall, such as education and health. Other responsibilities, such as defence, remained centralized, but even in this case there was public debate concerning a possible future shift from devolution to indepen-

dence and 'regional' Parliaments becoming 'national' ones; as well as debates concerning the setting up of regional assemblies in parts of England with similar or greater masses of population to Scotland (five million) or Wales (three million), and possessing what was felt to be an equal sense of local identity (such as the Newcastle and north-east region). The research would explore the ways and extents to which talk by politicians, commentators and others concerning devolution within the United Kingdom, even possible independence for its 'nationalistic' regions, reflected and was matched by behaviours 'on the ground' in Scotland, in everyday life. What role would the establishment of government in Edinburgh ('for the first time in some 300 years, since the Union of the Crowns in 1707') play in terms of a discourse of national identity in Easterneuk?

Research in Constance Hospital was conducted largely by participant-observation fieldwork over a period of ten months, followed by a further two months' period of semi-structured interviewing of hospital employees.² A hospital was chosen as the site of research because of the interesting tensions it might throw up between different discourses of daily working practice and the way it might throw nationalistic claims into relief. The hospital's institutional mission – catering to the health and well-being of the human body – might be seen to contrast, if not oppose, notions of national identity. The universal and generalizing ethos of the Hippocratic oath, to offer solace and a curative regimen irrespective of social or moral condition and solely on the basis of human bodily need, could be said to oppose the particular and relativizing notion of national difference: that there was something that was intrinsically, inherently, essentially Scottish. How, then, would the two discourses, the two kinds of rational-bureaucratic proceeding, meet on the ground? Would a mediatory discourse of 'Scottish medicine', of 'Scottish health needs' and 'Scottish healthcare', be

encouraged, wherein Constance Hospital became a Scottish institution first and foremost (taking forward a proud, Enlightenment tradition of Scottish medicine), with a mission to undertake medicine and research obedient to essentially Scottish conceptions, as defined by paymasters in Edinburgh? Or would medicine and nationality stand apart, as distinct discourses that, on both the institutional and individual levels, lived in uneasy juxtaposition: Constance Hospital happening to be ‘a hospital sited in Scotland’? How would nationality, Scottishness in particular, appear as an aspect of speech and behaviour, if at all, in the workaday milieu of the busy, modern teaching-hospital – itself, already, an institution internally complex and divided among specialisms, personnel, interests and tasks?

Data: Four Extracts from a Journal of Fieldnotes

Data collected from the participant-observation fieldwork and the semi-structured interviews took the form of a field journal. While the tape-recording of informant responses was not usually appropriate, I endeavoured to collect as precise a representation as possible of speech-acts to which I was privy. Conversations were noted down, therefore, as soon after their occurrence in the field site as possible. Before proceeding to a summary of research findings, four extracts from my field journal are reproduced by way of an exemplification of the nature of the data.

Extract 1

Craig McDuff, a hospital porter, has a tattoo on his right forearm which reads ‘Scotland’ above a Scottish flag, and his sons’ names ‘Paul’ and ‘John’ below. On his other forearm he has ‘Celtic’ tattooed and the football team’s crest. His wife’s name is tattooed on his upper arm. We meet in the porters’ locker room:

MCDUFF: Are you studying all Scots people, Nigel, or just them in the Hospital?

RAPPORT: I want to see how Scottishness affects life in the Hospital, if at all.

MCDUFF: Remember I married an English woman! So it means nothing to me what people are. If people are okay, I don’t care about nationality. And all the porters are the same, you’ll find Nigel; they might joke in the buckie [porters’ lodge] about Scotland versus England, and that, but it’s only joking. They don’t mean it.

Extract 2

Our shifts finished for the day, Albert Dodge and I are walking to the Leisure Centre, not far from Constance Hospital, for our weekly game of five-a-side football with other porters. It is a frosty but dry winter’s evening:

DODGE: I’m going to Blackpool for my summer holiday. Booked up today. But you can wait forever for summer to begin in Britain. ‘57 Varieties’! No two days are the same, eh! [we laugh] Blackpool this year – save money – but it was Benidorm last year. Blackpool is not what it was; in Benidorm you can eat your breakfast off the beach. But then tourism is their one big thing, in Spain, eh? And those Spanish boys have been clever: kept it all for themselves; organized it all themselves. No Pakis there! Not like here, us letting them in to run everything. [he shakes his head] Corner-stores –

RAPPORT: Wasn’t Roy in Benidorm this year?

DODGE: Aye, Roy went there this year, Benidorm [he speaks ‘Roy’ in a Cockney accent]. ... Roy was in ERI [Easterneuk Royal Infirmary] before here, you know. Known him years.

