COMPETING IDEOLOGIES IN HEALTH CARE: A PERSONAL PERSPECTIVE

Key words: health care; ideologies; managerialism; professions

With the introduction of general management and then of planned markets into the National Health Service (NHS), health care in the UK has gone through a massive amount of change. The effect on those working for the NHS has been 'challenging' and often confusing.

This paper aims to clarify what is happening by taking an ideological perspective: what ideologies exist, how they are changing and the strategies being used to ensure their survival. Ideologies are basically about power. The relationship between market, managerial and professional ideologies is analysed using charters, codes of conduct and other associated documents.

A tentative conclusion is reached that professional ideologies are able to adjust to the overriding market/consumerist ideology. However, the managerial ideology is having difficulty in gaining any real ground against the professional ideology and is having to move strategically by using audit, not just of finance, but also of clinical judgement, to gain power.

Introduction

One way of describing life in the National Health Service (NHS) at the moment is 'challenging'! To those working in various trusts and practices, more appropriate words might be 'exhausting' and 'confusing'. What is indisputable is that the rate of change has speeded up, initially with the introduction of general management in the 1980s and even more so with the implementation of the National Health Service and Community Care Act 1990, as the first few years of steady state gave way to market forces.

There are, of course, numerous ways of trying to make sense of the confusion. A number of theoretical frameworks have already been used and have given useful insights (for example, that of organizational cultures[1]). In this paper, I have selected an ideological framework and will explore the ideologies currently relevant to UK health care and how they seem to be changing, both in content and patterns of dominance.

Address for correspondence: Ann P Young, Senior Lecturer in Strategic and International Management, East London Business School, University of East London, Longbridge Road, Dagenham, Essex RM8 2AS, UK.

0969-7330(97)NE125OA

Reasons for choosing an ideological framework

At this point, I will highlight several issues that are particularly important to me. People study topics that are relevant to them and do so through enquiry methods that are significant in some way.[2] For me, the role of the professional in organizations and how this relates to the managerial role is one such topic. Having spent many years working as a nurse, nurse teacher and manager, mostly in the NHS, I have a longstanding interest in professional control and the relationship between nurse and manager.[3,4] Although my perceptions of recent changes in health care provision in the UK are inevitably coloured by this experience, I hope that I can at least recognize where some of my biases might lie! In particular, I am critical of the imposition of marketing and managerial models on health care.[5] I am anxious for those patients, who are traditionally powerless and who now seem to be faring even worse under the new system (i.e. the elderly and mentally infirm), as well as the nursing and other professional staff, who seem to be experiencing various degrees of distress as a result.

It seems to me that a study of power relationships may help health care professionals to understand how and why they either readily embrace change or feel that they are being coerced or manipulated to behave in ways that are alien to them. As some of the conflicts being described to me by nurses and nurse managers have a strong ideological link, I decided to explore what insights might be given by using an ideological framework.

There are a number of advantages in using such a framework. First, ideology is a well accepted concept to which people can relate as a key feature of our markedly political world. Secondly, it is useful in attempting to identify the processes going on in particular groups; for example, what holds a group together and how its attitudes and activities are influenced and justified. Thirdly, it acknowledges the irrationality of many ideas and beliefs and therefore presents a form of reality that breaks with a conventional scientific base. As Hoy and McCarthy point out: 'The concept of ideology is not only theoretical but also a practical-political concept.'[6]

Unfortunately, there are also a number of disadvantages. It is really a family of concepts rather than a single one,[7] which has been used by philosophers, sociologists and psychologists in a number of ways, leading to some confusion. Plamenatz suggests that Marx and Engels 'established a tradition of careless use' of the word,[7] while Drucker[8] identified Marx as one who used the concept in two rather different ways, as false consciousness or as apology (i.e. its influence on action serving the interests of the group). Since Marx, many sociologists have appreciated the usefulness of the concept and have further developed it in different ways.

