In pursuing an understanding of teachers’ lives and careers I have focused on an individual life story to highlight some contemporary themes. A number of these themes have been recently elucidated in the Professional Network Report (2008) covering eight European countries. These themes can be easily uncovered in a wide range of places and in all of the caring professions of the public services. In the past few years, I have had the opportunity to travel extensively and to interview a varied set of professional workers.

It is important to situate one’s understanding of teachers’ lives and careers in a general context of professional settings. Often these life narrative insights are a cross-professional phenomenon common not just to teachers but to most public service workers.

A few vignettes might provide a confirmation of the general nature of the responses that the teachers later epitomize. A group of young British nurses talking to me at great length about how the new focus on targets and league tables for hospitals takes them away from the vocation they entered nursing for:

I came into nursing because, all my life – well since I can remember – I have wanted to look after people and care for them. It’s something I grew up with in my family: my grandma was a midwife and my mum a part-time orderly. So you could say it was in the blood. I’m not a squeamish person and blood and vomit and poo have never put me off, if I can get to care for the person who is in the frontline of pain, namely the patient. Some fools in the Health Trusts now call them ‘clients’ – bloody silly if you ask me! But for me, looking after patients and talking to them, treating them and making them comfortable – sort of respecting their dignity – that’s what I came into nursing for.

This testimony would, I think, be recognized by generations of nurses: it is part of the caring professional. The source of vocation, which has underpinned their commitment and their lifework, is nursing. So how do the reforms react to this precious ecology of commitment? One nurse describes her response to health reforms focusing on performativity:

My whole life is nursing: my whole sense of purpose is flattened by the web of bureaucratic bullshit in which I find myself. Instead of being at the bedside caring for patients, talking to patients, watching and observing them carefully; instead of working as a team of nurses who have these skills and build a community of caring, I end up doing other stuff altogether.
If you watched me, you’d be amazed, bloody amazed. A lot of the time now, I don’t go anywhere near a bed, let alone a patient. What am I doing? I am sitting alone in front of a computer – filling in forms, compiling data, fiddling about with figures – actually fiddling is the word [laughs and laughs]. But really, is this what I’m here for – a young woman in the prime of life? I reckon I have so much to offer in terms of love and compassion for those people in need and I can’t get near them. It makes me sick: still at least I’ll fit in here if I become sick!

These views about the affect of performance criteria-based reforms on these young nurses were shared by all the women I talked to. Perhaps the most powerful confirmation came from a much older nurse.

The job has changed so much and I and my friends (we’re all about the same age, I guess around 50) … we try to hold on to our old world in the face of these silly targets and tables. In my ward we still put the patient first, and we continue as a team of dedicated, experienced nurses to do this. It means we skimp on the paperwork, fill in the minimum, skip as many sections as we can. We sometimes get ticked off by the managers, and so on, but they know us and nothing ever happens. But it’s a funny world where you have to make excuses for being a proper nurse – I sometimes wonder what is going on. Do they really want the NHS (National Health Service) to succeed, or something else?

These nurses – the younger and the older – were both in the same hospital and I was able to spend a day observing them at work. In the past 20 years, I have spent a good deal of my time observing professionals at work. So it was fascinating to see the differences they had talked about really did exist in this practice.

An incidental realization came when I negotiated entry. The nurses preferred that I came in a personal capacity, rather than as an official visitor. This is because of what Frank Furudi calls the ‘culture of fear’, which prevails in many professional workplaces, because of the obsessive micromanagement of public services. Hence the nurses, even the experienced older ones, preferred that I kept them anonymous, and our meetings and my observations almost seemed covert at times.

My day in the hospital fully confirmed the different visions that the two cohorts of nurses presented. The younger nurses’ wards were often empty of nursing carers, as patients lay alone. For long periods of the day, I found the nurses congregated in a long back room, entering data into their computers. Occasionally, one or two would pop into the wards, often in response to a bleeper. But the clear centre of gravity of their professional life was the computer room. The difference, as I present it, seems almost too stark and polarized to be believable, but this was exactly how it was on these wards. In the older nurses’ wards, it was a far more traditional pattern: nurses talking to patients, arranging beds, interacting with visitors, coping with emergency medical situations. But, above all, they were present in the ward and in the intimate caring relationship to their patients. The younger nurses’ ward was simply far less hands-on; there was less of a presence throughout the day. Visits were occasional and felt minimal. They seemed to be dealing with clients, rather than servicing their patients, and we have seen when they described their nursing that this led to a strong sense of frustration. They had ended up in a very different relationship with those they were hoping to care for than they had envisaged.

One nurse who was willing to talk about these changes, and go public with her views, was Bernadette Murphy, a 38-year-old community staff nurse from Sutton in London. She said: