De bureaucratisering van het medisch specialistisch ambacht: een vergelijkend onderzoek naar bureaucratie en professie in twintig ziekzenuisafdelingen

Citation for published version (APA):

Document status and date:
Published: 01/01/1987

DOI:
10.26481/dis.19870522fs

Document Version:
Publisher's PDF, also known as Version of record

Please check the document version of this publication:
• A submitted manuscript is the version of the article upon submission and before peer-review. There can be important differences between the submitted version and the official published version of record. People interested in the research are advised to contact the author for the final version of the publication, or visit the DOI to the publisher's website.
• The final author version and the galley proof are versions of the publication after peer review.
• The final published version features the final layout of the paper including the volume, issue and page numbers.
Link to publication

General rights
Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.
• Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
• You may not further distribute the material or use it for any profit-making activity or commercial gain
• You may freely distribute the URL identifying the publication in the public portal.

If the publication is distributed under the terms of Article 25fa of the Dutch Copyright Act, indicated by the “Taverne” license above, please follow below link for the End User Agreement:
www.umlib.nl/taverne-license

Take down policy
If you believe that this document breaches copyright please contact us at:
repository@maastrichtuniversity.nl
providing details and we will investigate your claim.

Download date: 15 Oct. 2023
SUMMARY

The bureaucratization of the physician's work. A comparative study of bureaucratization and professionalization in twenty hospital departments.

This study explores practice organization and practice orientations of physicians in medical departments of university hospitals and general hospitals. Data used in this study were obtained from a larger study in which the author was engaged, dealing with the characteristics and costs of teaching and research functions of university hospitals in the Netherlands. Task performance, organizational structure and task perceptions within twenty medical departments of general surgery, internal medicine and radiology, were studied in order to analyse bureaucratization and professionalization with regard to the work of physicians (medical specialists and residents). Professionalization can be defined as the amount of specialization within the departments. Bureaucratization is defined as the amount of standardization of work processes and hierarchy of authority.

The context of the study and the major issues are explored in chapter one. These are the following:

1. How bureaucratized are the medical departments under study, what factors influence the extent of bureaucratization?
2. Is there a relationship between the extent of bureaucratization within the medical department and the work and task perceptions of physicians?

The first issue is discussed in chapter two, in terms of the sociological conceptualization of modernization. It leads to the conclusion that modernization, represented by the developing knowledge base of a society results in professionalization and bureaucratization. Modernization leads to specialized (professionalized) tasks and functions on the one hand, and to the use of bureaucratic rules and procedures on the other hand. This theoretical perspective for the health care sector in general, more specifically for the medical departments under study, leads to the following hypotheses. First, it can be assumed that technological development together with growth induce the emergence of specialized tasks, functions and professions within the health care field and also lead to more bureaucratic, e.g. hierarchical and standardized decision-making processes.
Bureaucratization and professionalization are not separate developments. We therefore, hypothesized to find a positive relationship between bureaucratization and professionalization among the twenty medical departments studied. More specifically, a positive relationship is expected between the specialization of tasks and functions, the use of standardized rules and procedures, a hierarchy of authority. Secondly, within medical departments this relationship between bureaucratization and professionalization will be determined by:

a the technological complexity of tasks and functions within the department (amount of time spent on scientific research and the complexity of tasks within the discipline);

b the size of the department (number of staff members);

c the professional climate within the department (professional activities of members and a leadership style which stimulates these activities).

Attention is given to the second major issue of the study in chapter three. It deals with the impact of different organizational forms of medical departments on the task perceptions of physicians. It is hypothesized that a physician's commitment to his clients and his profession will lead to other task perceptions than commitment to the host-organization or to the work setting. Differences in organizational characteristics of the department influence task perceptions. From this perspective it is possible to deduce several testable hypotheses. For instance, within medical departments with a high level of structuring of activities (contrary to Freidson's "company of equals") physicians will be more willing to cooperate with other health professionals and will define their task domain more broadly (fewer complaints of patients are perceived as trivial).

Moreover, bureaucratization in a limited sense (standardization of work processes and hierarchy of authority) will have a negative relationship with satisfaction, patient sensitivity and perceived seriousness of patients' complaints. Finally it is hypothesized that a) perceived work load will have a negative relationship with satisfaction, perception of the seriousness of complaints and patient sensitivity. b) Age will have a positive relationship with perceived seriousness of complaints, degree of sensitivity to patient complaints and needs and importance of professional autonomy.
The research design and variables are presented in chapters four and five. Included are 1) the sample of medical departments (20), 2) the method of comparative case studies used for the analysis of the data 3) data collection. The task performance of physicians was studied by observing their activities. Every physician (310) was observed about eight hours. Organizational characteristics were studied by interviewing a sample of doctors (140). Task perceptions were ascertained from questionnaires given to all physicians within the participating medical departments (response rate 78%). Finally all variables used in the analysis were listed, and the reasons for the selection of these variables were discussed.

