

BOOK REVIEW/COMPTE RENDU

Ariel Ducey, *Never Good Enough: Health Care Workers and the False Promise of Job Training*. An IRL Press Book. The Culture and Politics of Health Care Work. Ithaca, NY: Cornell University Press, 2008, 312 pp. \$US 19.95 paper (987-0-8014-7504-7), \$US 59.95 hardcover (987-0-8014-4459-3)

Health care reform and restructuring are part of political discourse and policy initiatives worldwide. Commonly, reform is aimed at efficiency, making better use of existing resources in order to contain costs and to maximize quality of care. Although the importance of striking a balance between the cost and quality of care is generally agreed upon, how to accomplish this at local and national levels is highly debated. In a novel approach, Ariel Ducey looks at one dimension of health care reform, worker education. The reciprocal impact of the job training industry on health care work and workers is the main focus of *Never Good Enough: Health Care Workers and the False Promise of Job Training*.

Ducey provides an in-depth look at both the promises and inadequacies of educational training on the economic livelihood, career mobility, and working conditions of frontline healthcare workers in New York City. Beginning in the 1990s, pro-market health care reform in New York advocated free market competition, encouraged entrepreneurship within the education industry, and stressed health system efficiency through principles of autonomy and individualism. The book is based on field work and in-depth interviews with health care workers, hospital and union officials, program planners, and educational trainers at several non-profit private healthcare facilities in New York between 1999 and 2003.

Ducey's main argument is that the pro-market approach failed to address key structural issues related to health system reform. Job training initiatives were originally designed to address expectations of widespread hospital closures coupled with massive staff unemployment. These consequences did not materialize in the "unique political climate" of New York City; instead, as elsewhere in the US and other countries, unforeseen worker shortages dominated the policy and political agenda. Ducey contends that the money dedicated to job training programs did little to compensate for daily workplace challenges such as the lack of material

resources and frontline managerial support, staffing problems, and racial or gender biases and inequalities. Yet the training industry continued to grow, as a result of the vested interests of an array of stakeholders, including the state, hospital administrators, labor unions, and educational institutions. Heavily funded educational incentives enhanced the appeal of training to the career and life aspirations of individual workers. The job-training programs reflected neo-liberal values that Ducey critiques: worker flexibility, self responsibility for making the system work, and self improvement through educational credentialing.

On the job training aimed at *worker flexibility*. Programs were designed to expand the duties of frontline workers or to cross train workers in different aspects of health care work. This “multiskilling” inevitably replaced higher qualified and higher paid employees with less qualified workers. Although such training had marginal economic benefits for workers and produced intrinsic rewards, these did not compensate for the challenges of intensified workloads.

Adaptability and *self responsibility* were further emphasized through “soft skills” programs designed to promote “customer service, communication skills, team building, cultural diversity, conflict resolution, and leadership training.” These courses were packaged as a necessary component of “market driven, competitive health care” and emphasized that workers hold themselves responsible for “producing the co-operation necessary for improving care” (p. 112). Rather than feeling “dumped on” workers were encouraged to value the autonomy that newly learned skills afforded them. Workplace challenges were linked by educational trainers to individual attributes, such as negative attitudes or inadequate time management skills. Overall, soft skills training focused insidiously on “effective self management.”

Self improvement, through individual upgrading programs, offered some promise but the career mobility path in health care work is long and circuitous, unlike the corporate ladder, so there is little room for promotion. Continuing education is costly, time consuming, and may not lead anywhere because of the unpredictability of the health care job market. Educational training is not a solution for health reform and restructuring.

Never Good Enough is a passionately written snapshot of the challenges and pitfalls of health care reform based on pro-market strategies packaged through a knowledge economy. My main criticism is that few linkages are made from the New York case to the broader strategy of multiskilling widely used in other Westernized countries. Although each region has contextual differences, for the most part multiskilling is a reflection of pro-market values and is widely employed as a cost

containment measure, despite proponents' claims that it is a means to improve quality of care. Workplace training programs likewise are not unique to New York City. They have been expanding in many countries over the past thirty years. This industry fuels the current knowledge economy and places a strong emphasis on continuing education. Finally, as Ducey points out, the kinds of job training and upgrading programs offered provide credentials that are not transferable between institutions and jurisdictions and do not "form the basis for promotion into other health care occupations" (p. 97). This is also widespread. Although these links are not made, the study nonetheless provides valuable lessons and thought-provoking insights for a range of stakeholders involved in health reform and restructuring, worldwide.

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