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Managerialism, stratification and hybridisation within healthcare public sector: problematising recognition, redistribution and political representation

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Abstract

This developmental paper explores the relationship between managerialism, professional hybridisation and the intensification of internal inequalities and forms of subordination and exclusion, taking the medical profession as an archetypal example. It is argued that hybridism appears to (i) impact on professionals' intersubjectivity and individual identity formation, (ii) affects the ways in which economic resources and wealth are distributed through the reorganisation of the division of labour and level of occupations, and (iii) redefines power relations as well as the professional's influence and political representation in decision-making processes. We then propose a conceptual framework for the analysis of the implications of hybridisation for the intersubjective constitution of professional's subjectivity, identity, behaviour, interests, assets and participation in terms of recognition, redistribution and political representation. We aim to reinvigorate the debate on NPM reforms, professional stratification and hybridisation by deepening the dialogue between public management and Critical Management Studies (CMS).

Introduction

This developmental paper explores the relationship between managerialism, professional hybridisation and the intensification of internal inequalities and forms of subordination and exclusion, taking the medical profession as an archetypal example. Influenced by the teleological assumption that professionally trained managers are a necessary condition for high performance and well-informed organisational decision-making, established professions such as medicine, law, accountancy and academia are undergoing a process of managerialisation and segmentation. In the public sector, for example, New Public Management (NPM) reforms are supposedly impacting the foundations of many professional occupations engaged in public services provision through a process of internal stratification.

This process of stratification, or internal differentiation of the professions (Freidson, 1984, 1985), is well exemplified by the emergence of professional hybridisation, which occurs when professionals take on managerial roles (Kirkpatrick, 2016; Croft, Currie and Lockett, 2015), therefore becoming more accountable for aggregate organisational performance (Freidson, 1994). This can be conceived as an increasing emphasis in managerialism that contaminates the traditional notions of professional collegiality, autonomy, partnership, informality and ethical responsibility, sometimes displacing professionalism itself (Muzio and Kirkpatrick, 2011).

It is argued that hybridism appears to (i) impact on professionals' intersubjectivity and individual identity formation, (ii) affects the ways in which economic resources and wealth are distributed through the reorganisation of the division of labour and level of occupations, and (iii) redefines power relations as well as the professional's influence and political representation in decision-making processes. Underpinned by the Critical Management Studies (CMS) background and by Nancy Fraser and Axel Honneth's critical theory in particular, this essay re-visits the theories of professional restratification and hybridisation to problematise three types of subordination that may emerge in the interrelationship between restratified groups of professionals: i) status subordination, (ii) economic subordination, and (iii) political subordination. In light of this problematisation, we propose a conceptual framework for the analysis of the implications of hybridisation for the intersubjective constitution of professional's subjectivity, identity, behaviour, interests, assets and participation in terms of recognition, redistribution and political representation.

The overall aim of this paper is twofold. Firstly, we aim to reinvigorate the debate on NPM reforms, professional stratification and hybridisation by adopting a critical thinking to outline a distinct conceptual and analytical frame which has potential to further this line of research within public management studies. Despite a growing body of research which focuses mainly on the processes of the changing cultures and identities of hybrid elites in the medical profession, there is a need for further research to clarify the conditions of economic, cultural and political subordination and exclusion within a restratified medical profession from a critical perspective. According to Waring (2014), questions such as status, power and inequality remain under-researched within the field of professional restratification and hybridisation studies. Thus, the proposed critical problematisation and heuristic framework may contribute towards a full comprehension and well-informed empirical investigation of the organisational and intersubjective conditions through which individuals are recognised, included, subordinated or excluded in public sector medical work. Secondly, we aim to

deepen the dialogue between public management and CMS. CMS has a strong potential to criticise and engage in with organisational ideas, discourses and practices within public sector organisations, making them fairer and truly democratic in terms of power and labour process. We suggest, however, that public sector organisation studies lack a more provocative debate with critical social and organisational theory.