Several characteristics of the medical departments under study are described in chapter six. These are classified by type of hospital (university hospital versus general hospital) and by speciality (general surgery, internal medicine and radiology). In general, it can be concluded that medical departments in general hospitals are mostly oriented toward health care activities, (patient care). Departments are small, have a rather simple organizational structure with physicians preferring a high degree of autonomy. Contrary to this, in university medical departments teamwork is accentuated, the organizational structure is more complex and doctors spend (besides patient care activities) a large amount of time on medical education and scientific research. Comparing the three specialities shows that there are also differences with regard to task performance (diagnostic vs. therapeutic activities, health care vs. scientific activities), organizational characteristics (more or less structuring of activities, differences in coordinating mechanisms, differences in size) and task perceptions (work load, need for professional autonomy). For instance, in radiology departments most time is spent on patient care activities; programming is used to coordinate the work activities and doctors seem to prefer professional autonomy and to have favourable work conditions. Surgical departments on the contrary, are largest in size, are very well structured by hierarchy of authority, feedback mechanisms, programming (standardization and sanctioning). With regard to patient care physicians spend most of their time on therapeutic activities and seem (compared to the other specialities) to perceive fewer patient's complaints as trivial. Finally, physicians in internal medicine departments spend much time on diagnostic activities and
scientific research and have the highest commitment to their work. The work activities are least programmed and sanctioned by heads of departments. The hypothesized relationships with regard to the first major issue are tested in chapter seven and lead to the following conclusions. First, horizontal differentiation or specialization within medical departments correlates strongly and positively with the variables technological complexity, professionalism and size of the department. Secondly, horizontal differentiation correlates positively with standardization (amount of procedures and programmes); size correlates stronger with hierarchy of authority (dependent however on speciality) and vertical differentiation (number of hierarchical levels). Thirdly, departments which have a rather high degree of professionalism also have a well-developed leadership "climate" and a high level of change and innovation.

To summarize, in the context of the first major issue of the study the hypothesis is confirmed that the relationship between bureaucratization and professionalization (specialization) within medical departments is influenced by degree of technology, size and professionalism. More generally, regarding processes of bureaucratization and professionalism within professional organizations one can assume that specialization probably stimulates standardization of work processes, while size has a positive influence on the amount of hierarchy of authority. This is in accordance with recent theories about the development of organizations in general, and more specifically of professional organizations.

Testing of several hypotheses with regard to the second major issue took place in chapter eight. The following hypotheses were confirmed.
- a negative relationship between perceived work load and satisfaction;
- a positive relationship between structuring of activities and willingness to work together;
- a positive relationship between structuring of activities and scope of task definition (fewer complaints perceived as trivial);
- a positive relationship between standardization of work processes and satisfaction (contrary to the hypothesis);
- a negative relationship between work load and scope of task definition;
- a positive relationship between age and scope of task definition.
We may conclude that a physician's task perception is in several ways influenced by characteristics of the work setting and by individual characteristics. Willingness to work together and scope of task definition are both influenced by the structuring of activities and the age of physicians. Standardization of work processes has a positive influence on satisfaction while work load experience has a negative influence. Experienced work load plays a major role in almost all analyses. Regarding the work situation of doctors one can conclude that structuring of activities seems to influence teamwork positively and leads to broad task definitions of doctors, while a heavy work load has a negative influence on the broadness of task definition and the work satisfaction.

The following conclusions with regard to theoretical developments within the domain of organizational studies could be drawn in chapter nine. First, the findings of the first part of the study are in concordance with findings of research in other types of organizations. On a limited scale the effects of growth and technological development on the structuring of activities within the organization also seem to be confirmed for professional organizations, e.g. medical departments in hospitals. Secondly, it could be shown that the "modern" professional practice combines several characteristics: standardization of work processes, horizontal differentiation, professionalism and teamwork. This is contrary to the traditional image of professional organizations typified as a "company of equals".

From a more practical perspective it is apparent that medical departments within hospitals grow larger and become technologically more complex. This results in a need for more structuring of professional activities by means of standardization and hierarchy of authority. The combination of a high structuring of activities by means of procedures and the development of a professional "climate" seems to be the most favourable term for professional work. In terms of budgeting processes within the Dutch hospital sector it is interesting to recognize that from a hospital management perspective efforts are made to involve the medical specialist in hospital management activities. The present study shows that within the professional organization already developments are taking place which possibly facilitate the orientation of doctors to management tasks. The professional seems to become also an organization man.