RAPPORT: Oh? Right. Were there many English porters there?

DODGE: A few. But Roy is hardly English any more: more Scottish than English. He’s been up here 30 odd years!

RAPPORT: Yeah? Doesn’t sound it!

DODGE: Yeah! He still speaks like he’s got balls in his mouth! So where are you from?

RAPPORT: Wales. Cardiff.

DODGE: Aye? And the family, before that?

RAPPORT: Eastern Europe.

DODGE: Eastern Europe? So you're Tams?

RAPPORT: What?

DODGE: 'Tams': Catholics – they're from Eastern Europe.

RAPPORT: No. It's a Jewish family.

DODGE: Oh, Jews. Yeah, they're also out there.

RAPPORT: My family came here in the 1880s, 'cos of persecution in Eastern Europe. Russia, Romania, Poland.

DODGE: Aye: the Jews are always getting persecuted. Stupid! Then Hitler – they say if the Germans had concentrated on the fighting rather than anything else, they could have won the War. 'Cos they were such good soldiers.

Extract 3

I meet Margaret Crawford in the Physiotherapy Department, and she shows me to some easy chairs in the Staff Room.

CRAWFORD: The desire to care for other people is an individual thing not national. Girls brought up just like me might have a hundredth degree of my wish to care for people. ... I've got a friend who was at Goose Green, during the Falklands War. And I was with him when I saw a photo of Goose Green during the war – and he was there! And I asked him about the prisoners – what happened to them. And he said 'they took no prisoners'. So I asked him: Did that mean he might have killed someone he could have taken prisoner? He said 'Yes', and I was amazed. I asked him how he did it. He said as soon as he puts on a uniform and goes to war he has to pretend he's a different person: one without the humaneness he might feel at other times. It's like you build a wall; say Scotland went to war against England: it would be a matter of somehow building a wall. But I would never do that. I couldn't. And I would hope the English would say the same: everyone is an individual first and foremost. I'm proud to be Scottish but I would treat everyone alike.

RAPPORT: But you say you'd never call yourself 'British'?

CRAWFORD: No. I'd never go abroad and say I was English. I'd always say I was Scottish. It's also good to be Scottish abroad. 'Cos people like the Scots. Especially in the U.S. You get a great welcome there as a Scot. Not as English, though – but ... I'm not one of those who fought for Scottish independence. And I'm not a supporter of the Parliament, either! I can tell you – I'm proud to be Scottish but I want the British union to continue.

RAPPORT: Why?

CRAWFORD: For financial and legal reasons. Scotland is too small for it to be a separate country. It just has too few residents. I know they talk about Scotland as a country within Europe. But we have a nice place on our own already, in Britain. We've got Great Britain so why do we need Europe? I like our separation within Britain. And the English need the Scots within Great Britain as much as the other way round. There's no point in independence. And there's definitely no point in the new Parliament building: a costly waste. And to think Constance is operating with a £10m overspend! ... But you know, I see these riots in England on the TV – between Pakistanis and Whites, or whoever – and I think that would never happen here. ... My two kids went through quite rough, State schools, and they both came out with good friends – Chinese, coloured. ... So, my crowd might be all Scots but my kids' definitely isn't. My son, he's 23, has a best friend who's Pakistani or Indian or whatever. And he's picked up cultural influences from them. Like, he asked me once why Gran couldn't come to live with us – once, when she was ill – 'cos that's what they do, the Pakistanis. And it's stupid living alone. So, cultural influences go two ways. Which is great: how it should be. So, yes, I'm proud to be a Scot but if my kids told me tomorrow they were gonna marry a Pakistani I would not be perturbed in the least. Love is the important thing. I don't care about anything else. So long as you're a Christian nothing else matters. So long as you're a compassionate person. I treat everyone with the same respect. ... I've got a mother-in-law who goes to church all the time – she's never off her knees. But you can pray all day and still not be a Christian, you know, Nigel! Eh? But I don't care what someone is – their nationality or anything – so long as they are compassionate. Whether they're Chinese, or Black

or Brown; they're all Scots now. 'Cos they've all been born and brought up here.

Extract 4

I meet Professor of Surgery, Matthew Trudeau C.B.E., in his office, his secretary showing me in. I sit across the desk from him.