Today, it seems likely that, at the least, ideology is seen as 'an action-orientated, more or less coherent set of ideas about society, held more or less firmly and more or less articulately, by some large group of people'.[8] It is also commonly associated with power, as demonstrated by Jary and Jary's definition of ideology as a system of ideas that justifies or legitimates the subordination of one group by another.[9] However, it seems unlikely that the thesis of dominant ideology with its roots in Marxist views of capitalism and the ruling class is still current.

Abercrombie .[10] criticized this view as underestimating the extent to which subordinate groups are capable of generating beliefs and values that run counter to dominant ideologies. A further reason for shifting from Marx's position is historical. As modern cultures have become increasingly fragmented and diversified by the forces of consumerism and global markets, it seems impossible to have a clearly dominant ideology in an advanced pluralistic society.[10]

Although manipulation and deception are one face of ideology, it can also be seen as an influence on normative behaviour (i.e. as disciplinary power). Ideology is a 'way of being in the world'[11] as human beings often seem to to operate with given meanings, norms and rituals.[12]

Ideologies in today's health care system

From the above discussion, it will be apparent that I believe in the existence of several ideologies that are powerful enough to have an influence on health care. However, a further difficulty is in determining what is to count as a particular ideology.[7] Ideologies vary in spread, comprehensiveness, explicitness and totality. The more widely accepted ideologies are usually supported by quite vague generalizations, and, as greater precision is sought, many different ideologies tend to emerge, although feeding on the common aims of the broad ideology.[7] A useful approach is to assume that an ideology exists at three levels[13]: a general core level; a second more specific level where the core values are translated into models or techniques; and a third level of specific practices that are underpinned by the ideology.

The approach taken in this paper is to focus the discussion on the general ideologies that are apparent in health care. These seem to be: a competitive market ideology, managerialism and professionalism. The core components of each are discussed below.

The competitive market

'A market economy is an economic system in which production and allocation are determined mainly by decisions in competitive markets rather than controlled by the state.'[9]

In reality, no market exists in a pure form and there is always an interaction between the Government and the private sector, with a certain amount of government control through laws and other means of regulation. However, it was the then Prime Minister, Margaret Thatcher's vision that shifted the UK nearer to the market ideology through a programme of privatization and then marketization of the health and welfare sectors. The assumption is made that competitive markets will enhance efficiency, although evidence of this only seems to be available where companies are facing competition.[14]

Jameson[15] discusses the market as ideology, discourse and rhetoric, as well as reality, and sees there being a mismatch between these approaches. For example, freedom and choice have become associated words, but they do not fully exist in reality. A number of writers have either explicitly or implicitly associated certain words with privatization and markets,[16–19] including:

- Efficiency and responsiveness;
- Stable or reduced prices;
- Quality;
- Freedom and choice;
- Public participation;
- Primacy of the customer.

As Margaret Thatcher enabled the widespread application of competition to previously public bodies, so her successor, John Major, has built on this by emphasizing the consumerist face of the market with the Citizen's Charter and the associated Patient's Charter. The former charter is based on four themes: quality, choice, standards and value, and the Patient's Charter[20] enlarges on this with a number of rights and expectations (although the small print does state that expectations may not be met all the time!). The principles laid out in
– [21] states that every citizen is entitled to expect:

- Standards which are explicit and published;
- Openness, with those providing the service being clearly named;
- Information which is full, accurate and in plain language;
- Choice, in that public views on services should be sought regularly and systematically;
- Nondiscrimination;
- Accessibility at the convenience of customers;
- A procedure to follow if things go wrong.

These all seemingly underpin a strong consumerist approach as defined by the Government.

