

“Riders in the Storm”: the professions and healthcare governance

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ABSTRACT: The public sector is facing turbulent times and this also challenges the health professions who are expected to serve both the interests of the citizens and the cost-containment and austerity policies of governments. This article seeks to explore the changing role of the health professions. I introduce an approach on ‘citizen professionals’ as active players in the policy process and mediators between the state/policymakers and the citizens/patients. The aim is to highlight a transformative potential of professionalism and the connectedness with other sets of governance, like management. Empirical material from a German case study and a comparative European study serve to illustrate the arguments, drawing on policy analysis and secondary sources. The results bring the complexity of transformations and new emergent forms of professionalism into view that cannot be understood in traditional categories of conflict, exclusion and jurisdiction. Exploring the potential of the health professions to creatively respond to new challenges may reveal new opportunities for innovating healthcare policy beyond market and management.

Keywords: healthcare governance, health professions as mediators, managerialism, hybrid professionalism.

“Riders in the Storm”: as profissões e a governança em saúde

RESUMO: O setor público enfrenta tempos atribulados, constituindo isto igualmente um desafio para as profissões de saúde, de quem se espera que sirvam tanto os interesses dos cidadãos quanto as políticas de contenção de custos e de austeridade dos governos. Este artigo procura explorar o papel em mudança das profissões de saúde. Introduzo uma abordagem aos profissionais cidadãos como agentes ativos no processo de produção de políticas e como mediadores entre o Estado/produtores de políticas e os cidadãos/utentes. O objetivo é salientar um potencial de profissionalismo transformador e a interligação com outras instâncias de governança, como a gestão. Elaborado a partir da análise de produção de políticas e de fontes secundárias, os argumentos aduzidos são ilustrados com base em material empírico relativo a um estudo de caso alemão e a um estudo comparativo europeu. Os resultados fazem sobressair a complexidade das transformações e das novas formas emergentes de profissionalismo que não podem ser entendidas por categorias tradicionais de conflito, exclusão e jurisdição. Explorar o potencial das profissões de saúde para responder criativamente a novos desafios pode revelar novas oportunidades para inovar as políticas de saúde, para lá do mercado e da gestão.

Palavras-chave: governança em saúde, profissões de saúde como mediadoras, managerialism, profissionalismo híbrido.

Introduction

Public sector services are facing turbulent times and a number of severe challenges. Within this context, the healthcare sector is a particularly important area where the 'storm' of policy interventions is strong and the potential damages of transformations are especially high, as changes may impact directly in the health and wellbeing of the citizens¹. Over recent years, one popular response to the challenges has been the introduction of markets and managerial regimes coupled with various attempts to improve control of the health professions, especially doctors. However, the health professions are not only the objects of new modes of governing; they are also directly involved in governance²⁻⁶.

Interestingly, the value of professional ethics and the responsibility of the health professions are re-invented in healthcare governance, and most notably, this happens in the UK⁷ where the driving forces towards the establishment of managerial regimes have been strongest in Europe and professional power has traditionally been more separated from government than in many other European healthcare systems⁸⁻¹⁰.

How, then, can we explore the role of health professions and thereby contribute to more theory-led policy interventions that are increasingly called for¹¹? These issues will be discussed in this article attempting to bring the importance of the health professions and professionalism under the spotlight of policy, public debate and research. The professions are the backbone of healthcare systems and services, and in this regard, an emergent scholarly debate into health human resources has brought a need for policy action and new forms of planning and managing future health professions into perspective¹²⁻¹⁶.

Hence, the relevance of the health professions goes far beyond mere workforce issues. Professions are furnished with self-governing capacities by the state and with high levels of trust by the population; they serve as policy experts and produce the knowledge and evidence to model policy interventions; and they are expected to act in the interest of the public and to protect the most vulnerable groups according to their professional ethics and moral commitment¹⁷⁻¹⁹.

This article introduces an approach on 'citizen professionals' acting as mediators between the state/policymakers and the citizens/patients¹⁰. I argue the need for critically revising the traditional theoretical concepts²⁰⁻²² that are all too often based on the assumption of inescapable conflict between professions-organisations and professionalism-managerialism, while empirical findings highlight transformations of boundaries and hybridisation. Empirical material from research into the modernisation of healthcare in Germany¹⁰ and the changing relationship between medicine and management in the hospital sector in Europe⁵ serve to illustrate the theoretical argument; in terms of methods I draw on secondary sources (see acknowledgements) and policy documents.

The article begins with a critical theoretical debate and the suggestion of a more dynamic and reflective approach. This

is followed by empirical findings from two illustrate cases. Finally, some conclusions are drawn on the transformative potential of professionalism and the medical professions.