TRUDEAU: Constance is an international hospital, in Scotland, not a Scottish hospital; there is nothing particularly Scottish about it. Not its workers. I've been here since 1977; and from the start Constance was a cosmopolitan institution. ... Paradoxically, [however,] there is a sense in which 'Scottish medicine' exists. Epidemiologically speaking, there are certain Scottish diseases: heart disease, strokes, types of cancer. There is also a Scottish 'feel' for the importance of hospitals and medical care; there is a distinctly Scottish ethos of medical care. Scotland puts doctors on a pedestal; provides doctors with medical resources. And Scottish doctors have been predominant in the setting up of medical institutions elsewhere, outside the U.K. When I was being trained, 32 of the 52 Professors of Surgery were of Scottish origin. Also, Scots are special in taking no personal responsibility for their own health: they respect doctors but then do nothing themselves towards their own health.

RAPPORT: Do you think that's a matter of class?

TRUDEAU: Yes, this is probably a class feature. Truthfully, the reason I came to Scotland was for the mountains and the fly-fishing! I'm a keen fisherman. [we laugh] But also, in the 1970s the Scottish medical schools were the top of the pile. ... Constance's 'mission-statement' changed somewhat in the 1990s, but there was *never* a policy to develop a 'Scottish' institution or hospital. The aim from the outset was just to be good – vis-à-vis Edinburgh and St Andrews. ... I have *never* identified personal traits of individuals that could be called 'Scottish' specifically; I could *never* differentiate 'Scottish' colleagues from others in terms of their behaviour. Stereotypes of national identity are nonsense.

RAPPORT: What about in terms of patients?

TRUDEAU: In terms of patients? Scottish ones are probably more trusting than English ones, and more stoical. But I absolutely do not believe

in the kind of talk that says: 'The Scots are like this'; 'The English are like this'. When people use this kind of talk I ask them how and why these supposed characteristics and differences came about, and all they can say is: 'It's just like that!' [we laugh] These so-called differences between Scotland and England mean nothing to me. I think that book on 'The English', by Jeremy Paxman, was a load of nonsense. Have you seen it?

RAPPORT: I heard about it.

TRUDEAU: People like to associate attributes with a nation-state but it's not true or real. Certainly, talk, or thought, like this absolutely *never* enters my behaviour. Nor that of any of my colleagues. I can think of prominent Scottish professors – Maxwell in Edinburgh, Monroe in Manchester, Elliot in London – and it never enters my mind that they speak by virtue of their national identities. It is simply not an issue. At certain levels of activity, of intellectual activity, at the higher levels, nationality is completely irrelevant. And the same with gender. With less taxing activities, it is possible. Possible. But with higher activities it is impossible to do them well and think in nationalistic terms. As soon as issues of national identity become conscious in these higher spheres then it becomes bad science and bad decision-making. Nationalism is *always* something negative for me.

Collating the above data of close observation and recorded interaction, I reached conclusions concerning the ways and extents to which nationality figured as an everyday discourse of overt expression and exchange at Constance Hospital. The remainder of this article is given over to these findings and then to a discussion concerning their interpretation.

For reasons of space, findings are stated rather schematically, reflecting the three broad categories of question which the research set out to answer. First: What kind of an institution is Constance Hospital, how essentially Scottish or 'national' in its workings or its ethos? Second: What kind of a day-to-day identity is 'Scottishness'? Third: What kind of an identity is nationality?

Finding I: Constance as a Kind of 'Scottish' or 'National' Hospital

My data suggest that Constance Hospital was not an institution which formally operated as 'Scottish'. Informants claimed that while it might be located in Scotland, Constance was not a 'Scottish hospital' insofar as it possessed an international workforce and aimed to be nationality-blind in taking on staff and in their treatment. Medical knowhow and practice was deemed global, or increasingly so.

Nevertheless, at the same time as it was claimed that Scottishness was not salient in the formal workings of Constance Hospital as a medical institution, there were still claims made by workers regarding the importance of localism to the hospital's workings and ethos: its being located, for instance, in a provincial Scottish city with a sizeable underprivileged minority. Constance was a 'local' hospital which reflected the expertise, the experience and the medical preferences of those working within it.

There were also understandings of aspects of medical practice as having a possibly distinctive Scottish character and heritage: different, say, from English practice. Scotland had exported medical expertise since the Enlightenment and continued to do so, training more doctors than it needed itself. The emphasis placed on 'traditional' norms such as clinical skills and on quality over cost suggested too, possibly, a continuing distinctiveness about Scottish medicine. Similarly, there were understandings of aspects of medical need as having a possibly distinctive Scottish character: related, say, to poverty or diet. There were certain distinctive healthcare priorities in Scotland, reflecting if not generically different Scottish problems or solutions then statistically different occurrences of disease, and some differences in behaviours affecting health.

