Reaching the parts that other theories and methods can't reach: How and why a policy-as-discourse approach can inform health-related policy
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Reaching the parts that other theories and methods can’t reach: How and why a policy-as-discourse approach can inform health-related policy

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Abstract
This article illustrates how conceptualizing policy-as-discourse offers opportunities for those with a vested interest in policy to ‘reach the parts that other theories and methods can’t reach’. First, it explores the dialogical relationship between theory and method in the context of policy analysis, summarizing contemporary writing on conceptualizing and analysing policy and drawing on the work of Bacchi to describe the theoretical underpinnings of three different policy representations along with methodological corollaries, research practices and disclosures about the world that flow from each. This involves reflecting on three different answers to the question ‘what is policy?’: considering how policy might be conceptualized and analysed under each and narrating the kind of research stories that emerge. Second, the article focuses on one of Bacchi’s representations – policy-as-discourse – to provide readers with a case study of this dialogical relationship and drawing on published research exploring the development of primary care research policy to illustrate what elements of discursive policy analysis might look like. Last, the article concludes by reflecting on the ways in which such an approach may (and may not) prove valuable in analysing health-related policy.

Keywords
health-related policy, policy analysis, policy-as-discourse, language and interaction, primary care research

Introduction
This article sets out to explore how and why conceptualizing policy-as-discourse provides a useful avenue for studying health-related policy. It adds to longstanding debate about the ‘best’ way to conceptualize policy and, in particular, controversy over the extent to which policy is a formal, rational process that can be planned in advance as opposed to an emergent stream of social action.

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‘Policy’ might be thought of as an analytic category, with the meaning of ‘policy’ varying according to the theoretical perspective adopted. These varied meanings inform different approaches to thinking about and studying health-related policy that, in turn, reveal different aspects of the world. Carol Bacchi (2000) neatly summarizes the main theoretical perspectives underpinning policy analysis in terms of three broad representations: comprehensive rationalism; political rationalism; and policy-as-discourse. Each representation presents a way of viewing the world that influences the ways in which we think about ‘policy’ and ‘policymaking’, guiding what researchers do, how they do it and what they reveal about the world (DeLeon, 1998; Fischer, 2003, 1998; Hajer, 2003; Jennings, 1983) (see Table 1). While the ‘rational’ conceptualization of policy has traditionally dominated, this shifted in the 1960s and 1970s with a greater focus on the role of pluralist politics in shaping policy, and with a turn to language and argumentation in research more generally. As a result, there is an expanding literature demonstrating the applicability of discourse analysis to policy analysis. However ‘rational’ approaches continue to represent the ‘norm’ in the policy world (Fischer, 2003; Wagenaar and Cook, 2003), with a tendency to concentrate on ‘what works’ rather than how ‘the working of things’ changes (Heclo, 1972). As a result, comprehensive and political rationalism have developed an analytic and conceptual sophistication within the field of health-related policy with limited attention paid to conceptualizing policy-as-discourse and to the practicable means by which it can be analysed and utilized.

This article aims to redress this. The first section summarizes contemporary writing on conceptualizing policy, drawing primarily on the work of Bacchi (1999, 2000) to describe each of the three representations and illustrate what each can reveal about the world, while paying particular attention to the dialogical relationship between theory and method. The second section focuses purposely on policy-as-discourse illustrating how and why a policy-as-discourse approach can be usefully operationalized and employed. It outlines several possible approaches to analysing policy-as-discourse before focusing on the use of Parker’s (1992, 2002) analytic framework in a recent study of primary care research policy. The article does not seek to provide an account of the main findings from the study but presents key examples in order to illustrate the relationship between theory and method when analysing policy-as-discourse and what this reveals about primary care research policy. The article concludes by reflecting on what a policy-as-discourse approach can reveal that other approaches cannot.

What is policy and how might it be analysed?

