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Conflicting Rationalities on New Public Management in Hospitals

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Objectivos (Objectives): Extensive research on change management has revealed conflicting rationalities for managers and medical staff (Bolton, 2004; Pollock, 2004; Oliveira & Holland, 2007). The UK government's Field Report (pre-released May 2011) warns that lack of dialogue and consent may 'destroy' the quality of key NHS services. This case study is of a southern European university teaching hospital within a National Health Service with over 5000 employees undergoing change management from 42 disparate units to 7 management areas and two autonomous services. The hospital also faces a major integration of its services with others in the region.To evaluate the degree to which there are different rationalities by doctors as managers of services, and operational units, and the implications of these for current government proposals for change management. To examine the degree to which recently published government performance indicators for doctors (May 2011) may enhance or may breach psychological contract (Guest, 2004: Rousseau & Tinsley, 1997) in terms of purposeful engagement,autonomy and personal development (Arnold, 2008).To gain a better understanding of how it may be possible to resolve conflicting rationalities of performance indicators in relation to NPM to achieve higher performance while enhancing the wellbeing of health professionals.

Metodologia (Methodology): Sample Senior managers:9 doctors, Middle managers:23 doctors, 25 nurses and health technicians;21 administrators - Junior managers: 21 doctors; 22 nurses and health technicians.Data Collection was by individual semi-structured audio-taped interviews within a grounded theory approach in a normal work setting averaging 45 minutes. The three key questions addressed were 1, the challenge for health professionals of change management; 2, to identify and justify key criteria for higher performance and employee wellbeing; 3, the degree to which New Public Management facilitated or frustrated these. Data Analysis was of fully transcribed sequences of discourse analysed according to a newly developed coding system using MAXqda2010 of which the main codes related to psychological wellbeing, both eudaimonic and hedonic; and performance in terms of clinical care, innovation, teaching and research.

Resultados (Results): A key finding was the difference between operational and organisational logic and horizontal and vertical logic. There are different rationalities between doctors as middle managers concerning the importance of performance indicators, team leadership, individual and group autonomy. But these were not conflictual within rather than between services and units which have different medical and operational needs. The differences therefore were horizontal whereas the main conflicting rationalities were vertical - between services and top management in terms of the inappropriateness of standardized performance criteria and between junior doctors who were more interested in innovative work methods than were their seniors. Safety and quality are the main concern of middle managers.Economic efficiency is the main concern of higher level management, The new performance criteria make little allowance for personal development and eudaimonic self-fulfilment through skill enhancement. Voice from base and middle up (microunits and meso services) is lacking in macro government concern to introduce top down performance criteria as already has been found to be the case the UK NHS New Public Management precedent. Even in a teaching hospital which ranks high in research terms by OECD indicators there is more concern with such front line delivery than with either teaching or research.

Conclusões (Conclusions): Doctors are concerned with clinical success but less with the need to enhance operational and organisational efficiency.Inversely, upper level administrators need more dialogue with middle and lower levels to avoid new performance indicators breaching psychological contract