Rethinking the theories of professions

Professions are commonly understood as occupational groups with specialised knowledge and education and a shared ethical commitment to serve the citizens and the public interest(s). Here, the US sociologist Freidson has been the most prominent writer arguing that professionalism is a 'third logic' (based on knowledge) next to rational-legal bureaucracy developed by Max Weber, which represents managerialism, and Adam Smith's model of the free market which represents consumerism^{21,p.179}. From different theoretical approaches a major body of the literature has dealt with the formalised knowledge system as a resource for professional power to gain occupational closure and dominance over other groups^{19,22}.

These analyses are based on the assumption of contradicting logics and the seemingly unavoidable conflict between professionalism and managerialism. As a consequence, the new modes of governing through performance management are presented as a challenge to professional power, especially medical power²³ and often portrayed as external forces that are imposed on doctors. However, a story of management as colonising doctors and/or professionalism is to no small degree an outcome of socially constructed theories (primarily modelled upon the conditions of Anglo-American healthcare systems) that are blind against the changing conditions of 'real life' of the health professions.

English sociologist Terry Johnson²⁴ was amongst the first who proposed to overcome the static and contradictory conception of external regulation and professionalism by taking up the Foucauldian concept of governmentality. More recently, the new governance approaches and the changing boundaries between management and professionalism have added further evidence and expanded the theoretical concepts, especially towards new governance, neo-institutionalism and organisation studies^{9,25-27}.

The new challenges and the role of the professions in turbulent times can only be fully understood if we call in mind the double role of professions as 'officers' and 'servants' of welfare states, as Bertilsson²⁸ has highlighted most clearly years ago, arguing from the perspective of the Nordic states. Welfare states need the professions to deliver the services the citizens call for. They need the power of professional knowledge to legitimise political decisions and new policies, in particular in the light of smaller budgets and more critical and knowledgeable service users¹⁷. Professions may therefore facilitate not only occupational change²⁹ but also policymaking, and may furnish governments with much needed trust and legitimacy.

The transformations underway in healthcare and policy cannot be explained in frameworks of dualism and the usual 'from to' approaches, such as 'from professionalisation to deprofessionalisation' or 'from welfare states to neoliberal marketisation'. Professions are target groups of new

policies and at the same time, shape and reshape public policy and governance. Consequently, they can best be understood as 'citizen professionals' being part of wider societal changes¹⁰.

Towards 'citizen professionals': understanding mediation and responsibility

The professions are the most important source to buffer social conflict, as British sociologist Mag Stacey³⁰ has highlighted years ago this with respect to the self-regulatory capacities of the medical profession and the role of the General Medical Council (GMC). And in turn, professions need state support in order to flourish and expand and contest markets against other occupational groups. This double role of the professions is the key to understand the functioning of healthcare policy and services. Here, it is also important to recall that the professions historically emerged in the shape of prospering welfare states of the twentieth century ('the golden age of doctoring'). Consequently, the contemporary transformations of welfare states and an overall shift towards more decentralised and complex modes of governing, including mixed forms and a stronger focus on the organisation, is inevitably linked with transformation in the professions, such as for instance the emergence of hybridisation of medicine and management, new professional roles and shifting of tasks, and entrepreneurial approaches^{2,5,31-33}.

Another important point, but also related to the double role of professions, is the dualism between altruism and self-interest, as Saks¹⁸ has highlighted from a sociological perspective. Or, as Clarke and Newman³⁴ put it from a social policy perspective, the professions may act as conservative forces, but may also raise alternative agendas. One example for an innovative potential and fostering alternative agendas is maternity care. Here, we can observe an increasing professionalisation of midwives in many countries and new demands from women as the service users, particularly furnished by the women's health movement. Further examples include an increasing demand from the service users for complementary and alternative therapies that may meet with the interests of these occupational groups to professionalise and gain statutory recognition¹⁸. Also, in mental healthcare there have been alliances between user demands and professionals that helped to bring the deficits of healthcare services for mental illness into the public debate and enhanced structural change as well as change in the attitudes of people.

Consequently, we should be aware of the varieties of professionalism and the diversity of interests involved in the policy process when reflecting on changing governance and the state-profession relationship. We should also be aware of potential alliances between professions and the service users that may support 'public demand' for more responsive services. This underlines that professionalism and professionalisation strategies are not static but malleable according to new policies and new demands on healthcare systems¹⁰.

On this backdrop, the concept of citizen professionals, as explained here, is able to bring into view both the mediating role of professions and their responsibility as 'champions of the people'. This approach also reveals the transformability of professionalism to fit new demands, including those of the management and the changing organisational settings^{32,35}. Figure 1 highlights the interdependency of the health professions, the state/policymaking and the users, and also directs attention to the new role of the organisation in the governance arrangements, that needs further investigation.