Rationalist approaches

The inspiration for a ‘comprehensive rationalist’ view of policy is grounded in behavioural, rationalist and positivist perspectives that see social problems as demanding rational political responses (see, Table 1). This view emerged out of concern for greater analytical rigour in the study of individual and social behaviour (Heineman et al., 1990), underpinned by a desire to organize human behaviour in the interests of efficiency and a level of optimism post Second World War that policy might improve social conditions (John, 2000). It led to a conceptual separation of policy from politics, with ‘policy’
<table>
<thead>
<tr>
<th>Theoretical starting point</th>
<th>Comprehensive rationalism</th>
<th>Political rationalism</th>
<th>Policy-as-discourse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neopositivism, logical empiricism, rationalism, rational choice theory</td>
<td>Pluralist models of politics, elements of interpretive social science, incrementalism</td>
<td>Constructivism, interpretivism, postpositivism, critical theory</td>
<td></td>
</tr>
<tr>
<td>Political rationalism</td>
<td>A process of muddling through, emergent due bureaucratic process</td>
<td>A reality construction</td>
<td>A process of muddling through, emergent due bureaucratic process</td>
</tr>
<tr>
<td>Policy-as-discourse</td>
<td>Connected to other policies/perspectives involving (moral) choices</td>
<td>Justification for intended action</td>
<td>Connected to other policies/perspectives involving (moral) choices</td>
</tr>
<tr>
<td>Asks questions such as…</td>
<td>A structural intervention</td>
<td>The restitution of social drama</td>
<td>A structural intervention</td>
</tr>
<tr>
<td>What is the impact of policy X on Y?</td>
<td>Due bureaucratic process</td>
<td>What are the tensions between X and Y?</td>
<td>Due bureaucratic process</td>
</tr>
<tr>
<td>Considers policy analysis in terms of…</td>
<td>Problem recognition</td>
<td>Agenda setting, problem construction</td>
<td>Problem recognition</td>
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<td>Problem recognition</td>
<td>Evaluating programme goals</td>
<td>Social interaction, values &amp; processes</td>
<td>Evaluating programme goals</td>
</tr>
<tr>
<td>Objective testing of rigorously formulated causal generalizations</td>
<td>Problem construction</td>
<td>Social problems and solutions that get created in discourse</td>
<td>Problem construction</td>
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<tr>
<td>Mix of methods (e.g. content analysis, stakeholder interviews, case studies of decision making), with quantitative research an important component</td>
<td>Processes of interaction and negotiation</td>
<td>Qualitative methods including discourse analysis (e.g. socio-linguistics, critical discourse analysis) of texts</td>
<td>Processes of interaction and negotiation</td>
</tr>
<tr>
<td>Quasi-experimental design and quantitative methods (e.g. systematic reviews, trials) comparing alternative courses of action (e.g. cost–benefit or systems analysis).</td>
<td>The ‘why’ of an accomplished policy</td>
<td>(e.g. interview transcripts or policy documents)</td>
<td>The ‘why’ of an accomplished policy</td>
</tr>
<tr>
<td>Mix of methods (e.g. content analysis, stakeholder interviews, case studies of decision making), with quantitative research an important component</td>
<td>Analysis reveals …</td>
<td>How the meaning of policy is made</td>
<td>Analysis reveals …</td>
</tr>
<tr>
<td>Whether aims, intentions and outcomes are ‘achieved’</td>
<td>How interactions between policy stakeholders work to develop policy</td>
<td>What is not done as well as what is</td>
<td>How interactions between policy stakeholders work to develop policy</td>
</tr>
<tr>
<td>Potential costs &amp; benefits of a policy An ‘expert’ route to solving policy problems</td>
<td>Behaviour that shapes decisions</td>
<td>Tensions among policy processes</td>
<td>Potential costs &amp; benefits of a policy An ‘expert’ route to solving policy problems</td>
</tr>
<tr>
<td>Source: Based on work by DeLeon (1998), Fischer (1998, 2003), Hajer (2003) and Jennings (1983).</td>
<td>Incremental solutions or approaches to moral and ethical dilemmas</td>
<td>How ‘where you stand’ influences ‘what you see’</td>
<td>Incremental solutions or approaches to moral and ethical dilemmas</td>
</tr>
</tbody>
</table>
indicating a rational, administrative and bureaucratic process and ‘politics’ the means by which government and social life is organized. The research approach that flows from this is based on the objective separation of facts and values and the search for generalizable findings, with quantitative and quasi-experimental approaches adopted that disaggregate the component parts of a policy problem in order to ‘better’ analyse discrete decisions.

From this perspective policy is a formal government decision or a structural intervention that provides the vehicle for politicians and civil servants to express rational, political thought. Policy problems are easily identifiable in something called the ‘decision space’, and administrators have only to act to the best of their abilities to resolve these problems (Bacchi, 2000) while putting political values to one side. To have a policy or policies is to have rational reasoning, reflecting an understanding of, and a solution to, any given problem. What follows from this is a vision of policy making based on setting up the main arguments and establishing broad principles and political boundaries, followed by an examination of what evidence currently exists, the gaps and the primary research that might be commissioned (Williams, 2002).

This approach is exemplified in the development of evidence-based policy, where decision making is regarded as a science that involves problem identification, collection of data on alternative solutions and selection of the alternative that best resolves the problem (Miller, 1990; Sanderson, 2006). This vision rests on a rationalistic approach to social enquiry employing natural science methods to the study of social phenomena (Bonner, 2003). It is epitomized in systematic reviews (Maclure, 2004), one of the key assumptions of which is that the collection of more evidence will take policy actors closer to better, more rational policy decisions (Tenbensel, 2004). Such methods are intimately linked with theory as they place importance on rationalistic and empiricist approaches that seek to obtain ‘facts’ about potential problems in public life, which could then inform policy solutions (Parsons, 1995).