There were characteristic differences of identity associated with different parts of the institution's workforce. Constance Hospital

was a complex organization containing distinct units of practice and priorities: clinicians as against pedagogues, medics against administrators and technicians and service staff, doctors against nurses, anaesthetists against urologists, and so on. The more lowly paid or menial were deemed by some to be more local and Scottish in origin, less international in orientation and capability. There were also claims of discrimination and bias against what was deemed 'alien'. Some workers expressed dissatisfaction with their working conditions in terms of their being discriminated against – on the basis of nationality or age or gender or ethnicity or race or religion or political stripe or recentness of arrival. Such discrimination was regarded as examples of clannishness, political immaturity and parochialism: tendencies exacerbated by the identity politics that lay behind the formation of the Scottish Parliament.

Finding II: Scottishness as a Kind of Identity

A second set of findings concern the nature of Scottishness as a day-to-day identity. Here the data point to six salient, and sometimes contrasting, features concerning what 'Scottishness' entails, what being 'Scottish' means. Findings might be listed, and briefly illustrated, as follows:

Scottishness is a Regional Identity

Scotland's 'problem' is that the whole nation is the size of one health board in England: four or five million. So when Thatcher insisted on an internal market in [the region] it meant dividing up 400,000 people into four competing boards! Ridiculous. (Dr Mark Henry, Consultant Anaesthetist)

Scottishness is understood as a difference in degree, not kind: it concerns having more or less of certain shared social and cultural fea-

tures that characterize the U.K. (or else Europe or the West) as a whole, rather than being something unique in itself. Regional variables are employed to characterize and 'explain' the distinctiveness of Scotland, such as demography or geography: Scotland is understood to have the characteristics it does due to its small population size, then, or the low density of its population relative to the rest of the U.K., or due to its rurality, or its climate, or its poverty.

Factors of comparison are thus deployed to contrast the situation in Scotland with elsewhere in the U.K. or abroad – but according to common criteria. There is, in short, it is claimed, nothing essentially different to Scotland. By the same token, however, it is deemed important that Scotland receives its 'fair share' relative to other regions (of the U.K., Europe, etc.), and is seen to do so.

Scottishness is an Historical and Cultural Identity

The Scots are a different breed. Different history... Scots people have a different nature: they're canny. (Margaret Crawford, Physiotherapist)

Alternatively, Scottishness is sometimes seen by workers at Constance in essentialist and stereotypical terms as pertaining to a racial or ethnic group of people, tied together across time, and in possession of intrinsic characteristics that distinguish it from others. Internally, the group is homogenous, its members sharing alike its distinctive features (both good and bad); externally there will be a radical difference to other groups. Indeed, the putative 'purity' of the Scots – Celts, and White – is itself drawn upon as a distinguishing mark – contrasting, say, to the mongrel English – and something to protect from admixture and debasement.

Scottishness is a Personal and Biographical Identity

Since moving to Scotland, national identity has figured far more in my awareness. Questions of

'Who am I?' 'Where do I come from?' 'What links do I have?' – If asked I'd say that, of 'English', 'British' or 'Scottish', I was British, from Scotland. I was actually born in Scotland – though educated in England. And now I support Scottish rugby and football teams: I pass the [John] Major – no, it was the [Ian] Tebbit – Test now! [British Conservative politicians] That's something that's changed since moving north. (Dr Fred Reed, Consultant Paediatrician)

Scotland and Scottishness are also something linked to people's identity as individuals, and to their personal biographies. In charting the history of their lives, their relations with other people and places, their work and jobs, their roles as parents and kinsfolk and spouses, Scottishness is expressed by some as a significant marker. It is used to explain decisions made, aspects of personality and relationships. It represents, variously: a place, a political ethos, a way of life, a landscape and a history. For some at Constance, Scottishness is to be interwoven with their lives as a 'significant other': Scottishness and me.

Scottishness is a Competitive Identity

Privatized funding means worse medical provision for the poorer areas, and I feel that Scotland will resist these kinds of changes more than England will. This gives a Scottish flavour to the Scottish NHS: state funding is more recognized here as necessary; there's more appreciation here that there can be and should be a greater role for the State. (Dr Keith Knowles, Pathologist)

Scottishness, too, is something to do with competition and contest. It is a comparative identity, exercised by way of claiming to be better (or worse) at something, and setting records. A wide range of features of life may be brought within this competitive frame, and it can also be used in parody of itself: 'He could *sleep* for Scotland'. But the logic remains: Scottish identity is about the performance of members of a team competing against other teams and members. Scottishness speaks of strong emotional attachments to these teams.