Managerialism

Bendix defines a managerial ideology as 'all ideas which are espoused by or for those who exercise authority in economic enterprises, and which seek to explain and justify that authority'.[22]

In the NHS, some of this justification is from the political party in power (i.e. in the introduction of general management), but managers will also use their supposed qualities of leadership as well as claim to have specific skills or techniques of management. These values also tend to support the primacy of interests (as contrasted with professional or patient interests) and, rather cynically, the beliefs that 'people are essentially defective' and that 'people are totally malleable.'[11]

Pollitt[13] summarized the beliefs routinely found in a general managerial ideology as follows:

- Continuing increases in economically defined productivity;
- Ever more sophisticated technologies (production, information and organizational);
- The labour force disciplined in accordance with the productivity ideal;
- Management as a separate and distinct organizational function, crucial for planning, implementing and measuring the necessary improvements in productivity;

- Managers must have reasonable room to manoeuvre (the right to manage).

Not unusually, managers may have some initial problems in establishing the legitimacy of their positions, but, once confidence within the organization is established, they will tend to develop intra-organizational groupings, as do other professionals.[23]

Much debate has taken place on the 'new managerialism' of the public sector. The stance taken is that this is but a different emphasis and translation into practice of the core components of a general managerialism.

Professionalism

Health care has been dominated by professionals and therefore the professional ideology is bound to be extremely important. However, it is worth taking a step back from the doctor or nurse for a moment in order to clarify the key elements of professional ideology.

Johnson[24] sees the emergence of specialized occupational groups as being typical of all differentiated societies. Professions are typified by expert knowledge, with the resultant creation of relationships of social and economic dependence, which, paradoxically, are also relationships of social distance, as the common area of shared experience and knowledge is reduced. There is then a tendency for autonomy and indeterminacy between producer and consumer. Professionals will tend to impose their own definition of content and outcomes if they have the power, particularly if the consumers or clients are large, heterogeneous and fragmented groups.

Johnson goes on to propose that 'a profession is not an occupation, but a means of controlling an occupation'.[24] He puts forward three typologies of professional control:

- Collegiate control, where the producer defines the needs of the consumer and the manner in which these needs are met;
- Patronage control, when the consumer defines his or her own needs and the manner in which they are to be met (e.g. corporate patronage is often experienced by accountants);
- Mediative control, in which a third party mediates in the relationship between producer and consumer, defining both the needs and the manner in which the needs are met (e.g. state mediation in welfare).

He also suggests that these three groups may exhibit divergent ideologies from each other. However, for health care professionals today, it seems likely that the pattern of control is not clearly any of these. The partial shift from collegiate to mediative control probably took place earlier this century, while the implementation of the 1990 Act is introducing a number of aspects of patronage, with the commissioning authorities playing an important role in allocating contracts.[25] For example, the professional autonomy enjoyed may be partly illusory,[26] but the State is prepared to leave professionals enough operating autonomy to avoid having to make 'politically awkward decisions'. Harrison and Pollitt[26] raise the issue of the ideology being used as a strategy to evade managerial control and to pursue self-interest. However, the professionals will argue strongly for the centrality of

an ethos of public service, of making decisions in the patients' best interests and on the basis of need rather than cost.[17]

Changing ideologies

Ideologies are generally seen as a way of maintaining stability in a society, but it seems likely that, as society changes, so will its ideologies with regard to both dominance and content. The ways in which ideologies react to a changing environment are discussed below.

An ideology can never exist as an entity separate from history.[27] It will be determined by: socioeconomic parameters (for example, competition is seen as a potent source of strain and transformation[28]); the principal political movements and their ideologies; and the regulatory significance of science on human activities.[27] These parameters will continually change, but not necessarily together or at the same rate. If ideological meanings are not modified, the ideology will eventually disappear.

An initial response of a specific group is to prolong its ideology without change by manipulation of public opinion. Language is an essential symbolic part of an ideology and there will be an increase in rhetoric. However, this is likely to be only a temporary measure, as the ideology will lose relevance over a period of time.

A second step is to 'harness the winds of change'.[27] This seems to work reasonably well for a clearly dominant ideology where even 'U-turns' are accepted, seemingly on the basis that ideological modification is preferable to an overturning of established structures that would prove dysfunctional. It seems that an ideology will still survive even if its internal coherence is not complete.