What has emerged is a wide range of methods such as cost–benefit analysis and operations research reflecting policy-makers’ concern to ‘think in terms of goals that can be quantified and to give greater consideration to rigorous analytical arguments’ (Heineman et al., 1990: 15). Take, for example, a recent review of empirical studies that have estimated economic value to societies of the benefits and impact of health research (Buxton et al., 2004). To allow a reasonably full review authors consciously exclude ‘important and contiguous areas’ (Buxton et al., 2004: 734). What this means is that they do not include:

- studies of the private returns to companies from their internal research … studies addressing less tangible social impacts of research, such as the contribution that an informed society makes to the development of nations … studies assessing potential benefits from proposed health research … and studies assessing the potential value that would arise from applying existing knowledge. (Buxton et al., 2004: 734)

While this facilitates their analytic approach it does so under the guise of value neutrality and places limits on what can be considered as ‘economically valuable health research’. For instance, in terms of possible benefits to the economy of a healthy workforce, the review focuses on the contributions of biomedical research, rather than health research more broadly. As a result those features of social life that are more difficult to articulate and study tend to be sidestepped and rendered invisible by the analytic processes in play.
‘Political rationalism’ emerged out of dissatisfaction with comprehensive rationalism and in the context of increased institutional complexity and fragmentation, a proliferation of organized interests (Heineman et al., 1990), and increased theoretical diversity (Jennings, 1983). Whereas comprehensive rationalists dismiss political issues as troublesome, political rationalists see policy problems as constructed through the varied perceptions and social interpretations of the political actors involved. Hence, informed by pluralist models of politics (see Table 1), analysts in this tradition focus on dynamic patterns of interaction and adaptation. Policy is seen as a process of incremental decision making, or ‘muddling through’ (Lindblom, 1959) that involves negotiation across multiple perspectives. Policy and politics are intertwined with ‘solutions’ flowing from the kinds of problem definitions that are produced (Baachi, 2000). Rather than seeking rational means to resolve technically defined problems, the policymaking process is charged with connecting ‘what might be wanted’ with ‘what might be provided’. In other words problems and solutions are inherently linked with the task of the policy analyst to find a ‘problem about which something can and ought to be done’ (Baachi, 2000: 49).

Take the work of Charles Lindblom who embraced the complexity of the policy process through consideration of different inter-relationships between, for instance, politicians and interest groups, as well as the study of ‘deeper forces’, such as industry, that might influence the policy process (Lindblom, 1959). What emerged is often referred to as a ‘life-cycle’ approach that sought to improve policy decision making by providing a rational structure through which the complex nature of reality might be better considered (Parsons, 1995). Other conceptual frameworks have since been developed and employed, such as the ‘policy network’ approach (Marsh and Rhodes, 1992) or Kingdon’s (1995) work on policy streams. All of these approaches share the conviction that knowledge is defined by political context (Tenbensel, 2004). In this light, policy development is not merely a process of reading off simple prescriptions from evidence, but should be based on appropriate models of social understanding (Williams, 2002) and incorporate contextual factors (such as inter-departmental relations across government).

Theoretical advances associated with political rationalism led to methodological innovations and a shift away from the application of technical analysis to specific policy problems. Policy analysis began to account for cultural factors, political problems and organizational variables (Dror, 1967) exploring, for instance, how the issue of health inequalities gets accepted on to local and national policy agendas (Exworthy et al., 2002). This shift involved a different set of methods employing both quantitative and qualitative approaches (such as case studies and stakeholder interviews) and accounting for negotiative processes among policy stakeholders. However, despite theoretical and methodological sensitivity to socio-political contexts, political rationalists continue to assume that they stand outside the policy process and can identify and monitor the impact of their values.

A policy-as-discourse approach

A ‘policy-as-discourse’ approach seeks to understand and explain the means by which social processes and interactions shape different realities (Bacchi, 2000; Fairclough, 2000; Fischer, 1998, 2002; Rafter and Stavridakis, 2000) (see Table 1). Historically linked to the literary disciplines (Lupton, 1992), it is highly critical of rationalist approaches that are thought to have limited capabilities for considering complex policy environments.
Instead it draws upon interpretive approaches (Fischer and Forester, 1993; Yanow, 2000) seeking to demonstrate how actions are interconnected and shaped by the social and political context/s in which they take place, and how discourses regulate knowledge of the world and our shared understanding of events (Edelman, 1998). Policy problems therefore need to be analysed qualitatively and in their social and political context (Russell et al., 2008).

