INSTITUTIONAL AMBIGUITY
Transformations, transpositions and translations

9TH International Organisational Behaviour in Healthcare Conference
Transformations of health care organization and governance

• Reform activism at least since early 90’s
• Global waves of reform

• From professional dominance to political control, management and market

• Institutional complexity
Why more management?  
A main explanation in the literature  

**New public management**  
an ideological shift  

But NPM is a loosely defined and broad concept

The rise of 'new public management' (hereafter NPM) over the past 15 years is one of the most striking international trends in public administration.

NPM, like most administrative labels, is a loose term. Its usefulness lies in its convenience as a shorthand name for the set of broadly similar administrative doctrines which dominated the bureaucratic reform agenda in many of the OECD group of countries from the late 1970s (see Aucoin 1990; Hood 1990b; Pollitt 1990). Although ill-defined, NPM aroused strong and varied emotions among bureaucrats. At one extreme were those who held that NPM was the only way to correct for the irretrievable failures and even moral bankruptcy in the 'old' public management (cf. Keating 1989). At the other were those who dismissed much of the thrust of NPM as a gratuitous and philistine destruction of more than a century's work in developing a distinctive public service ethic and culture (cf. Martin 1988; Nethercote 1989b).

Why more management?
Additional explanations

• Transposed individual techniques and models
Transposed individual techniques and models

• Circulated management ideas
  – e.g. accounting, hiring practices, individual pay, ISO standardization and other models for quality assurance, leadership programs, positions (controller, risk manager), governance and management procedures (internal control and internal audit) policies and strategies, concepts (customer, production…..).

• Expansion of management knowledge and carriers of management knowledge
  – Business schools, consultants, international organizations, transnational networks and communities, media

• Global themes and templates for organizing, management and governance
  – Evaluations, assessments, audits and rankings
Why more management?
Additional explanations

• Transposed individual techniques and models
  – Stepwise transformations
  – Spirals of transpositions
  – Models are edited as they are being circulated
A precision of the translation perspective: Imitation as editing

- Practice and experience as such cannot be circulated, but it is the accounts, presentations and representations of such practices and experiences that are being imitated and circulated.

- Accounts may be shaped differently in different settings - accounts are edited.

- Such editing is done in several steps. It may concern details as well as more general ideas. There are many, sometimes intertwined, editors.

- The context and means of circulation restrict and guide the editing. This context may be understood as sets of editing rules.
EDITING MODES, examples from empirical studies

• Sorting
  – partial imitation
  – mixed models, hybrids
  Some aspects are left out, others are added. Some ideas and aspects are easier to transfer than others.

• Packaging
  Categories direct attention, ways of presenting, and sort out ideas to be circulated.

• Reshaping programs and techniques and the relation between them
OUTCOMES OF EDITING

• Prototypes (models to imitate)

• Templates (models to use for assessing)

• Regulations: standards and rules

• Identities and further imitation
Why more management?
Additional explanations

• Transposed individual techniques and models
• Deprofessionalization
• Expansion of health care
Professional organizing and governance

a brief reminder of ideals that are still often expressed in debates

– Professionals assume a great deal of autonomy in their work

– Division of work among groups is not decided in the local organization but follows on the professional jurisdiction

– Close linkages between research and practice

– Evaluations and assessment of professions work is in the hands of the profession

– The leaders of the organization have limited influence on division of labour, hiring procedures and working and evaluative procedures

– The managers have been selected within the dominating profession

– Ethical standards
Why more management?

Additional explanations

- Transposed individual techniques and models
- Deprofessionalization
- Expansion of health care
- Audit society
An audit society

A society characterized not only by increased numbers of audits, but also a society where activities are formed in such a way that they can be audited and auditable.

M. Power, Audit Society (1998)
An audit explosion
(Michael Power, 1998)

• Increased number of audits

• Audits expand into new areas (financial audit, environmental audit, ethics audit….)

• The expansion of audits shape demands for more audits: A self-sustaining process of audit expansion?

• The audit explosion is driven by and drives distrust spirals
REGULATORY ACTIVISM
(Djelic and Sahlin-Andersson 2006)

Distrust spirals
Responsibility spirals
Control spirals

Institutional forces
  Scientization
  Marketization
  Organizing
  Moral rationalization
  Reinvented democratization
Organizing: an institutional force

- Organizing has been shown to be a more or less taken for granted and self-producing response to challenges, problems, incidents and organizing itself.

- Organizing thus is central to the understanding of many developments (entrepreneurial developments, governing, management, movements etc.)

- The way in which organizations are formed also tend to follow taken for granted and widely spread norms or scripts.