NPM and Managerialism in the Health Sector

Behind the cycle of NPM reforms prompted over the last three decades in the public sector lies managerialism, or ‘neo-Taylorism’ (Pollitt, 1990), supporting the introduction of private sector forms of organising and managing to reconfigure the economic rationality of states and the institutional apparatus which provides public services. NPM therefore can be seen as the most eloquent expression of managerialism in the public sector (Esposito, Ferlie and Gaeta, 2017), which has become increasingly a site for massive efforts towards managerialisation (Pollitt, 1993; Clarke and Newman, 1997).

NPM measures in the health sector involve attempts to rearrange professional work in compliance with managerialist ideas and practices so as to introduce performance-minded ways of working and break expert occupations into segments. These movements led to an international trend for hybrid professional-management in the health professions, which modifies the ways in which doctors provide direct patient care while assuming managing services, co-ordination and oversight functions (Annandale, 1989; Kirkpatrick et al. 2009; Dent, 2005), thus becoming more subordinated to managerial values, accountability logic and performance formulas.

Professional Stratification and Managerial Hybrids

Hybridity represents a mixture of professional background and managerial principles and responsibilities (Kirkpatrick, 2016; Hendriks and Van Gestel, 2017; Croft, Currie and Lockett, 2015). Hybrid professionals are usually found at intermediary positions between a profession and the wider organisation, performing administrative or leadership roles to coordinate the interfaces between professional and organisational tasks (Waring, 2014). According to Waring (2014:688), these hybrid professional-managers entail a “recombination and blurring of distinct professional and organisational modes of working”.

Accounts of this phenomenon are long-standing and many of them draw upon the theory of restratification to analytically address the involvement and engagement of

professional fields in management and their paradoxical resulting weakened autonomy (Dent et al., 2016, Freidson, 1994). Freidson's restratification thesis represents a fertile starting point for understanding expert occupations and for the analysis of hybrid professional-management roles (Waring, 2014; Kirkpatrick, 2016). He argues that there has been a process of restratification within established professions, particularly in the medical profession, and the emergence of stronger "knowledge elites" and "administrative elites" in addition to a large "rank and file" of practising professionals (Freidson, 1985, 1994; Annandale, 1989; Kirkpatrick, 2016; Waring, 2014). For instance, within the medical profession, hybrid doctor-managers constitute an administrative elite playing an active role in management and leadership, "setting standards, reviewing performance, and exercising supervision and control" (Freidson, 1985:26). In sum, Freidson's thesis argues that professions strategically respond to institutional changes by becoming more hierarchical and bureaucratic (Waring, 2014).

Hybridisation represents a new form of managerialisation and organisation of expert work and implies a shift in the nature of professional relation and identity, such as the enhanced inter and intra-professional competition and hierarchisation (Waring, 2014; Kirkpatrick, 2016). In fact, hybridism intensifies vertical and horizontal stratifications (Kirkpatrick, 2016; Causer and Exworthy, 1999), which can produce new separatisms, enclaves and subordination that have implications for the power relations, values, commitments, intersubjective relationships and identities constructed and shared by professionals. Insofar as managerial hybridisation may result in a process of polarisation between stratified groups (Jacobs, 2005) or even give rise to a "class" of hybrid professional-managers (Domagalski, 2007), norms of collegiality, autonomy, trust, equality and solidarity are fractured (Waring, 2014) and reshaped according to the dominant managerial elite's culture, accountability controls and organisational performance rationality.

A Critical Approach to Address Inequality and Subordination

Managerialism underlies hybridised professionalism (Noordegraaf, 2007), as it reframes the connections between professions and managerial logics in often ambiguous, dynamic and complex processes in which traditional professional fields cope with managerialisation sometimes resisting to, sometimes absorbing and adapting to it (McGivern et al., 2015). The theory of restratification describes how the medical profession defensively responds to external pressures and imperatives for tighter financial and management control (Freidson,