This approach has particular relevance to policy analysis due to the focus on the policy agenda-setting process, acknowledging that social problems become identified and addressed through the varied activities of different interest groups. Rather than seeing government as responding to ‘problems’ that simply ‘exist’ in the community; policy-as-discourse theorists believe that ‘problems’ are ‘created’ in the policy proposals that are offered as responses (Bacchi, 2000). ‘Problems’ are never innocent but are framed within policy proposals with power playing an integral role in the policy process (Milio, 1983; Wodak, 2006) and political language unable to transmit disinterested perceptions of the world (Fairclough, 2001). What follows is that how ‘problems’ are framed affects what can be thought about and acted upon (see, for instance, Bacchi’s (2008) work exploring how the ‘problems’ of preventative health are constrained by identification of research priorities). It is through language that politicians and policy-makers communicate ideas and promote policies. Hence a policy-as-discourse analysis not only emphasizes the way in which language, and more broadly discourse, ‘sets limits upon what can be said’ (Bacchi, 2000: 48), but also has a particular strength in illuminating the role of structured power relationships and dominant ideologies in the policy process (Lupton, 1992).

Policy is thought of as a set of processes and actions (or inactions) that have some broad purpose (rather than a discrete decision or programme administered at one moment in time), and embraces both what is intended and what occurs as a result of that intention. Unlike conventional accounts that separate politics from policy and focus on ‘what governments do’, policy-as-discourse theorists see them as inherently intertwined. In this light policy is regarded as ‘a set of shifting, diverse and contradictory responses to a spectrum of political interests’ (Edelman, 1988: 16).

Policy also embodies moral choices. Whereas a rational model of policy science claims to be unconcerned with the political views of those who make use of it, policy-as-discourse theorists argue that policy is inherently ideological and policy making is based on strategically crafted arguments (Fischer, 1998; Stone, 1989). There are no generally accepted rules and norms according to which policy making is conducted but rather the different means of identifying and acting upon policy problems are regarded as ‘competing languages in which people offer and defend competing interpretations’ (Fischer, 1998: 141). Policy-as-discourse theorists therefore reject rationalist approaches to political analyses because the latter assume that social actors have ‘fixed’ interests and preferences (relating to, for instance, calculations of economic self-interest). Instead they acknowledge the central role of theoretical frameworks in delimiting their work and, in so doing, reject empiricist and positivist approaches (Howarth and Stavrakakis, 2000). The focus on language and discourse is crucial as no one stands ‘outside’ the policy process (e.g. as ‘policy planner’).
judgements made by different political actors. Indeed, human behaviour is assumed to be ‘constant, uniform and predictable’ (Dryzek, 1987: 430). In contrast, a policy-as-discourse approach assumes diverse value positions and aims to demonstrate ‘the interconnectedness among the various conventions that make up the cultural context within which actions take place’ (Jennings, 1983: 15).

So what about methodological implications of a policy-as-discourse perspective? A policy-as-discourse analysis incorporates qualitative methods to illuminate the processes whereby reality comes into being (Fischer, 2003; Yanow, 2000), explaining ‘historical and social change by recourse to political factors and logics’ (Howarth and Stavrakakis, 2000: 6). The universal attention to the significance and structuring effects of language leads to close examination of language (Burman and Parker, 1993) and a focus upon the socio-cultural and political debates and contexts in which language and interaction occur (Lupton, 1992). This allows us to see how sets of statements follow certain rules, share a common logic and vary historically as distinct ‘discursive formations’ that we find around certain societal themes such as ‘madness’ or ‘sexuality’ (Foucault, 1979, 1988). The starting point might then be a close analysis of ‘items that do make the political agenda to see how the construction or representation of those issues limits what is talked about as possible or desirable, or as impossible or undesirable’ (Bacchi, 2000: 49).

Whereas ‘rational’ approaches describe the validity and reliability of research, a policy-as-discourse approach accepts the moral and ethical values behind research and seeks to account for these through the process of reflexivity.

Applying a policy-as-discourse approach

There is no unitary discourse ‘method’ for analysing policy-as-discourse: the transmission of discourse can happen at a number of different (often interconnected) levels and this guides researchers along different pathways through the landscape of discourse theory and methodology. Research might focus at the micro linguistic level through to macro transmission of basic values at a broad cultural level. Three key reference points on the discourse landscape are helpful here: conversation analysis (that focuses on the finer details of conversation and interaction); linguistic analysis (that describes the organization of language ‘beyond the level of the sentence’); and discourse within poststructuralism (that generally concerns itself with societal discourse and socio-cultural relationships and considers it impossible to step outside of discourse and view any social situation through an objective lens) (see Burman and Parker, 1993 and Maclure, 2003 for a useful overview of each). The methods that follow from each of these tend to incorporate ways of viewing policy-in-action (such as ethnography) and often include analysis of multiple ‘texts’ (such as transcripts from interviews, observations from meetings or historical documents).