Another way of approaching ideological change is to view an ideology as having three parts: its actual text or content; the mode of its production; and its ideological effect.[10] Thus, if a change in content is found, it is useful to analyse the trigger to and the use made of the change. This may give an indication of its dominance or otherwise in relation to other ideologies.

A final strategy for the individual who wishes to retain ideological power is to shift his or her ideological allegiance from the ideology that is losing power to the one that seems to be achieving dominance. Of course, this may not occur consciously, but be part of the success of the newly dominant ideology in effectively permeating the organization.

Each of these will now be discussed in more detail in relation to health care.

The use of rhetoric

,[29] the White Paper that announced the creation of a competitive market in health care, was the trigger to a massive amount of professional concern. The Government increased its propaganda battle, particularly with the medical profession, but interestingly, in using rhetoric, it diluted some of its most hard-line business language, with buyers becoming commissioners, sellers becoming providers, and contracts becoming service agreements.[30]

This shift in rhetoric, without there being an accompanying shift in ideology,

has continued in an effort to placate both public and professionals. One chief executive of a trust has banned the word 'business', so no-one is allowed to be called a 'business manager' and business plans are just 'plans'.[31]

'U-turns'

The finger has again to be pointed at the Government on this technique, possibly because it is more visible than local managers and professionals.

Having insisted on implementing the market ideology, what is very noticeable is the failure of the Government to let the newly structured NHS learn to live with competition. The markets are now often called 'quasi-markets',[18] as central control is still very evident. It appears that, when one particular ideological group shouts loudly enough to obtain the ear of the media, the Government steps in and imposes decisions on NHS trusts in a way that rarely happened in pre-1990 days.

Changing ideological camps

Professionals have always been required to hold managerial posts, but, with a dominant professional ideology, this created few problems. With the advent of general management, the nurse who is also a manager is likely to face conflicting expectations with rather different behavioural requirements.[3] One solution is to make an ideological shift in order to resolve this dilemma.

Another reason for making the shift is in the more obvious pursuit of power. Doctors may embrace managerialism as the only means available to them of protecting and possibly furthering their interests.[1] This was not seen as a strategy until the professionals perceived that management was becoming more powerful. However, it raises the issue of who is incorporating whom.

Changing ideological text

The successful continuance of an ideology requires modification to its content. There is some evidence of this happening with some professional groups in health care.

As one characteristic of a profession is often stated as the possession of a code of conduct governing members' behaviour, an examination of these codes might give an indication of ideological development. For example, the nurses' [32] was amended from its previous edition to include some extra clauses; that is, that nurses will:

> . . . work in an open and cooperative manner with patients, clients and their families, foster their independence and recognise and respect their involvement in the planning and delivery of care.
>
> . . . ensure that [their] registration is not used in the promotion of commercial products or services, declare any financial or other interests in relevant organizations providing such goods or services, and ensure that [their] professional judgement is not influenced by any commercial considerations.

This Code has recently been enhanced by further

,[33] which puts some stress on the importance of communicating with patients and clients in a way that recognizes them as equal partners, perhaps moving towards a more consumerist approach.

Sometimes, it is not a question of changing the text, but of developing it. The formation of a managerial code of conduct has been debated for some time,[34] but to date the only formal document produced has come from the Government as a code of conduct for corporate boards.[35] It upholds the principles of accountability, probity and openness, and it is expected that all staff should subscribe to these. Does this suggest that managerialism in the NHS still sees itself as ideologically controlled by the Government?

There may be attempts at greater independence by some managerial groups. The draft 'statement of primary values' produced by the Institute of Health Service Management[36] is out for consultation and has clear echoes of a professional ideology, with its vocabulary including 'respect', 'listening to others', 'patients', 'health care according to need', and 'communicate with integrity'. This again raises the question of who is incorporating whom.