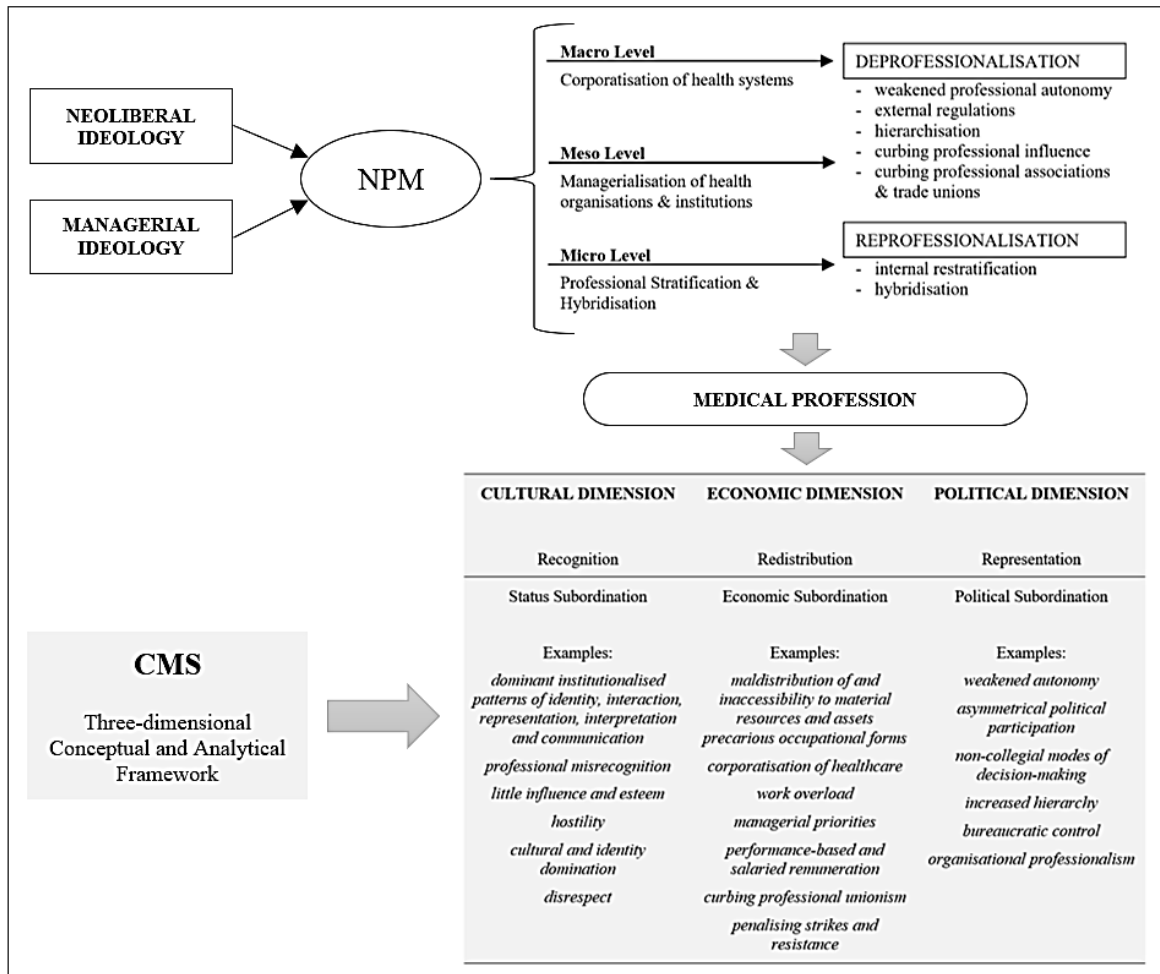
1985; Kirkpatrick, 2016; Kirkpatrick et al., 2009). On the one hand, this change means the loss of autonomy and control over work, mainly within rank and file groups and at the level of individual practitioners. Such a movement is interpreted by some commentators as a result of deprofessionalisation (McKinlay and Stoeckle, 1988; Waring, 2014). On the other hand, this transformation entails the internal reorganisation of professional communities in ways that actively minimise the impact of external threats, by adapting to or absorbing them through a process of reprofessionalisation. In this latter case, elite groups maintain or even expand their relative power, status and influence through formal engagement with managerialism (Freidson, 1985; Kirkpatrick, 2016; Jacobs, 2005), whereby the ‘control of professionals’ is increasingly being supplemented with ‘control by professionals’ (Exworth & Halford, 1999). Therefore, as Waring (2014:691) argues, “restratification has the potential to transform cultures and redistribute power at the intra-professional level”.