A number of authors have developed broad analytic frameworks to guide discourse analysis and these vary in scope and theoretical underpinnings including, for instance, critical discourse analysis (Fairclough, 1992, 2000) and critical linguistics (Wodak, 2006), analysis of linguistic repertoires (Potter and Wetherall, 1987), analysis of societal discourse (Burman and Parker, 1993; Parker, 1992, 2002) or rhetorical analysis (Billig, 1988). Broadly speaking, authors see discourses as ‘systems of statements that construct an object’ (Parker, 1992: 4) and are concerned to clarify how any object (e.g. a university researcher or a research protocol) is identified and engaged with in the analytic process.
I now focus on one of these analytic frameworks and explore its application to one area of health-related policy – primary care research (i.e. policy relating to a range of clinical and non-clinical research and concerned with everything from first point of contact within the healthcare system to care provided outside of hospital). A summary of the study can be found in Figure 1. It is not my intention to provide a detailed account of findings, however, I draw on selected data examples to illustrate what elements of a policy-as-discourse approach might look like and refer readers to Shaw (2007) and Shaw and Greenhalgh (2008) for a more comprehensive account.

**Figure 1.** Study overview

I now focus on one of these analytic frameworks and explore its application to one area of health-related policy – primary care research (i.e. policy relating to a range of clinical and non-clinical research and concerned with everything from first point of contact within the healthcare system to care provided outside of hospital). A summary of the study can be found in Figure 1. It is not my intention to provide a detailed account of findings, however, I draw on selected data examples to illustrate what elements of a policy-as-discourse approach might look like and refer readers to Shaw (2007) and Shaw and Greenhalgh (2008) for a more comprehensive account.

*How might (primary care research) policy-as-discourse be analysed?*

The study of primary care research policy outlined in Figure 1 reflects a broad concern with societal discourse (rather than the micro analysis of conversations). A poststructuralist approach was therefore adopted, drawing on the work of writers such as Foucault (1979, 2003) and Parker (1992, 2002) to analyse societal discourses in terms of their historical development and consider if and how knowledge might be intertwined with mechanisms of political power. Parker’s (1992, 2002) framework for distinguishing
discourses was employed to facilitate careful analysis and provide a theoretically relevant starting point encompassing a number of conceptual and methodological building blocks associated with poststructuralism and to studying policy-as-discourse (for instance, he describes how discourses are embedded in history which is important to aid understanding of how policy is constrained at different points in time; three of his 10 criteria focus on institutions, power and ideology that are relevant institutional structures associated with policy). Rather than presenting a method per se, the framework provides researchers with a conceptual checklist of 10 criteria (outlined in Table 2 and referred to from hereon in as ‘Parker’s framework’) that guides the analytic process. It therefore guided on-going interpretation of both text (in this case policy documents, transcripts of in-depth interviews and supplementary contextual information) and context to allow researchers to ‘make sense’ of the social, historical and political issues in which policy was situated.

**Table 2. Overview of Parker’s framework**

<table>
<thead>
<tr>
<th>Criteria for distinguishing discourses</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discourse is realized in texts</td>
<td>As the world around us is textual, we need to treat objects of study (e.g. documents) as texts which are described and put into words</td>
</tr>
<tr>
<td>A discourse is historically located</td>
<td>Discourses are embedded in history and should be considered located in relation to time. We need to explore how and where discourses emerge and describe how they change</td>
</tr>
<tr>
<td>A discourse is a coherent system of meanings</td>
<td>Discourse is made up of groups of statements that present a particular reality of the world. The task of the analyst is to map the world a discourse represents</td>
</tr>
<tr>
<td>A discourse is about objects</td>
<td>Using language means referring to objects and representing them in particular ways. Hence we unpick what objects are referred to and how they are talked about</td>
</tr>
<tr>
<td>A discourse contains subjects</td>
<td>As discourse addresses us in particular ways and allows us to perceive ourselves in certain roles, we need to identify the rights we have to speak in relation to any discourse</td>
</tr>
<tr>
<td>A discourse refers to other discourses</td>
<td>Describing discourses necessarily involves the use of other discourses. Contrasting different ways of speaking helps to disentangle this</td>
</tr>
<tr>
<td>A discourse reflects on its own way of speaking</td>
<td>Each discourse comments upon the terms it employs, referring to other texts to elaborate. Hence there is a need to reflect on the terminology used</td>
</tr>
<tr>
<td>Discourses support institutions</td>
<td>Discursive practices involve the reproduction of institutions. Analysis involves identifying institutions that are reinforced or subverted when a discourse is used</td>
</tr>
<tr>
<td>Discourses reproduce power relations</td>
<td>Discourse and power are intimately related so we need to look at which categories of person gain and lose from employment of a discourse</td>
</tr>
<tr>
<td>Discourses have ideological effects</td>
<td>Different versions of how things should proceed can coexist and compete within discourse. Hence there is a need to show a discourse connects with other discourses to sanction control</td>
</tr>
</tbody>
</table>