The production and effect of ideological text

One major area of ideological content has not yet been mentioned, as it needs to be viewed within the context of its production and the uses made of its outcome. This is the area of audit.

Audit is seen as a tool for measuring quality, particularly as it relates to conformity to certain agreed procedures. It has strong roots in managerial ideology, what Thompson calls a 'technocratic ideology',[37] and claims to be based on the 'self evident and immanent logic of the one best way as enshrined in the technically most effective organization'. It seems that Taylorism is not dead: 'What constitutes a fair day's work will be a question for scientific investigation, instead of a subject to be bargained and haggled over.'[27]

Professionalism has, however, also claimed a strong scientific base. Expert knowledge should have its roots in research, although the ideology has frequently not been met in practice by health care professionals. However, the concept of audit may be viewed as arising out of a sound research or evidence-based practice, and therefore is an acceptable development of the professional ideology. For example, the 1996 UKCC guidelines see the purpose of audit as 'to improve practice and treatment and to reduce risk',[33] but the concerns raised only cover whether it is ethical and the practitioner's role appropriate, rather than any deeper questions.

Here it seems crucial to look at wider issues than content if any conclusions are to be reached on the respective power of the competing ideologies. It was the Government that initiated the requirement for clinical audit, not the professions, although being careful to set up the machinery of peer assessment with appropriate standards and protocols to be laid down by the Royal Colleges.[1]

The use to be made of the outcomes is also indicative of where the power lies. NHS executives have a need to identify the most cost-effective treatments and this does mean an erosion of clinical autonomy. In addition, since the 1990 Act, NHS trusts have been responsible for any costs and awards arising from litigation. As a result, there has been a growth area in risk management and the legal

personnel involved will report to senior management on relevant issues. This has also pressurized health care professionals to conform to laid down care protocols.

What is particularly interesting in this debate is the use made by Government and management of building on a core of professional ideology and moving it into the larger mainstream of managerialism. Whether it succeeds in undermining professionalism and enhancing managerialism awaits to be seen.

Conclusion

The market ideology, with its associated consumerist face, provides an overarching influence both on UK society and, more recently, on health care, through the use of legislation and, more importantly, government rhetoric. This clearly fits Althusser's thesis of how the state can hold power through control of a number of 'ideological state apparatuses', for example, the law and communication channels.[38] However, the Government does not appear to be maintaining total dominance, either directly or through its influence on managers. The respective powers of managerialism and professionalism are therefore of importance, although the debate on whether either is maintaining, growing or losing power in health care is not resolved.[39]

It seems likely that arguments from both sides will continue for many years, as deciding what constitutes reality is a key question in using an ideological framework. Marx's view of ideology as false consciousness has been diluted to 'a kind of consciousness that can relate itself to the ongoing activity of a class or group effective enough to make some difference.'[40] This suggests that no one individual or group can lay claim to sole ownership of true consciousness. It is therefore not surprising that it is so difficult to reach agreement on how power in health care is distributed. In addition, in my current role as a researcher, I have my own view of 'what is real, what can be known and how these social facts can be faithfully rendered.'[41]

What this paper has aimed to show is that an ideological framework does provide some interesting and different insights into how power is shifting in today's NHS. It emphasizes the importance of past experiences and present structures on power relationships as well as suggesting how change may be brought about.

However, I must admit to some uneasiness in accepting the ideological perspective of this paper without some qualification. I have difficulty in seeing human beings as 'victims of their location',[42] although accepting some value in these perceptions as part of the truth. Change has to be started by someone somewhere, even if the roots of individual action are in ideological structures. I like to believe that I can and have initiated change as a response to changing organizational frameworks with the freedom to select from a number of possibilities. Therefore, it seems to me that, although nurses, as practitioners or managers, of necessity have constraints on behaviour, it should be possible to identify some areas where the individual can exercise choice and influence. This, of course, would need a different theoretical perspective to the one presented above.

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