Scottishness is an Administrative Identity

The Scottish Parliament has made zero difference to my professional life. The Scottish Health Minister does not even seem to know what day it is! You write to them about a problem and you get no response; it seems a totally non-responsive level of government. And yet it is responsible for allocating the health budget. But I'm not sure who determines the health policy. And I was wondering what would have happened if the Tories had won the last election and the Scottish Parliament had still been Labour-controlled? What would have happened to health policy in Scotland? Over the coming years it may be that we see more divergence between Scottish and English policies. (Dr Tristan Smith, Consultant Radiologist)

Delivering healthcare and undertaking medical research in a hospital in Scotland, under the aegis of the new Scottish Parliament and in the legislative context of a host of other funding and auditing bodies, gives to Scottishness an administrative aspect. Workers at Constance come to consider specifically Scottish regulations, Scottish medical expectations, qualifications and needs, and communications with members of Scottish organizations. Opinions will differ as to the worth, the logic and legitimacy, the necessity and durability, of these 'Scottish' administrative facets of life – they may, indeed, be the topic of much debate – but they are a phenomenon that many will recognize.

Scottishness is a Symbolic Identity

I loved 'Who Wants to be a Millionaire' yesterday 'cos there was a Scots bloke on it. Even though he didn't win it was great when he rang his friend – he came over so Scottish and knew the answer immediately: 'Middle Earth'. And he kept on talking, and coming out with these phrases as Tarrant [the quizmaster] tried to speak; Tarrant didn't know what'd hit him. [laughs] Fucking brilliant! – 'Hundred percent!', his friend said; and he signed off: 'Adios!'. [laughs again] Fucking brilliant. (Alastair Dent, porter)

Finally, Scottishness is used as a marker of identity, a way to claim an identity for oneself

and others, in a seemingly purely symbolic fashion. It can appear as an almost empty descriptor: a name bearing any significance and no particular significance. That is, people use the moniker 'Scottish' – or 'English', and so on – to say something about who they are, or who others are, and who they are like – to affirm identification with a grouping larger than just one person – but it can appear to be used in a wholly contingent manner, so serviceable (malleable, adaptable, ambiguous, vague) is the term. The claim of attachment – of being thus able to assert a belonging – seems more important than the precise nature of that belonging – as well as being able to disparage and deny those who do not belong.

In sum

The research set out to explore nationality, and in particular Scottishness, in the context of everyday life and work. How did such a phenomenon figure, if at all, in the 'natural' context of people's routine social relations at the workplace? In particular, how did it figure in a medical institution whose allegiances were increasingly international? Findings I and II point up how Constance was seen by its workers as a hospital competing on a world stage, but also one with a proud tradition behind it of Scottish medical distinctiveness; and also now fighting for funds against other, more favoured Scottish urban centres; and also internally divided between internationalists and parochials; and also again with a key responsibility to the needy of the local community, the city and region.

'Scottish' and 'Scottishness' meant a host of contrasting things, according to particular individuals, their mood and relations with their interlocutors. The terms compassed a wide array of historical and contemporary practices, attitudes, values and institutions. Asserting the 'Scottishness of Constance Hospital' conveyed the sense in which this was an organiza-

tion dealing with other, like organizations in administrative and political milieux that used 'Scotland' as a symbolic marker. But the meanings of the terms were neither a given nor a matter of consensus.

'Scotland' meant being a regional part of the U.K. and Europe and the West. It meant being a pure and unique people. It meant a bureaucratic unit. It meant the place and politics and leisure activities of one's personal life. It meant defeating others in competition. It meant liking hamburgers. With the advent of the Scottish Parliament, 'Scotland', 'Scottish' and 'Scottishness' become invested with new public and political legitimacy, and power. Such a public profile does not however make these words any easier to know in terms of the workaday meanings which individuals (and institutions) choose to invest in them (or not). It may have become possible in Britain to argue a case – political and administrative – on the basis of its 'Scottish' pertinency, but the above findings evince the rhetorical nature of such claims, still. 'Scottishness' carries an emotional charge but no singular or common reference whether at the level of individual or institutional working practice.

Finding III: Nationality as a Kind of Identity

The remaining findings of the research concern the discursive nature of nationality per se. Here, three main conclusions may be drawn:

- (i) As a discourse, nationality is used situationally: it is one kind of claim to identity, among a number of different and contrasting ones;
- (ii) As a kind of claim, nationality attaches to particular practices and events;
- (iii) In terms of frequency of its use and in terms of its emotional freight, nationality often comes second to other, smaller-scaled

and more inclusive identities which people claim for themselves.

These three might be briefly elaborated upon and illustrated as follows.