*Source:* Adapted from Shaw and Greenhalgh (2008).
As with other discourse analytic frameworks, the application of Parker’s framework is not concerned with following a series of pre-defined steps through ‘the research process’, but tends to take a less prescriptive route where the nature of the work in which the researcher is immersed means that it is difficult to be prescriptive. This leads to criticism vis-a-vis a lack of detailed description of methods and tendency to rely on judgement and intuition. Such criticism rather misses the point about what a policy-as-discourse analysis aims to achieve (compare, for instance, the types of research questions detailed from different theoretical perspectives in Table 1). The remainder of the article addresses such criticisms by drawing attention to the links between theory and method when studying primary care research policy and describing what was done, why it was done and what it reveals. I focus on three elements of Parker’s framework describing what each represents, its relevance to policy-as-discourse and practical application to the study of primary care research policy. I refer readers to Parker’s own work (1992, 2002) for an in-depth description of all of the elements of the framework.

**Discourse is realized in texts**

It would be misleading to suggest that discourse analysis allows us to find entire discourses: we only ever find fragments of discourse (Parker, 2002; Parker and Burman, 1993). But where do we find these? How might we access policy-as-discourse? Policy discourses are transmitted via a range of materials such as verbal statements, documents or historical events – what contemporary poststructuralists refer to as ‘texts’. These texts can be thought of as ‘delimited tissues of meaning’, where the world understood by us (and so given meaning by us) is textual. Use of the term ‘text’ is not meant to imply that the policy process does not involve, for instance, discussion and debate. Rather it involves textual production of some kind resulting in, for instance, a formal ‘policy’ document or political speech. For instance, discussion and debate in the early 1990s highlighted the need for primary care to access funding and infrastructure to support research and this became legitimized with the production of what became known as the ‘Culyer Report’ which recognized ‘that some NHS settings, in particular primary and community services, have fared less well in developing a research capacity and in securing support for it’ (Research and Development Task Force, 1994: 11). The report led to a range of NHS reforms, many of which sought to put research undertaken in primary and community care settings on an equal footing with the acute sector.

Such texts should be thought of as ‘discursive units’ that researchers can systematically investigate (Hardy, 2004). What this means is that any object of study – be it a policy document, a transcript of political speech or something else entirely – is treated as a text and connotations are explored within and across these. The study of primary care research policy included three broad groups of ‘texts’: documents contributing to policy affecting primary care research; narratives drawn from in-depth face-to-face interviews with policy stakeholders; and supplementary contemporary and historical texts (see Figure 1). But why these particular texts? And how to explore them as discursive units?

Policy documents are significant social mechanisms that can be analysed in their own right (rather than as windows on the reality they claim to represent). They might be thought of as legitimating devices with the official nature of a policy document having possible
bearing on its resultant ‘staying power’. For instance, *Excellence and Opportunity* (Secretary of State for Trade and Industry, 2000) made recommendations about national science and innovation policy aimed at maintaining the UK’s position in the global economy. The status of the document as a White Paper provided impetus to government policy, facilitating the production of science and innovation strategies by executive departments ‘focusing on how they can maximise the potential of science and technology activities and how they can drive innovation’ (Secretary of State for Trade and Industry, 2000: 41) which had important consequences for the way in which primary care research was subsequently organized (see later).

There is no ‘fixed’ set of documents waiting to be ‘discovered’. For work on primary care research policy it was therefore important to develop an effective strategy to bring together relevant documents. Importance was placed not only on those documents carrying legislative weight or drawing on the official nature of public policy, but also a wider range of documents that enacted the transmission of ideas relating to primary care research policy and the potential means for implementing these ideas (see Shaw and Greenhalgh, 2008 for a detailed list). The process of identifying and analysing 29 documents (over the period 1971 to 2005) involved reading and re-reading, and using a pre-prepared form (available from the author) to explore connotations within and across documents. This was not a static list of documents fixed in the early stages of the research but one that unfolded throughout.

This initial documentary work raised a number of questions about the historical location of discourses, the construction of perceived policy problems and the rationale for policy solutions to these, as well as the means of communicating policy-related issues. However, although useful in providing a snapshot of particular intentions, documents alone presented a rather misleading view of policy in that they failed to account for actions that precede and follow. Furthermore, questions remained as to how problems became constructed, excluded or ignored, who was and was not able to contribute to this process and to subsequent interpretation and how this was shaped by particular discourses. Policy documents represented aspirations to a possible future reality rather than one that actually exists, and it was therefore difficult to explore such aspirations by documentary analysis alone. Hence, it was not only documents that were given consideration, but texts in a wider sense. This included policy narratives, as well as wider contextual material.

