



Bureaucratization and medical professionals' values: A cross-national analysis



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ABSTRACT

Understanding the impact of the bureaucratization of governance systems on the occupational values of medical professionals is a fundamental concern of the sociological research of healthcare professions. While previous studies have examined the impact of bureaucratized management, organizations, and healthcare fields on medical professionals' values, there is a lack of cross-national research on the normative impact of the bureaucratized systems of national governance. Using the European Social Survey data for 29 countries, this study examines the impact of the bureaucratization of national governance systems on the occupational values of medical professionals. The findings indicate that medical professionals who are employed in countries with the more bureaucratized systems of national governance are less concerned with openness to change values, that emphasize autonomy and creativity, and self-transcendence values, that emphasize common good. The findings also indicate that the negative effect of the bureaucratization of national governance on the openness to change values is stronger for medical professionals in more bureaucratized organizations with more rationalized administration systems.

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1. Introduction

A fundamental assumption underlying the sociology of professions is that bureaucratization undermines the occupational values of medical professionals (Freidson, 1970). Prior studies have demonstrated that medical professionals employed in bureaucratized work roles, organizations, and healthcare fields become less concerned with the occupational values of professionalism (e.g. Harrison and Smith, 2003; Kitchener et al., 2005) or protect these values by resisting the bureaucratization process (e.g. Reay and Hinings, 2009; Currie et al., 2009). However, to the best of our knowledge, no cross-national research examined the effect of the bureaucratization of national governance systems on the occupational values of medical professionals.

Understanding this impact is important given that the bureaucratization of national governance is likely to undermine the occupational values of medical professionals by enforcing their commitment to the values of instrumentally rational administration that underpin the bureaucratization process (Freidson, 1970). Bureaucratized national governance enforces the values of

instrumentally rational administration by regulating professional work in accordance with governmental performance targets, and by encouraging administrative and economic efficiency in accommodating these targets (Freidson, 2001; Harrison and Smith, 2003). Governmental regulation is likely to undermine the occupational values of medical professionals, that emphasize autonomy and creativity, by constraining their independent authority over specification, reproduction and innovation of medical expertise (McKinlay and Stoeckle, 1988; Ritzer, 1996; Timmermans and Berg, 2003). The enforcement of administrative and economic efficiency is likely to weaken medical professionals' concern with common good by incentivizing the use of instrumentally rational strategies in which medical work, patients and colleagues are approached as means for meeting governmental performance targets (Harrison and Smith, 2003; Rosenberg, 2007; Tousijn and Giorgino, 2009).

This study tests a fundamental prediction that in countries with more bureaucratized systems of national governance medical professionals are likely to assign less importance to the occupational values of professionalism. We develop further understanding of the impact of national governance bureaucratization by examining how this impact can be moderated by the bureaucratization of organizations where medical professionals are employed. We predict that the negative impact of national governance

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bureaucratization on occupational values will be stronger for those professionals who are employed in more bureaucratized organizations, where professionals are likely to be more homogeneously influenced by the values of an instrumentally rational administration (Weber, 1978; Racko, 2015). Medical professionals employed in bureaucratized organizations with more rationalized administrative systems are more likely to accommodate and legitimize their work in accordance with governmental performance targets (McKinlay and Marceau, 2002; Farrell and Morris, 2003; Lin, 2014).

The paper is structured as follows. The next section highlights the occupational values of medical professionals and offers the theoretical rationale for our predictions on the impact of the bureaucratization of national governance on these values. Sections 3 and 4 outline the methods and present the results of data analyses. Section 5 discusses the theoretical implications of our findings.

2. The occupational values of medical profession and the bureaucratization of national governance

Values are enduring normative standards that guide human actions (Rokeach, 1973; Schwartz, 1992). Values, as normative standards about the desirable modes of action, are irreducible to the properties of an object, such as statistical value or cost, or to a particular form of action, such as instrumentally rational action. In the empirical research on human values, the most methodologically rigorous approach to value conceptualization and measurement is Schwartz's (1992) taxonomy of human values, which at the more general level differentiates values into four categories: openness to change as opposed to conservation, and self-transcendence as opposed to self-enhancement (Hitlin and Piliavin, 2004; Racko, 2015). The measures of this value taxonomy have been validated in more than 60 countries worldwide (Schwartz, 2006; Davidov et al., 2008). While Schwartz's value taxonomy has been rarely used to measure medical professionals' values, the occupational values of medical professionalism are typically conceived to emphasize (1) autonomy and creativity (Freidson, 1970; Harrison and Smith, 2003; Evetts, 2013), which in Schwartz's (1992) taxonomy represent the normative goals of openness to change values; and (2) common good (Wynia et al., 1999; Swick, 2000; Pattison and Pill, 2005), which for Schwartz (1992) represent the normative goals of self-transcendence values.