The point is that over the last decade restratification and hybridisation processes intensified by NPM reforms have been bringing the medical profession into the mainstream management and leadership arena, and such a movement is deeply implicated in a wide variety of cultural, economic, political, ethical and identity problems. In this paper, we look closely at three of these problems – or forms of cultural, economic and political subordination – within the medical profession through the proposed frame (see Figure 1).

The **status subordination** relates to the question of **recognition**, which refers to respect and ways in which individuals intersubjectively construct their “sense of self” within their professions in a reciprocal relation with other colleagues (relation-to-self and relation-to-other), in that individuals only exist when they are recognised by one another (Honneth, 1996; Fraser & Honneth, 2003; Fraser, 1996, 2006). In other words, recognition comprises a cultural dimension of institutionalised patterns of social and professional identity, interaction, representation, interpretation and communication. As we shall argue, hybridisation may have substantive implications for professionals’ recognition, since it disrupts old patterns of professional identity and acknowledgement and foments new ones. For instance, the prevailing institutionalised patterns, organisational values and discourses of professionalism (Evetts, 2003) are enacted by hybrid professional elites, which are active in disseminating such patterns and discourses further amongst their rank and file peers (Waring, 2014). This might lead to professional misrecognition or status subordination within a given profession. Waring and Bishop’s (2013) study, for example, showed that rank and file doctors usually have little influence over and esteem of more senior colleagues. Even hybrid doctor-managers have frequently reported hostility from colleagues, being perceived as a

“management narks” or “turncoats” (Kirkpatrick, 2016). Other examples of misrecognition include cultural and identity domination, non-recognition and disrespect (Fraser, 1996).

Figure 1: A three-dimensional framework.



The **economic subordination** is associated with the question of **redistribution**, which refers to the amplification of economic inequality, exclusion, exploitation, workload intensification, commodification and marginalisation within a restratified professional workforce. As Navarro (1975) points out, the same forces that determine the distribution of economic and political power in a capitalist society also determine the composition and distribution of the economic resources of healthcare. Hence, we shall argue that hybridisation implies distinct structures of redistribution and possession of wealth and resources within different professional strata, potentially leading to new and precarious occupational forms, notably in the healthcare sector (Waring & Bishop, 2013; Noordegraaf, 2007; Warring & Currie, 2009). Underpinned by the NPM’s managerialism in the public sector (Esposito, Ferlie & Gaeta, 2017; Pollitt, 1993; Clarke & Newman, 1997), which emphasises mainly efficiency, productivity, pragmatism, standardisation of work, commercialisation,

calculability, cost reduction, performance-based and salaried remuneration, and measurement (Osborne, 2006; Hood, 1991; Ferlie, 2017; Persson & Moretto Neto; Waring, 2014), hybridisation is in line with the trends of corporatisation of healthcare, reformulating professional structures according to corporate and managerial priorities and individual identities around enterprising behaviour (Freidson, 1985; Salmon, 1987; Waring & Bishop, 2013; Evetts, 2006; Doolin, 2002).

The third form of **subordination is political**, which refers to the question of political **representation or parity participation** in decision-making processes. We claim that hybridisation seemingly impairs two pivotal conditions that could establish participatory parity and collegiality in decision-making, then leading some professional groups to political subordination. These conditions are related to those two aforementioned questions. Firstly, hybridisation undermines an objective condition for parity participation through the maldistribution and inaccessibility of material resources and assets, which therefore jeopardise professional's autonomy, independence, voice and judgment. Secondly, hybridisation undermines the intersubjective conditions for egalitarian political representation, which 'requires that institutionalised cultural patterns of interpretation and evaluation express equal respect for all participants and ensure equal opportunity for achieving social esteem' (Fraser, 1996: 31). Waring (2014) states, for example, that hybrid elites are increasingly appealing to non-collegial and more bureaucratic ways to manage and rule their peers, strengthening hierarchies, conflicts, political struggles and asymmetries of power in the workplace (Kirkpatrick, Dent & Jespersen, 2011); hence, hybridisation represents a form of organisational professionalism, in contrast to the more traditional and historical occupational professionalism (Evetts, 2006), and it thus being used increasingly as a discourse of managerial control, hierarchy and rational-legal forms of organisational decision-making.