Sixteen in-depth interviews were undertaken with a range of stakeholders embodying different roles (to capture a range of policy narratives) and able to recall and discuss their experiences of research policy from the middle of the 20th century (to capture the temporal nature of discourse (see later)). A narrative approach to interviewing (Muller, 1992) was adopted thereby allowing for an account from the narrator’s perspective of how events and actions unfolded over time (see Greenhalgh et al., 2006 for a description of this process). Although at some level narrative interviews represent the personal stories of individuals, they take place within a broad structural context and therefore provide a useful means of picking up on social and political messages about the nature or transmission of policy discourses across stakeholder perspectives. A number of broad questions were therefore asked to facilitate discussion around individuals’ own roles, experiences and knowledge over time and the structural context/s in which this was situated. This helped to capture how relationships among individuals, policy ideas and actions may have changed over time, explore how discourses identified through documentary analysis influenced policy
development and begin to identify institutions and individuals supported or subjugated by discourses and the ideological effects of discourse. For instance, documents indicated a shift to conceptualizing science in terms of microscopic ‘discovery’, with interviewees then describing the impact of such a shift on primary care research and how, in the words of one Senior Academic General Practitioner, this has ‘diverted an ever-increasing amount of attention, emotion and resource to that kind of research’.

Analysis was an iterative process exploring across texts: for instance, questioning of interview data led back to original documents and that led back to interviews and other contextual information and so on. Analytic work began by focusing on current debate, strategy and policy and then worked both horizontally (across texts) and longitudinally (through time) to search for clarification, explanation and answers to specific questions. A number of methodological strategies were also adopted (see Figure 1). As much of the social and political struggle associated with policy development is not recorded in policy documents alone, one such strategy was the addition of background texts with a view to framing events and providing contextual appreciation of historical and contemporary policy discourses. Analysis was led by the data and the emerging need for additional social and political context. For instance, it became clear that there was a need to appreciate the emergence and development of government science policy and this led to reports, descriptions and chronologies of events from as far back as 1918. While these were not taken as somehow providing a ‘true’ account of events they were a valuable means of exploring the ‘field of relations’ around policy discourse (following Bourdieu, 1991, cited in Fairclough, 2000).

A discourse is historically located

Theoretically, discourses are embedded in history and need to be considered in relation to the dimension of time (Burman and Parker, 1993; Parker, 2002). This is because the objects they refer to (such as a research protocol) are constituted in the past by the discourse or related discourses. This has methodological implications as, in order to make sense of current situations or events (and references to them), discourse analysis needs to locate its object in time in a particular way and identify where and how discourses emerged. An understanding of the historical location of discourses therefore requires an appreciation of what discourses have emerged, how they arose and how they have changed and told a story. This is facilitated by the study of texts within which discourses became dominant.

In studying primary care research policy, the attention to historical location was guided through the inclusion of policy documents from 1971 to 2005, the focus on policy narratives from the mid-20th century and the inclusion of supplementary contextual information dating back to the beginning of the 20th century. This was central to analysis and interpretation, facilitating description of the social and political events leading to the emergence of ‘primary care’, ‘research’ and ‘policy’ and attendant discourses (for instance, in relation to primary care this included texts capturing the institutional and professional development of general practice in the 1950s, the development of multidisciplinary health centres in the 1960s and the creation of primary care teams throughout the 1970s and 1980s). It helped to make sense of current events and situations, tease out whether policy options moved very far from established policy and procedure and lay the foundations for exploring tensions between competing policy ideas and practices (such as between clinical and behavioural research).
The changing discourse of ‘science’ provides a good example. The approach to analysis allowed for identification of how, at varying times, ‘science’ has been regarded as a modernization activity, a means for conceptualizing technological development and leading to application of practical and mechanical sciences and associated with broad public benefit and quality of life, military power, environmental awareness (or lack of it), industrial growth, knowledge production and competitive economic advantage. Exploring when and why such conceptualizations occur was integral to understanding how scientific discourse shaped, enabled or constrained primary care research policy.

A discourse is a coherent system of meanings

In undertaking discourse analysis, we apply existing knowledge of discourses from outside the research onto any fragment of discourse in order for it to become a coherent part of analysis (Burman and Parker, 1993; Parker, 2002). Hence the simplest way to gain an impression of the nature of a text is to compare it with other texts. This acknowledges that discourses are ‘systems of statements that construct an object’ (Parker, 1992: 4), drawing on the idea that there are groups of statements within any discourse that refer to the same topic, have a certain coherence and can therefore represent a particular reality of the world. Uncovering this ‘system of meanings’ necessitates working out how a text using the discourse might deal with objections to the terms used. This was built into the research through use of multiple policy documents and interview texts and asking, for instance: ‘in what ways is the text being studied different from other texts and what are the consequences of this?’ Where sections of text or individual words appeared to carry import, language was substituted, connotations explored and alternatives considered. This introduced to the analysis an unravelling of the means by which policy suggested that primary care research should proceed, what it should focus on, appropriate roles for researchers and ideas about measures of success. This helped to consider how things might have been different.