- Operations are often monitored and assessed based on how they are being organized and on their organizational form.
Not any kind of organization

- Homogenized organizational structures

- “Real organizations”
  - Hierarchy, identity, rationality
  - “modern organizations are expected to be bounded, purposive, and rationalized sovereign actors, with great capabilities for effective action toward goals” (Drori, Meyer and Hwang, 2009: 18)

- Organizations as actors

- Organizations’ strive for legitimacy and survival
Why more management?
Additional explanations

- Transposed individual techniques and models
- Deprofessionalization
- Expansion of health care
- Audit society
- Lack of a modern conceptual framework for bureaucratic and professional (and collegial) organizing and governance
- Management forms a generic model of managing
- Lack of "maintenance work" of professional organizing and control
More management, but also fragmented organizations

- The extended use of staffing agencies
- Markets for individual specialities
- Separate funding of individual “excellent” centres
- Regulation targeting individual treatments etc. (EBM)
- Diverse audits, evaluations and rankings of individual specialities and centres
Institutional complexity

- An broadened research interest
- Not specific for health care – societal sectors and organizations display various institutional compositions
- Usually understood and analyzed in terms of ideal types
Why institutional complexity?

• Institutional shifts with sticky institutions
### Institutional Transformation of Health Care

<table>
<thead>
<tr>
<th>ERAS</th>
<th>INSTITUTIONAL ACTORS</th>
<th>INSTITUTIONAL LOGICS</th>
<th>GOVERNANCE STRUCTURES</th>
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<tbody>
<tr>
<td>1945 - 65</td>
<td><em>Independent physicians</em> Community hospitals Local/state governments Private insurance</td>
<td><em>Professional authority</em> <em>Quality of care</em> <em>Non-profit, voluntary ethos</em></td>
<td><em>Professional associations</em> <em>State licensure of health occupations</em> <em>Voluntary Health Planning</em></td>
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<tr>
<td>1966 - 82</td>
<td><em>Federal government</em> State governments Medical profession Multi-hospital systems</td>
<td><em>Equity of Access</em> <em>Consumer health Movement</em> <em>Alternative conceptions of health</em></td>
<td><em>Regulatory Controls</em> <em>Mandatory Health Planning</em> <em>Mandatory Peer review Rate setting</em></td>
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<td>1983 - present</td>
<td><em>Healthcare corporations</em> Purchasing groups Specialized healthcare organizations</td>
<td><em>Managerial-market Orientation</em> <em>Cost-containment Efficiency</em></td>
<td><em>Market building</em> <em>Selective contracting</em> <em>Prospective payment</em></td>
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Why institutional complexity?

• Institutional shifts with sticky institutions

• Competing institutions
  – relates to discussions on the basic aim and role of an operation
Visions of the university
(Olsen 2006)

• A rule governed community of scholars
• An instrument for national political agendas
• An internal representative democracy
• A service enterprise embedded in competitive markets

“The first portrays the University as a rule-governed community of scholars and an institution constituted upon academic values. The three other portray the University as a tool for different groups: an instrument for shifting national political agendas and governments, and instrument for a variety of internal individuals and groups constituting a representative democracy, and an instrument for external “stakeholders” and “customers” treating the University as a service enterprise embedded in competitive markets.”
Why institutional complexity?

- Institutional shifts with sticky institutions

- Competing institutions
  - relates to discussions on the basic aim and role of an operation

- Institutions are always mixed
  - Ideal types direct our attention away from how institutions are mixed and how they impact on each other
Institutional complexity in practice

• Most commonly understood in terms of de-coupling

• But also as hybrids, processes of translation and creolization
How can we understand and analyze multi-institutionalism?
Do we need an additional set of conceptual frameworks and or additional methods?

- Three small suggestions
  - Remind ourselves again and again of the need for comparative and historical studies and for conceptual clarity
  - Refined concepts of institutional compositions and institutional mix
    - Overlapping, competing, correcting and perverting compositions of institutions
    - Translation and transformation
  - And do not forget powerful organization theory concepts
Institutionalization and its main features

Institutions are constitutive of actors, interests, relations and meanings

Institutions are the « rules of the game » – thus shape actions as well as the assessments and evaluations of such actions and their outcomes

Such institutions are largely of a normative and cognitive kind

Institutionalization means that certain ways of being and doing are progressively becoming « taken-for-granted », as natural

Institutions are self-reinforcing
Institutional transformation and Institutional ambiguity

- Global themes and models are characterized by ambiguity as they are circulated and translated.

- The interplay of global themes and of institutions displays ambiguity.

- Even if the topical global themes clearly dominate recent reform agendas, fields are still characterized by multiple institutions, each with different implications regarding how to organize and govern and indeed what health care is and how it should be governed and developed.
Institutional ambiguity, a few issues and questions

- The health care field is in a process of institutional transformation but is as much characterized by multiple institutions.

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- Does this ambiguity give more or less space for individuals, groups and organizations?
- What is the role of profession in this new and transformed multi-institutional setup. And how can conceptualize a “modernized” professional organization and governance (in research and in practice?)
- How robust are health care systems as (multi-)institutions (in the way we tend to know them)?
- Is there a need for updated normative models and ideal types of organizing and governance?
A normative concluding thought: Are the current and recent transformations irreversible?

- To what extent does research drive evaluatory traps?

- Is there a need for new and updated normative models of health care?