Developing and concluding the paper

We intend to develop this paper further in order to contribute to knowledge in the literature of medical hybrids, and to promote discussions that might help solve, or at least mitigate, two serious problems (Fraser, 2000): the problem of reification, which essentially refers to a drastic simplification of professional identities, thus overlooking variations and reinforcing acculturation and discursive patterns to constrain individual members to conform to or even to 'fake it' to be part of a given group identity; and the problem of displacement, that is,

displacing and ignoring economic distributive inequalities and political exclusion within fragmented professional workforces, and focusing exclusively on the processes of changing organisational and professional culture and identity.

References

- Annandale, E. (1989). Proletarianization or Restratification of the Medical Profession? The Case of Obstetrics. *International Journal of Health Services*, 19(4), pp. 611–634.
- Castoriadis, C. (1975). *The Imaginary Institution of Society*. Massachusetts: The MIT Press Cambridge.
- Causser, G. and Exworthy, M. (1999). Professionals as Managers Across the Public Sector. In: Exworthy, M. and Halford, S. *Professionals and the New Managerialism in the Public Sector*. Philadelphia: Open University Press.
- Clarke, J. & Newman, J. (1997). *The managerial state*. London: Sage.
- Croft, C., Currie, G. and Lockett. (2015). Broken ‘Two-Way Windows’? An Exploration of Professional Hybrids. *Public Administration*, 93(2), pp. 380–394.
- Currie, G. et al. (2010). *Making public services management critical*. Abingdon: Routledge.
- Dent, M. (2005). Post-New Public Management in Public Sector Hospitals? The UK, Germany and Italy. *Policy & Politics*, 33(4), pp. 623–636.
- Dent, M. et al. (2016). *The Routledge Companion to the Professions and Professionalism*. New York: Routledge.
- Domagalski, T. A. (2007). Organisation and Subjectivity in the US Medical Profession: Physician Responses to Structural Changes Within Advanced Capitalism. In: Muzio, D., Ackroyd, S. & Chanlat, J-F. (Eds.). *Redirections in the Study of Expert Labour: Established Professions and New Expert Occupations*. London: Palgrave.
- Doolin, B. (2002). Enterprise Discourse, Professional Identity and the Organizational Control of Hospital Clinicians. *Organization Studies*, 23(3), pp. 369–390.
- Esposito, G, Ferlie, E & Gaeta, G.L. (2017). The European public sectors in the age of managerialism. *Politics*, 38(4), pp. 480–499.
- Evetts, J. (2003). The Sociological Analysis of Professionalism. *International Sociology*, 18(2), pp. 395–415.
- Evetts, J. (2006). A Short Note: The Sociology of Professional Groups. *Current Sociology*, 54(1), pp. 133–143.
- Exworthy, M. and Halford, S. (1999). *Professionals and the New Managerialism in the Public Sector*. Philadelphia: Open University Press.
- Ferlie, E. (2017). The New Public Management and Public Management Studies. In: Aldag, R. (Ed.). *Oxford Research Encyclopaedia of Business and Management*. New York: Oxford University Press.
- Fraser, N. (1996). *Social Justice in the Age of Identity Politics: Redistribution, Recognition, and Participation*. The Tanner Lectures on Human Values. Stanford University.
- Fraser, N. (2000). Rethinking Recognition. *New Left Review*, 3, pp. 107–120.