The study also mapped the world a discourse represented. For instance, returning to the example of scientific discourse, consideration of groups of statements across texts allowed researchers to gain a picture of what contemporary science discourse represents and how this impacts on primary care. It revealed how the vision of contemporary science emphasized technological innovation in clinical, biotechnological, pharmacological and molecular research as the key means of facilitating increased knowledge production and national economic growth within globalized markets. This had implications for primary care research as emergent policy drew on this vision of science and contrasted with the breadth of the primary care research endeavour encompassing clinical, as well as social, psychological and behavioural research.

Overall, the application of a policy-as-discourse approach revealed how policy-makers largely ignored the development of primary care research policy until the mid-1990s. This changed as a direct result of political emphases on a primary care-led health service, the need to procure evidence to underpin primary care and failure of the national research budget to address this. While this led to increased social and political recognition, as well as increased funding, recent government appropriation of health research as a contributor to national health and wealth has led to a significant shift: the discourse of a ‘knowledge based-economy’ now appears dominant and emphasizes the contribution of highly technological, scientific activities to the UK economy. Primary care research has been unable
to align successfully with this agenda and has been relegated to the position of population laboratory for epidemiological research.

**Conclusion**

I have shown how theory and method are intrinsically related by describing three very different approaches to conceptualizing policy and the methodological consequences that emerge from each. I have explored this intrinsic relationship in more depth by drawing on completed research in the field of health research policy and shown how, by analysing policy qualitatively, in political context, and accounting for social processes and interactions, a policy-as-discourse approach ‘can reach the theories and methods that others can’t reach’. By adopting an approach in which expansion (rather than limitation) is fundamental, a policy-as-discourse approach carries the potential for additional, critical insight to what are often complex areas of health-related policy (see, for instance, analyses of mental health legislation (Harper, 2004) or recent debate about the role of rhetoric in health care policy analysis (Russell et al., 2008)). In addition, attending to the linguistic resources by which the socio-political realm is (re)produced and providing contextualized accounts of policy processes can help policy-makers to look in different ways at the nature of the social problems they have to address and open up the possibility for social change (Bacchi, 2000; Fairclough, 1992; Fischer, 2003; Yanow, 2000).

However, a policy-as-discourse perspective continues to be contested and is still not widely applied. There are a number of reasons for this that largely follow from the rationally based assumption that the world is a concrete and predictable place. For instance, recognition of so many intertwining factors at the root of a particular policy issue might make it difficult to identify a single intervention to improve the situation (Lin, 1998) and deciding whose voice is relevant in a particular policy debate can be problematic (DeLeon, 1998). In addition the practicalities associated with what is often a time-intensive approach, means that, for certain issues, a policy-as-discourse approach may not always offer the most practicable means of addressing policy issues. Instead policy-makers and researchers often deem it more feasible to operate pragmatically as if policy develops in a ‘rational’ world. The reason for adopting such an approach is because, in some instances, this approximation might be sufficient and save considerable time and effort. Hence problems such as assessing the economic impact of health research (Buxton et al., 2004) might be considered to be more amenable to the pragmatic adoption of a ‘rational’ approach and health-related programmes such as the Cochrane Collaboration are largely welcomed by policy-makers as they provide knowledge (typically drawn from systematic reviews) in a format that allows them to be portrayed as technical decision-makers.

It is important to note that policy-as-discourse theorists might be troubled by any approximation to a ‘rational’ world. This is because discourse theory typically stands opposed to positivistic and naturalistic conceptions of knowledge and method (and vice versa) (see earlier ‘What is policy and how might it be analysed?’) and considers research associated with programmes like the Cochrane Collaboration to be based on approximations to the social and political world that need to be recognized as such. In addition, policy-as-discourse theorists explicitly acknowledge that ‘rational’ methods (such as randomized controlled trials) and economic evaluations (such as cost-effectiveness analysis) are often not feasible or relevant to strategic policy and decision making. This is especially in relation
to ‘big’ problems (Heclo, 1972) (such as the use of stem cells for medical research) that are multifaceted, and often draw attention to ethical and moral issues (such as the use of stem cells from aborted foetuses). In the case of such complex issues, those with a vested interest in understanding and analysing health-related policy should consider adopting a policy-as-discourse approach. In doing so they can explicitly embrace the political realities in which such ‘big’ problems are grounded (and that a rationalist framework tends to obstruct), incorporate the complex (and ultimately inescapable) sets of questions regarding the construction of policy and the role of emotions and morals and ease the process by which a range of political values are translated into changes in society.

References


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