Affirmations of Identity Are Plural, Temporary and Situational

Identity based on notions of nationality, such as Scottishness, was only one of a number of kinds of affirmation that people made in Constance Hospital. It was not an identity that people always espoused – certainly not one that everyone espoused – and those who did espouse it did not necessarily make it their fundamental or undergirding identity. The first point to stress, then, concerns the multiplicity, even the contrariety, of positions that people in Constance adopted in connection with issues of national identity: from being unconscious of it, to ignoring or denying it, to affirming such allegiance for themselves one moment – in one sentence, in one situation – and avoiding it in another. Certainly, Scottishness did not appear an 'imperative' status at Constance: more important than other identities or always apparent. People contradicted themselves in regard to the affirmations they made in its terms, the allegiances they felt in its regard. Thus, the same medic could both assert that:

'Scottishness, or national identity, has absolutely no significance in the running or the workings of this hospital!', and, 'When I came here I was given the cold shoulder for six months by all the Scottish-born and Scottish-trained medics I was promoted above.'

Affirmations of Identity are Made in Connection with Specific Practices and Events

Rather than being an identity and a status that attached itself to all thinking and acting, nationality was asserted in connection with specific undertakings, such as sport, or a display

of certain behavioural traits, such as cliquishness or canniness; it also was accompanied by a characteristic emotional level. 'Scottishness', then, was variously attached by people to a vociferous supporting of the national team against foreign teams, to ensuring children took seriously their lessons in country dancing, to proudly celebrating a capacity for consuming alcohol at parties and pubs – and to a parochial bias against the English or other 'outsiders'. However ascribed (to practices and events), and whether positively or negatively defined, a raised emotional charge seemed to attach itself to the identity, as in the following statements: "'Scottish" identity? We're drunken bastards!'; 'Scottish football is shite. I don't like saying it but it's dire – I wonder how good even the best players up here would be down there in England'.

Different Kinds of Affirmation of Identity Merge into One Another on a Common Sliding Scale

National identity is one of a number of kinds of identity which are ranged on a scale of size, and of closeness and distance to oneself; one moves up and down the scale, from greater to lesser inclusivities, at different moments, substituting one kind of identity for another as one perceives the need or opportunity or other contingencies. Thus, Scottishness, the national identity, slides into other, more local and exclusive identities – such as East of Scotland, Easterneuk, Braehead housing scheme, or one's occupational community or place of work or family – as well as larger-scaled, more distant identities again, such as British, European or Western. Moreover, when considered in terms of the time and attention with which people invest it and the precision with which they can define it, Scottishness would often give way to identities considered more particular. At Constance, people were often serious about their affirmations of nationality, and very emotionally attached, but more often they measured

their belonging, certainly attested to it, in terms of identities smaller in geographical scale and closer in 'genealogical' or biographical connection: city or housing estate, local football team or family, professional association. Scottishness was less significant as an everyday marker of identity at work than identities further down the scale, closer to one in terms of size: identities more easily identifiable as pertaining to oneself as an individual. Thus, different medics could concur that:

Easterneuk had to shape itself as an area of medical specialism in opposition to Glasgow and Edinburgh. That's been the pressure on Constance Hospital, not something 'Scottish' as such. Easterneuk has always been isolated within the Scottish framework

or again,

We still don't trust that in a Scottish Parliament Glasgow and Edinburgh will not carve up everything between them – something the Westminster Parliament saved us from.

In sum

The research explored nationality as an everyday aspect of life in the workplace. Individuals employed notions of national identity in order to signal belonging of a particular dimension: one was pleased to attach oneself to a grouping bigger than the neighbourhood or city but smaller than the international or global.

One affirmed one's nationality as Scottish (or English or British) when one was engaged in certain practices or events: watching football on television; having an argument with a fellow-worker whom one supposed was born elsewhere ('rude and arrogant Kaffir', 'lazy English bastard'). But one did not 'deploy' nationality – live or speak in this identity – all the time. Nor was it necessarily a fundamental or most important aspect of one's life. More often, a greater significance lay in identities

closer to hand: one's pursuits as a bodybuilder; one's parental responsibilities; one's drinking partnerships; one's political allegiance in Easterneuk; one's career as a consultant; one's administrative role to represent the Balryside region at the Edinburgh Parliament against other Scottish regions.

Discussion: Nationality as Overt and Covert

If nationality were a prominent claim to identity in the workplace it has chiefly been assumed that this would make it something openly discussed and readily observable at Constance Hospital. But this need not be the case. For some, thinking and feeling 'nationally' may less be about making public or explicit affirmations of identity than about personal and more private feelings and expressions. One feels most nationalistic, say, and lives out one's national identity, while playing football or organizing a union or singing ballads or making love – and while remembering such activities. It is to here that one's nationalist memories and sentiments fly.