- Fraser, N. (2006). Da Redistribuição ao Reconhecimento? Dilemas da Justiça numa Era “Pós-Socialista”. *Cadernos de Campo* 14/15(1), pp. 231–239.
- Fraser, N. and Honneth, A. (2003). *Redistribution or Recognition? A Political-Philosophical Exchange*. London: Verso.
- Freidson, E. (1970). *Professional Dominance: The Social Structure of Medical Care*. New York: Atherton Press, 1970.
- Freidson, E. (1984). The Changing Nature of Professional Control. *Annual Review of Sociology*, 10, pp. 1–20.
- Freidson, E. (1985). The Reorganization of the Medical Profession. *Medical Care Review*, 42(1), pp. 11–35.
- Freidson, E. (1994). *Professionalism Reborn: Theory, Prophecy and Policy*. Cambridge: Polity Press.
- Hendriks, W. and Van Gestel, N. (2017). The Emergence of Hybrid Professional Roles: GPs and Secondary School Teachers in a Context of Public Sector Reform. *Public Management Review*, 19(8), pp. 1105–1123.
- Honneth, A. (1996). *The Struggle for Recognition: The Moral Grammar of Social Conflicts*. Oxford: Polity Press.
- Hood, C. (1991). A Public Management for All Seasons? *Public Administration*, 69(1), pp. 3–19.
- Jacobs, K. (2005). Hybridisation or Polarisation: Doctors and Accounting in the UK, Germany and Italy. *Financial Accountability and Management*, 21(2), pp. 135–161.
- Johnson, T. J. (1972). *Professions and Power*. London: Macmillan.
- Kirkpatrick, I. (2016). Hybrid Managers and Professional Leadership. In: Dent, M. et al. *The Routledge Companion to the Professions and Professionalism*. New York: Routledge.
- Kirkpatrick, I. et al. (2009). Medicine and Management in a Comparative Perspective: The Case of Denmark and England. *Sociology of Health & Illness*, 31(5), pp. 642–658.
- Kirkpatrick, I., Dent, M. & Jespersen, P. K. (2011). The Contested Terrain of Hospital Management: Professional Projects and Healthcare Reforms in Denmark. *Current Sociology*, 59(4), pp. 489–506.
- Larson, M. S. (1977). *The Rise of Professionalism: A Sociological Analysis*. Berkeley: The University of California Press.
- McGivern, G. et al. (2015). Hybrid Manager-Professionals’ Identity Work: The Maintenance and Hybridization of Medical Professionalism in Managerial Contexts. *Public Administration*, 93(2), pp. 412–432.
- McKinlay, J. and Stoeckle, J. (1988). Corporatization and the social transformation of doctors. *International Journal of Health Services*, 18(2), pp. 191–205.
- Muzio, D. and Kirkpatrick, I. (2011). Introduction: Professions and Organizations – a Conceptual Framework. *Current Sociology*, 59(4), pp. 389–405.
- Navarro, V. (1975). An Explanation of the Composition, Nature, and Functions of the Present Health Sector of the United States. *Social Policy Issues*, 51(1), pp. 199–234.

- Noordegraaf, M. (2007). From 'Pure' to 'Hybrid' Professionalism. *Administration and Society*, 39(6), pp. 761–785.
- Osborne, S.P. (2006). The New Public Governance? *Public Management Review*, 8(3), pp. 377–387.
- Persson, E. and Moretto Neto. (2018). Ideology and Discourse in the Public Sphere: A Critical Discourse Analysis of Public Debates at a Brazilian Public University. *Discourse & Communication*, 12(3), pp. 278–306.
- Pollitt, C. (1990). *Managerialism and the Public Services*. Oxford: Basil Blackwell.
- Pollitt, C. (1993). *Managerialism and the public services*. Oxford: Blackwell.
- Salmon, J. W. (1987). The Medical Profession and the Corporatization of the Health Sector. *Theoretical Medicine*, 8(1), pp. 19–29.
- Waring, J. (2014). Restratification, Hybridity and Professional Elites: Questions of Power, Identity and Relational Contingency at the Points of 'Professional-Organisational Intersection'. *Sociology Compass*, 8(5), pp. 688–704.
- Waring, J. and Bishop, S. (2013). McDonaldization or Commercial Re-stratification: Corporatization and the Multimodal Organisation of English Doctors. *Social Science & Medicine*, 82, pp. 147–155.
- Waring, J. and Currie, G. (2009). Managing Expert Knowledge: Organizational Challenges and Managerial Futures for the UK Medical Profession. *Organization Studies*, 30(7), pp. 755–778.