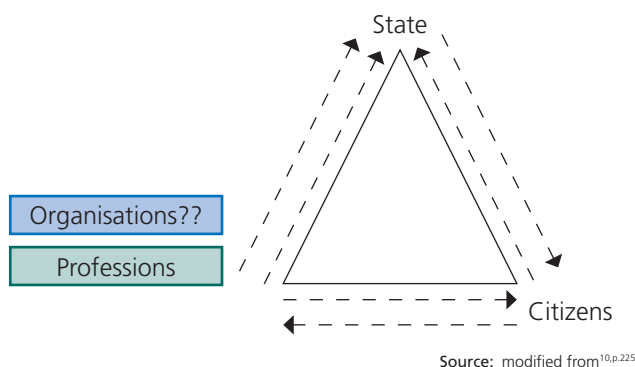


Figure 1: The dynamic connections between the professions, the state, the users and the organisational settings

The next section provides some illustrative examples on how the changing connections may play out in practice, focussing on the medical profession.

Case studies: the medical profession and the new managerialism

Research increasingly brings changing relationships between professionalism and managerialism in healthcare into view, and this seems to be relevant in different healthcare systems in Europe^{2,4,6,33}. Two case studies are chosen to illustrate a trend towards new emergent forms of more integrated and hybrid modes of professionalism.

The first example is taken from a German study focussing on office-based physicians and micro levels of change in agency and identity of doctors (comprising survey data, $n=3200$, and qualitative material, for details, see¹⁰; for an overview of German healthcare policy, see³⁶). Overall, the findings reveal that a conservative actor like the medical profession takes up elements from new governance and transforms managerial tools into strategic action. This is especially obvious with regard to evidence-based medicine, clinical guidelines and quality management: here, the vast majority of office-based doctors (80%) expressed positive attitudes, as revealed by survey data.

Material from focus groups adds further in-depth information on the reasons for integrating managerial tools into professional action. There was an overall tendency to support the instruments that are primarily under control of the medical profession and counteract others, like for instance greater involvement of other health professions in the po-

licy process. The doctors in the study highlighted the potential of managerial measurements to give proofs of the quality and efficiency of medical services. While documentation and standardisation of care are initially meant to improve control of doctors, they may well be transformed and used strategically to furnish medicine with new arguments that may serve to assure both trust of the patients/citizens and power in the negotiations with sickness funds and policymakers¹⁰.

The second example is taken from a comparative European study focussing on hospital doctors and macro-meso levels of change, specifically manifest in the new modes of control (operational governance) at the level of organisational settings of hospitals (for details, see⁵; for an overview of new forms of hospital governance in Europe, see³⁵). The research comprised case-study material from Denmark, England, Germany, Greece, Poland, and Spain; the notion of control of clinical practice referred to budget controls as well as the control of quality and safety of services.

The findings highlight 'that medicine and management are "twin forces", and as such indicative of new emergent controls. In both areas, the self-governing professional controls and more individualised strategies co-exist with tighter organisational controls. What matters is the relative balance between the two and the specific composition of the toolset of controls'^{5,p.722}. Consequently, we need to look at the connections between professionalism and managerialism and the ways the two modes of governing are currently re-connected and may create new more hybrid patterns of controls.

In summary, what do the illustrative cases tell us about the changing role of the health professions in relation to governance and policy? First, doctors are actively involved in policymaking and management on various levels; second, professionalism/self-governance is a mode of governing that intersects and can be combined with other forms of governance, like management; and third, managerial tools are not necessarily external forces but actively used by doctors, and may thereby be transformed into strategic tools of self-governance.

Conclusions

This article has set out to explore the changing role of the health professions using the metaphor of 'professionals as riders in the storm' of turbulent public sectors. I have argued the need for revising traditional theories on the professions and professionalism and have suggested the concept of citizen professionals.

The empirical case studies and other research^{2,36-39} bring the capacity of professionalism into view to transform itself in order to better fit new demands on healthcare governance, and this, in turn, underscores the need for critically revising the theoretical debates that are all too often based on the assumption of inescapable conflict between professions-organisations and professionalism-managerialism. The relationship between managerialism and professionalism should no longer be conceptualised as opposed and

contradictory; instead, there is a need for better understanding the new connections and the flexibility of the relationships.

Exploring the potential of the health professions to creatively respond to new challenges may reveal opportunities for innovating healthcare policy beyond marketisation and management, including austerity measures. Here, the concept of citizen professionals, as discussed above, is hopefully a useful springboard towards future research. One key issue is to better understand how to involve the professions in health policy and management in such a way that enables most efficient action in the interests of the citizens in times of contested public responsibility and finance for the provision of high quality healthcare services.

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