First, the pursuit of openness to change values, emphasizing autonomy and creativity, enables the medical profession to reproduce and revise its occupational knowledge (Freidson, 1970; Swick, 2000; Pattison and Pill, 2005). Medical professionals require autonomy to reproduce the indeterminate and untestable aspects of their knowledge in order to ensure its creative refinement and inimitability. While professionals mobilize knowledge that is to some extent codified and repetitive, they also draw on the epistemological foundation of abstract concepts to emphasize the importance of discretionary judgements and creative solutions to complex and uncertain tasks (Southon and Braithwaite, 1998). The pursuit of autonomy and creativity is critical for the continuing acquisition and innovation of medical knowledge (Wynia et al., 1999).

Medical professionals pursue autonomy at the micro, mezzo, and macro levels (Harrison and Smith, 2003; Gross et al., 2007). At the micro level, they seek to maintain autonomy over the diagnosis of illness, prescription of treatments, evaluation of appropriateness of patient care, and specification of the character and extent of practitioner tasks and priorities. At the mezzo level, they maintain autonomy by seeking both statutory and non-statutory self-regulation that protects medical profession against governmental intervention. At the macro-level, medical autonomy is maintained

by legitimizing the normative assumptions of the 'bio-medical model' that conceives ill-health as the pathology of individuals (Mishler, 1989; Marjoribanks and Lewis, 2003).

Second, the pursuit of self-transcendence values, emphasizing common good, enables the medical profession to elicit public trust in its work by prioritizing the welfare of patients, colleagues and society over self-interest (Freidson, 1970; Pattison and Pill, 2005). Medical professionals develop and refine their expertise to improve healthcare quality for the benefit of patients (Blumenthal, 1994). They adopt a compassionate approach to diagnose illnesses and maintain an honest, caring and empathetic attitude in their interactions with patients (Wynia et al., 1999). They protect themselves against unrestrained intra-occupational competition by developing collegial, respectful and trustworthy interactions with their professional peers. They also fulfill their professional obligations to society by addressing the healthcare priorities of the communities in which they work (Parsons, 1939; Swick, 2000).

The occupational values of medical professionals are likely to be undermined by bureaucratization as a process of the transformation of work in accordance with the values of instrumentally rational administration (IRA) (McKinlay and Stoeckle, 1988; Ritzer and Walczak, 1988; Rosenberg, 2007). Bureaucratized systems of national governance enforce the values of IRA by developing a regulatory framework that enables these systems to increase administrative and economic efficiency in the utilization of public resources (Weber, 1978). Over the past decades, the bureaucratization of national governance systems has weakened medical professionals' commitment to their occupational values by regulating medical work using audit systems, accountability measures and performance incentives (Pollitt, 1993; Hunter, 1996; Power, 1999; Light, 2000; Harrison and Smith, 2003). Prior studies have demonstrated how the employment of medical professionals in bureaucratized work roles, organizations and healthcare fields weakens their occupational values (e.g. Harrison and Ahmad, 2000; Marjoribanks and Lewis, 2003; Potter and McKinlay, 2005; Kitchener et al., 2005; Gross et al., 2007; Tousijn and Giorgino, 2009; Floriani and Schramm, 2012; Waring and Bishop, 2013; Lin, 2014; Toth, 2015). However, there is a lacuna of cross-national research on the normative impact of bureaucratized national governance that is likely to influence the priorities of medical work across distinct roles, work settings and fields of specialization. Moreover, most studies have examined the impact of bureaucratization on openness to change values that emphasize autonomy and creativity. Relatively little is known about the impact of bureaucratization on the self-transcendence values of medical professionals. Our contribution is to examine the impact of the bureaucratization of national governance systems on both the openness to change and self-transcendence values of medical professionals.

2.1. Bureaucratization of national governance

In countries with more bureaucratized systems of national governance medical professionals are less likely to be concerned with openness to change values, emphasizing autonomy and creativity, because in these countries professional work is more likely to be regulated using the IRA values (Freidson, 1970; Hall, 1968). Bureaucratized national governance enforces IRA values by standardizing medical work in accordance with the service delivery rules and performance standards (Timmermans and Berg, 2003; Harrison and Smith, 2003). With bureaucratization, medical work has become increasingly regulated using standardized clinical practice guidelines that prescribe patient evaluation and treatment strategies (Toth, 2015) and audit systems that enforce compliance with the clinical guidelines (Pollitt, 1993; Power, 1999).

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