Maybe the porters at Constance Hospital felt distinctly nationalist when they stood firm against the cheek of young student doctors and nurses from abroad. Maybe the doctors and nurses felt most nationalist when they cured the results of poor local diet and an impoverished upbringing. Maybe the managers felt most nationalist when they administered the hospital according to non-economistic criteria. It can be hard to ascertain the relationship, in short, between what behaviour seems overtly to purport and what individuals understand themselves and others to be expressing by it. Nationality may not only be a situational claim to identity, attached to particular practices and events and used in conjunction with other identities of greater and lesser scope: it may also be implicit and not mediated by any, particular public behaviours.

This also mitigates against attempts to predict the consequences of both overt nationalist rhetoric and its absence. One can express oneself nationalistically while behaving with civility to non-national co-workers *and* one can behave xenophobically while seeming to enunciate the civil virtues of a social democracy. The 'final testimony' regarding the meaning of public exchange, as Ayer puts it (1968: 256–257), derives from the individual interpretation of it and imparting of consequence to it, rather than from the symbolic forms as things in themselves. The connections between the world-views that give rise to the violent excluding of non-national others (to genocide or ethnic cleansing) and the language-games that precede or accompany these acts are complex and possibly covert. An indeterminate relationship exists between the vehemence of nationalism as symbol and as physical act (Rapport 1987).

Nevertheless, the research reported here has the value of exploring overt claims to national identity in the workplace, specifically Scottishness, at a time when politically the issue of British nationality(-ies) was paramount in policy and electoral agendas. In this context, the study demonstrates the variety of ways in which nationality figures as an aspect of daily life, as well as the variety of other kinds of identity with which nationality comes to connect. As an overt affirmation of identity, the study has concluded nationality did not amount to a singular public 'event' at Constance Hospital; nationality was only one of a number of claims to identity made at the same time, and it came to mean a range of things. Again, this suggests caution in considering connections between the everyday expression of nationality – its commonness as a theme in public deliberation – and its being a political project of legislators.

Those studies that have considered nationality as discourse, both as overt bureaucratic tool (Handelman 2004) and as unconscious ideological enculturation (Billig 1995), have assumed a connection between its commonness in the public sphere and it being an event in

the life, power and reproduction of the state. For Billig, nationality is an example of ideological hegemony whereby assumptions of nationhood come to be 'embedded in [banal] routines', rituals and symbols – habits of mind and body; thought, speech and action – which actively if surreptitiously maintain the presence, authority and esteem of the state (1995: 38). For Handelman (2004), the explicit nationalistic referents of Independence Days, patron saints, anthems and parades, however new and invented the traditions, speak to a bureaucratic logic of rational state control. Data from the present study would suggest a disjunction between the explicitness of nationality as public discourse and its necessarily being conscripted as a tool of state, whether banal or ceremonial. The flag-waving surrounding the new Scottish Parliament only occasionally achieved a presence at Constance Hospital; when it did so, it was manifested in farce as much as in patriotic validation.

Conclusion: Nationality as a Discourse in Tension

In conclusion, the present study draws attention to three distinctive features of nationality as an explicit affirmation of identity in the workplace:

(1) Nationality is in tension with – competition, contest – other kinds of identity. It is part of a field or range of legitimate ways of speaking and behaving in the everyday. There is tension among these because they are alternatives: at any one moment of expression people make a selection between nationality and other ways of being. The tension is heightened because these different ways operate in contradistinction to one another, at least in part: nationality contrasts with non-nationalist identities that emphasize instead, for instance, medical practice, organizational (institutional) practice, political allegiance, sport, leisure, the market,

education, health, collegiality, race and ethnicity, gender, individualism, localism, regionalism, globalism or cosmopolitanism as keys to who one is. For some, nationality is opposed to medical practice; for others it can be commensurate. For some, Scottishness is all about the agonistics of sport; for others it is more commensurate with collegiality and caring. But a relational discursivity is always present.

(2) Nationality appears as an identity with a particular character: it is vague and emotion-laden. When Wittgenstein (1978) spoke of language-games, he imagined them as being of different types: some 'primitive', some 'extended': some precise, some fuzzy. They amounted, he suggested, to a kind of linguistic toolbox into which speakers might dip in order to find the right language-game for the task at hand. Nationality in the workplace has appeared in this study as a vague and emotion-laden discourse which embodies values as much as it conveys any precise substance, if not more so. It is a prescription for loyalty, pride, belonging, tradition – alternatively, parochialism, cliquishness, xenophobia – more than an exact description of particular group members and their behaviours.

