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## From Autonomy to External Control? The case of the Swedish physicians

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2003

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*Citation for published version (APA):*

Erlingsdottir, G., & Jonnergård, K. (2003). *From Autonomy to External Control? The case of the Swedish physicians*. Paper presented at EGOS Conference, 2003, Copenhagen, Denmark.

*Total number of authors:*

2

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*To Peter Kragh Jespersen and Ewan Ferlie; subtheme: "Post New Public management Models in the Organization of Public Services"*

## **"From Autonomy to External Control?"**

### **The case of the Swedish physicians**

*Abstract for EGOS conference Copenhagen July 3-5, 2003.*

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According to several studies there has been an ongoing institutionalisation of new forms of governance and control in Western society during the past 15 years (Pollit, 1990; Miller and O'Leary, 1994; Sahlin-Andersson, 1995; Mouritsen, 1997; Erlingsdóttir, 1999). These changes are probably most noticeable in the public sector where New Public Management (NPM) has been a revolutionary force during this period. But even organisations within the private sector have been effected by new technologies, changing production patterns and globalisation, which have brought about new needs and demands for control (Jacobsson 1997; Sahlin-Andersson, 1998; Tham Hallström, 1998). Abbreviations like JiT, PBR QUL and ISO have thus become part of everyday life in most organisations, regardless of whether they are part of the public or private sector.

In this paper we intend to scrutinise the consequences of the New Public Management weave upon the Swedish physicists in terms of changes in control. Physicists are one of the strongest professions in society at home and definitely the strongest within the health care sector. Still the profession of physicists has been "attacked" by new forms of control introduced and enforced upon them by NPM. Within the health care sector concepts like clients, measurable goals, leadership, standards, measurability, effectiveness and efficiency have made their way to the shop floor. This goes to show that despite the various interpretations and variety of visible effects of quality assurance and other NPM models and methods on the shop floor in the health care sector, these models and methods have changed the existing control discourse.

The paper departs from two earlier research projects on the institutionalisation of these “new” mechanisms of governing and control in Swedish society; *Seducing Ideas – Quality Assurance in Health Care* (Erlingsdóttir, 1999) and the ongoing project “Audit – Institutionalising New Forms of Control in Society” (Erlingsdóttir and Jonnergård, 1999.07.01-2003.06.30). In these two projects, which compliment each other, the institutionalisation of quality assurance/accreditation/auditing in the health care sector, as well as in auditing businesses, has been studied. The two studies have individually and together proved our hypothesis that the vast demand for quality assurance systems can be seen as a shift in regulatory mechanisms in different sectors of society, and that this shift has come to alter both how people organise their work and their professional identities. It thus appears that the professional control of quality as well as the organisation of work are, at least partly, being replaced by external norms or norms implemented from above, standards and rules. Consequently, the autonomy of several professions is being challenged or at least renegotiated.

One of the main pillars of a traditional profession (such as that of physician or auditor) is autonomy, i.e. the power to control the quality of their own work as well as stating the standards by which this evaluation is made (Abbot, 1992). Therefore, externally imposed and monitored quality assurance systems are in conflict with the professional norms and practices in question (Pollit, 1990; Laughlin, 1996; Power, 1997). However, our and other recent studies indicate that the old control forms do not disappear totally when new ones are introduced and institutionalised, nor are they totally dominated. The result can rather be described as co-existence in different forms (see Winroth, 1999; Selander, 2001).

The paper will depart from the point of view of the physicians, but the case of the auditors will be used as a contrasting case/comparison. As there are some differences in the impact that the new or altered control forms have on physicians on one hand and auditors on the other hand the comparison between the two professions gives a deepened insight into how different control mechanisms work in different practices. The differences might in part be explained by the different ways that management/managerialism is interpreted in depending on the context (Winroth, 1999); in NPM management it is interpreted as a modern trend that is intended to make organisations more efficient by introducing an economic discourse where it has not been used before. Managerialism, on the other hand, is the belief in and use of

professional leaders in managing organisations. Another explanation might be found drawing on Winroth's division of professionals into commercial and non-commercial professions as auditors mainly belong to the first category and physicians to the latter.