The usefulness of such vagueness is its inclusivity. The ambiguousness of nationality as a claim to identity invites contribution, invites continuing use of the concept. For many at Constance Hospital nationality, in particular Scottishness, possessed a positive value; for others, all nationalisms were deemed negative. In either case, the claim was characterized by strong emotion and definiteness. Moreover, irrespective of whether nationality is valued positively or negatively, all can meet in its deliberation – not even necessarily being aware of one another's different valuations. ('Scottish identity? We're drunken bastards!' ... Is this a positive or a negative evaluation, or both?)

(3) Nationality operates as a kind of middle-range political identity in an increasingly large-

scale world. The vagueness of nationality as a kind of claim to identity may have the further attractiveness that in a world of shifting contexts of government, work and recreation – European Union, global markets, international travel and asylum – it may now represent a collectivity where people feel their identity is best secured. Anthony Cohen has spoken in this context of ‘personal’ nationality (1996); also of the ways in which a sliding scale of identity markers – from the global, through the national to the regional and the local – may be differently traversed by different people (and the same at different times) in the allocating of senses of belonging (1982). More than family, neighbourhood, city, certainly more than political projects of continental, ‘Western’ or global identity, what might be distinctive and attractive about nationality in a field of possible identifications – kinds of community – is its characteristic size. A nationality such as Scottishness now occupies a point on the scale usefully intermediate between the global and local. It embodies a kind of mid-range identity, between that which is politically too small, isolated and unknown, and that which is too large, impersonal and anonymous. Scottishness offers a staging post: here one can access global resources and hope to be active in global realpolitik while still retaining a sense of one’s local distinctiveness, heritage and home.

Hence, nationality did represent, for some, on some occasions, a discourse of satisfying self-expression. It is a human struggle, according to Michael Jackson (2002), always to strike a balance between autonomy and anonymity. Feeling at home in the world is a matter of reconciling a tension between being in and for oneself and being in and for others. (For Jackson, it is this ‘intersubjective dialectic’ which above all reflects the human; it is something to be found in every encounter individuals undertake [2002: 126].) In a tension of discourses, nationality offers a space where one’s personal identity is neither left isolated and lonely nor massified and unknown.

Nationality is a kind of identity whose size militates against an authentic mapping of the lives it purports to treat. It is rather a political project: an attempt to construct a certain kind of homogeneous social-political reality. Such a project was not found to accord, in any ubiquitous or consistent way, with the everyday expressions of identity among workers at Constance Hospital. They are not all or always nationalists, Scottish or other.

The research has disclosed a strategic use of discourses of identity, nationalistic and other. It is in the same vein, finally, that I would refer to the corporate culture of the modern hospital as a workplace. The nature, the meaning, the experience of work at Constance is no more a coherent reflection of a shared ideology, instituted by the hospital or the British National Health Service as medical bureaucracies. The situation is fluid and excessive, not homogeneous. Claims to normative working practices, as with claims to personal and national identity, are able situationally to call on a diversity of kinds of discursive propriety. There are work practices that accord with local, national, international standards; practices that are allied to medical, technological, economic, political, gendered, religious registers; practices that are specific to occupational, regional, bureaucratic histories; practices that are measured against legal, conscientious, spatial and temporal forms of audit. A complex organization such as Constance Hospital is home to excessive, almost limitless, discursive perspectives of this kind (Parkin 1987: 65–66). No single logic controls how this endless array is to be managed or fits together. The ways in which work at Constance is construed reveals as fluid a state of tensile discursivity as concerns nationality.

Acknowledgements

The research on which this article was based was funded by the Leverhulme Trust (grant no.

XCHL48), 1999–2004, under the aegis of their 'Nations and Regions' programme, and part of the 'Constitutional Change and Identity' project whose overall convenor was Professor David McCrone of Edinburgh University.

The drafting of the article first took place while a Visiting Professor at the School of Anthropology, Geography and Environmental Studies, University of Melbourne. I am very grateful to members of that institution, in particular Professor Andrew Dawson.

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Notes

1. 'Constance Hospital' and 'Easterneuk' are pseudonyms.
2. A fieldwork role was adopted while undertaking the participant-observation – that of hospital porter (Rapport 2004). In negotiation with the hospital authorities it was agreed that voluntary work in this capacity would enable me rapidly to become immersed in the social life of the hospital as if a member of the institution, participating

in the day-to-day workings and encountering a cross-section of Constance work, people, situations and roles, while not making my presence as researcher unnecessarily burdensome or unusual. (The Hospital routinely employed some 140 porters on a variety of contracts.)

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